# **COVER PAGE**

The following is the comprehensive hospital staffing plan for Chelan County Public Hospital District #1 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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DOH 346-151 April 2024

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# **Hospital Staffing Form**

Attestation

Date: 6/27/25

I, the undersigned with responsibility for Chelan County Public Hospital Dis 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: Diane Blake

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Name of Hospital: Chelan Co	ounty Public I	Hospital Di	strict #1		<u> </u>
Hospital License #: HAC.	S.0000	0158			
Hospital Street Address: 817	7 Comm	ercial	St _		
City/Town: Leavenwc	orth s	<sub>state:</sub> WA		Z	ip code: 98826
Is this hospital license affiliated	with more than	n one locatio	n?	Yes	No No
If "Yes" was selected, please pro location name and address	ovide the				
Review Type:	Anni	ual R	eview Dat		
NEVICW TYPE.	Upda	ata	Next Review Date:		07/17/25
Effective Date: 1/1/25					
12/19/24 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:
V Terms of applicable collective bargaining agreement
Description: Chelan County Public Hospital District #1 (d/b/a "Cascade Medical Center") 10/01/2023 - 09/30/2026
Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts
Description: RCW 49.12.480 RCW 70.41.420
Hospital finances and resources
Description:
Other
Description:

### Signature

CEO & Co-chairs Name:	Signature:	Date
Diane Blake	matube.	12-19
Kerry Harrington	King Harringt	12-20
Natasha Piestrup	Phot 1	12-19
Here and	10	

Total Votes						
# of Denials						
0						

Access unit staffing matrices here.

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DOH 346-154

#### 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 Nan	ne:	Acute Care / SWB unit									
Unit/ Clinic Type	e:	Acute Care / SWB unit									
Unit/ Clinic Add	ress:	817 Commercial st, Leavenworth, WA, 98826									
Average Daily C	ensus:	4 Maximum # of Beds:				9					
Effective as of:		1/1/2024									
# of Rooms											
# 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	Direct Pt. Care HPUS (hours per unit of
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	17:45 - 06:15	12	1	0	0	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	AND STO
	17:45 - 06:15	12	1	0	0	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	
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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:		ED						
Unit/ Clinic Type:		ED						
Unit/ Clinic Address:	817 Commercial st, Leavenworth, WA, 98826							
Effective as of:	1/1/2024							
Day of the week								
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's		
	Day RN 05:45 - 18:15 Night RN 17:45 - 06:15	12 12	1					
Sunday though Saturday								
Saturday and Sunday	Day RN 10:00 - 22:30	12	1					
Monday through Saturday	Day ED-tech 10:00 - 22:30	12	1					



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#### Unit Information

Additional Care Team Members							
	Shift Coverage						
Occupation	Day	Evening	Night	Weekend			
None for ACU	None	None	None	None			
None for ED	None	None	None	None			
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**Unit Information** 

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

Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

## Skill mix Description:

#### **RNs and CNAs**

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: