

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 _____ .

This area is intentionally left blank

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:		

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:

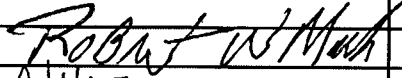
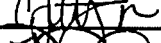
Hospital finances and resources

Description:

Other

Description:

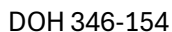
Signature

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



Patient Volume-based Staffing Matrix Formula Template

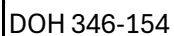
[illegible]

[illegible]

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	

[illegible]

[illegible]



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members

[illegible]

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

[illegible]

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members

Shift Coverage

Occupation

Day

Evening

Night

Weekend

None

None

None

None

None

[illegible]

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):	
☐	1. The unit's mission and goals
☐	2. The unit's budget
☐	3. The unit's current staffing levels
☐	4. The unit's current workload
☐	5. The unit's current skill mix
☐	6. The unit's current geographic distribution
☐	7. The unit's current patient population
☐	8. The unit's current technology
☐	9. The unit's current accreditation status
☐	10. The unit's current regulatory requirements
☐	11. The unit's current organizational structure
☐	12. The unit's current culture
☐	13. The unit's current leadership
☐	14. The unit's current communication
☐	15. The unit's current quality improvement efforts
☐	16. The unit's current research and innovation efforts
☐	17. The unit's current community outreach efforts
☐	18. The unit's current patient and family engagement efforts
☐	19. The unit's current employee engagement efforts
☐	20. The unit's current sustainability efforts

- [illegible]

- [illegible]

[illegible]

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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:	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

[illegible]

[illegible]



DOH 346-154

To request this document in another format,
call 1-800-525-0127. Deaf or hard of hearing
customers, please call 711 (Washington
Relay) or email
doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members

Shift Coverage

Occupation

None

Day

None

Evening

None

Night

None

Weekend

None

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																		
-------------------------------------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[illegible]

[illegible]