

**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.

Unit/ Clinic Name:		CCU Critical Care									
Unit/ Clinic Type:		Inpatient Services									
Unit/ Clinic Address:		2811 Tieton Dr Yakima, Wa 98902									
Average Daily		5.9				Maximum # of Beds: 11					
Effective as of:		1-Jan-25									
Census											
Census	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)
1	07-1500	8	3	0	0	0	24.00	0.00	0.00	0.00	72.00
	15-1900	4	3	0	0	0	12.00	0.00	0.00	0.00	
	19-2300	4	3	0	0	0	12.00	0.00	0.00	0.00	
	23-0700	8	3	0	0	0	24.00	0.00	0.00	0.00	
2	07-1500	8	3	0	0	0	12.00	0.00	0.00	0.00	36.00
	15-1900	4	3	0	0	0	6.00	0.00	0.00	0.00	
	19-2300	4	3	0	0	0	6.00	0.00	0.00	0.00	
	23-0700	8	3	0	0	0	12.00	0.00	0.00	0.00	
3	07-1500	8	3	0	0	0	8.00	0.00	0.00	0.00	24.00
	15-1900	4	3	0	0	0	4.00	0.00	0.00	0.00	
	19-2300	4	3	0	0	0	4.00	0.00	0.00	0.00	
	23-0700	8	3	0	0	0	8.00	0.00	0.00	0.00	
4	07-1500	8	3	0	0	0	6.00	0.00	0.00	0.00	18.00
	15-1900	4	3	0	0	0	3.00	0.00	0.00	0.00	
	19-2300	4	3	0	0	0	3.00	0.00	0.00	0.00	
	23-0700	8	3	0	0	0	6.00	0.00	0.00	0.00	
5	07-1500	8	4	0	0	0	6.40	0.00	0.00	0.00	19.20
	15-1900	4	4	0	0	0	3.20	0.00	0.00	0.00	
	19-2300	4	4	0	0	0	3.20	0.00	0.00	0.00	
	23-0700	8	4	0	0	0	6.40	0.00	0.00	0.00	
6	07-1500	8	4	0	0	0	5.33	0.00	0.00	0.00	16.00
	15-1900	4	4	0	0	0	2.67	0.00	0.00	0.00	
	19-2300	4	4	0	0	0	2.67	0.00	0.00	0.00	
	23-0700	8	4	0	0	0	5.33	0.00	0.00	0.00	
7	07-1500	8	5	0	0	0	5.71	0.00	0.00	0.00	17.14
	15-1900	4	5	0	0	0	2.86	0.00	0.00	0.00	
	19-2300	4	5	0	0	0	2.86	0.00	0.00	0.00	
	23-0700	8	5	0	0	0	5.71	0.00	0.00	0.00	
8	07-1500	8	5	0	0	0	5.00	0.00	0.00	0.00	15.00
	15-1900	4	5	0	0	0	2.50	0.00	0.00	0.00	
	19-2300	4	5	0	0	0	2.50	0.00	0.00	0.00	
	23-0700	8	5	0	0	0	5.00	0.00	0.00	0.00	
9	07-1500	8	6	0	0	0	5.33	0.00	0.00	0.00	16.00
	15-1900	4	6	0	0	0	2.67	0.00	0.00	0.00	
	19-2300	4	6	0	0	0	2.67	0.00	0.00	0.00	
	23-0700	8	6	0	0	0	5.33	0.00	0.00	0.00	
10	07-1500	8	6	0	0	0	4.80	0.00	0.00	0.00	14.40
	15-1900	4	6	0	0	0	2.40	0.00	0.00	0.00	
	19-2300	4	6	0	0	0	2.40	0.00	0.00	0.00	
	23-0700	8	6	0	0	0	4.80	0.00	0.00	0.00	
11	07-1500	8	7	0	0	0	5.09	0.00	0.00	0.00	15.27
	15-1900	4	7	0	0	0	2.55	0.00	0.00	0.00	
	19-2300	4	7	0	0	0	2.55	0.00	0.00	0.00	
	23-0700	8	7	0	0	0	5.09	0.00	0.00	0.00	

**Unit Information**

**Additional Care Team Members**

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Unit Secretary	1	1		1

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

Activity such as patient admissions, discharges, and transfers

Description: WHPPD 19.05

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

Description: Adult Critical care unit

Skill mix

Description:  
RN's, Unit Secretary

Level of experience of nursing and patient care staff

Description:

Need for specialized or intensive equipment

Description:

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

Description:

Other

Description:

