

# COVER PAGE

The following is the comprehensive hospital staffing plan for Arbor Health Morton Hospital submitted to the Washington State Department of Health in accordance with [Revised Code of Washington 70.41.420](#) for the year 2025 .

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# Hospital Staffing Form

## Attestation

Date: 12/31/24

I, the undersigned with responsibility for Arbor Health Morton Hospital attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for 2025 , and includes all units covered under our hospital license under RCW 70.41.

As approved by: CEO, Robert Mach

## Hospital Information

Name of Hospital: Arbor Health Morton Hospital		
Hospital License #: HAC.FS.00000173		
Hospital Street Address: 521 Adams Avenue		
City/Town: Morton	State: WA	Zip code: 98356
Is this hospital license affiliated with more than one location?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes" was selected, please provide the location name and address		
Review Type:	<input checked="" type="checkbox"/> Annual	Review Date: 01/01/25
	<input type="checkbox"/> Update	Next Review Date: 01/01/26
Effective Date: 01/01/25		
Date Approved: 11/07/24		

## 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:

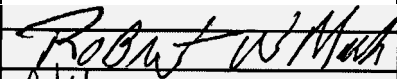

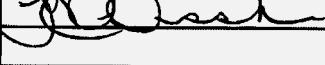
- Hospital finances and resources

Description:

- Other

Description:  
Census

**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	<b>0</b>

[Access unit staffing matrices here.](#)

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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	













Unit Information

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

Activity such as patient admissions, discharges, and transfers

Empty text box for notes related to the first factor.

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

Empty text box for notes related to the second factor.



<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	
<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 type="checkbox"/> Other	



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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.

<b>Unit/ Clinic Name:</b>	<b>Arbor Health Hospital</b>						
<b>Unit/ Clinic Type:</b>	<b>Emergency Department</b>						
<b>Unit/ Clinic Address:</b>	<b>521 Adams Ave Morton WA 98356</b>						
<b>Effective as of:</b>	<b>1/1/2025</b>						
<b>Hours of the day</b>							
Room assignment	Shift Type	Shift Length in Hours	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	



## 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



<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 type="checkbox"/>	Other	
	The Emergency Room has 5 rooms and the staffing doesn't change. If there are no patients or all 5 rooms are full the staffing stays the same.	



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









**Unit Information**

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

Activity such as patient admissions, discharges, and transfers

Empty text box for notes related to patient admissions, discharges, and transfers.

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

Empty text box for notes related to patient acuity level, intensity of care needs, and the type of care to be delivered on each shift.



<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 type="checkbox"/>	Other	