

COVER PAGE

The following is the comprehensive hospital staffing plan for _____ submitted to the Washington State Department of Health in accordance with [Revised Code of Washington 70.41.420](#) for the year _____ .

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Hospital Staffing Form

Attestation

Date:

I, the undersigned with responsibility for attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for _____, and includes all units covered under our hospital license under RCW 70.41.

As approved by:

Hospital Information

Name of Hospital:		
Hospital License #:		
Hospital Street Address:		
City/Town:	State:	Zip code:
Is this hospital license affiliated with more than one location?		Yes No
If "Yes" was selected, please provide the location name and address		
Review Type:	Annual	Review Date:
	Update	Next Review Date:
Effective Date:		
Date Approved:		

Hospital Information Continued (Optional)

Factors Considered in the Development of the Hospital Staffing Plan (check all that apply):

Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations

Description:

Terms of applicable collective bargaining agreement

Description:

Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts

Description:

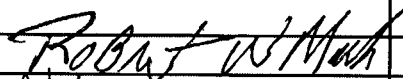
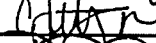

Hospital finances and resources

Description:

Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Robert Mach, CEO		12/30/24
Colleen Littlejohn, RN Rep		12/30/24
Laura Glass, Nurse Leader		12/30/24

Total Votes	
# of Approvals	# of Denials
10	0

Access unit staffing matrices here.

This area is intentionally left blank

8	Day	12.00	3.00	0.00	2.00	1.00	4.50	0.00	3.00	1.50	15.00
	Night	12.00	3.00	0.00	1.00	0.00	4.50	0.00	1.50	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9	Day	12.00	3.00	0.00	2.00	1.00	4.00	0.00	2.67	1.33	13.33
	Night	12.00	3.00	0.00	1.00	0.00	4.00	0.00	1.33	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10	Day	12.00	3.00	0.00	2.00	1.00	3.60	0.00	2.40	1.20	12.00
	Night	12.00	3.00	0.00	1.00	0.00	3.60	0.00	1.20	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
11	Day	12.00	4.00	0.00	2.00	1.00	4.36	0.00	2.18	1.09	13.09
	Night	12.00	4.00	0.00	1.00	0.00	4.36	0.00	1.09	0.00	

	<input checked="" type="checkbox"/>	Skill mix	
	<input checked="" type="checkbox"/>	Level of experience of nursing and patient care staff	
	<input checked="" type="checkbox"/>	Need for specialized or intensive equipment	



DOH 346-154

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Fixed Staffing Matrix

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:	Arbor Health Hospital						
Unit/ Clinic Type:	Emergency Department						
Unit/ Clinic Address:	521 Adams Ave Morton WA 98356						
Effective as of:	1/1/2025						
Hours of the day							
Room assignment	Shift Type	Please select	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
5	Day (6a- 6p)	12.00	2.00	0.00	0.00	1.00	
	Night (6p - 6a)	12.00	2.00	0.00	0.00	1.00	

<input checked="" type="checkbox"/>	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment	
<input checked="" type="checkbox"/>	Other	
	<p>The Emergency Department has 5 rooms. The staff doesn't decrease or increase with the number of patients. If all 5 rooms are full or empty the staff remains the same.</p>	



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Unit/ Clinic Name:	Arbor Health Hospital					
Unit/ Clinic Type:	Surgical Services					
Unit/ Clinic Address:	521 Adams Ave Morton WA 98356					
Effective as of:	1/1/2025					
# of Procedures						
# of Procedures	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
1	Day	10.00	2.00	0.00	0.00	1.00

	<input checked="" type="checkbox"/>	Skill mix	
	<input checked="" type="checkbox"/>	Level of experience of nursing and patient care staff	
	<input checked="" type="checkbox"/>	Need for specialized or intensive equipment	

