



DOH 346-154

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## Patient Volume-based Staffing Matrix Formula Template

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

<b>Unit/ Clinic Name:</b>		<b>MultiCare Valley Hospital-Women's Services</b>										
<b>Unit/ Clinic Type:</b>		<b>Labor, delivery, nursery and gyn surgery</b>										
<b>Unit/ Clinic Address:</b>		<b>12606 E Mission Ave. Spokane Valley, WA 99216</b>										
<b>Average Daily Census:</b>		<b>2</b>					<b>Maximum # of Beds:</b>			<b>9</b>		
<b>Effective as of:</b>		<b>4/29/2024</b>										
<b>Metric: Please select</b>												
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)	
9	Day 7a-7p	12.00	10.00	0.00	0.00	0.00	13.33	0.00	0.00	0.00	26.67	
	Noc 7p-7a	12.00	10.00	0.00	0.00	0.00	13.33	0.00	0.00	0.00		
8	Day 7a-7p	12.00	9.00	0.00	0.00	0.00	13.50	0.00	0.00	0.00	27.00	
	Noc 7p-7a	12.00	9.00	0.00	0.00	0.00	13.50	0.00	0.00	0.00		
7	Day 7a-7p	12.00	8.00	0.00	0.00	0.00	13.71	0.00	0.00	0.00	27.43	
	Noc 7p-7a	12.00	8.00	0.00	0.00	0.00	13.71	0.00	0.00	0.00		
6	Day 7a-7p	12.00	7.00	0.00	0.00	0.00	14.00	0.00	0.00	0.00	28.00	

	Noc 7p-7a	12.00	7.00	0.00	0.00	0.00	14.00	0.00	0.00	0.00	
5	Day 7a-7p	12.00	6.00	0.00	0.00	0.00	14.40	0.00	0.00	0.00	28.80
	Noc 7p-7a	12.00	6.00	0.00	0.00	0.00	14.40	0.00	0.00	0.00	
4	Day 7a-7p	12.00	5.00	0.00	0.00	0.00	15.00	0.00	0.00	0.00	30.00
	Noc 7p-7a	12.00	5.00	0.00	0.00	0.00	15.00	0.00	0.00	0.00	
3	Day 7a-7p	12.00	4.00	0.00	0.00	0.00	16.00	0.00	0.00	0.00	32.00
	Noc 7p-7a	12.00	4.00	0.00	0.00	0.00	16.00	0.00	0.00	0.00	
2	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	36.00
	Noc 7p-7a	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	
1	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	36.00	0.00	0.00	0.00	72.00
	Noc 7p-7a	12.00	3.00	0.00	0.00	0.00	36.00	0.00	0.00	0.00	



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**Unit Information**

<b>Additional Care Team Members</b>				
	Shift Coverage			
	Day	Evening	Night	Weekend
respiratory therapy	x	x	x	x
dietary services	x	x	x	x
case management	x			x
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x
Scrub Tech-OB	x		x	x

**Unit Information**

**Factors Considered in the Development of the Unit Staffing Plan  
(Check all that apply):**

- Activity such as patient admissions, discharges, and transfers

Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Skill mix

Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Other