# **COVER PAGE**

The following is the comprehensive hospital staffing plan for East Adams Rural Healthcare 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: 2/20/25

I, the undersigned with responsibility for EAST ADAMS RURAL HEALTHC 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.

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As approved by: Corey Fedle

## Hospital Information

| Name of Hospital: East Adams                                | s Rural He   | althcare |           |             |                 |  |  |  |  |
|---|--|----------|-----------|-------------|-----------------|--|--|--|--|
| Hospital License #: HAC.F                                   | S.000  | 00111    |           |             |                 |  |  |  |  |
| Hospital Street Address: 903                                | South  | Adar     | ns Str    | eet         |                 |  |  |  |  |
| City/Town: Ritzville  |  | State: W | Α         |             | Zlp code: 99169 |  |  |  |  |
|   | Is this hospital license affiliated with more than one location? |          |           |             |                 |  |  |  |  |
| If "Yes" was selected, please proviocation name and address | lde the  |          |           |             |                 |  |  |  |  |
| Review Type:  | <b>✓</b> Ani   | nual     | Review Da | te: 12/12/2 | 4               |  |  |  |  |
| Update Next Review Date: 12/15/25                           |  |          |           |             |                 |  |  |  |  |
| Effective Date: 1/1/25                                      |  |          |           |             |                 |  |  |  |  |
| Date Approved: 12/15/25                                     |  |          |           |             |                 |  |  |  |  |

Signature

| CEO & Co-chairs Name:        | Signature:      | Date:                  |
|------------------------------|-----------------|------------------------|
| Corey Fedie CEO              | Contraction     | 12-19-2024<br>12:20:24 |
| Lurisa Sackman CNO - Chair   | Harrisa Dackman | 12:20:24               |
| Lori Gosman RN - Staff Chair | 1 4 DOWN        | 1717079                |
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| Total Votes    |              |  |  |  |  |  |  |
|----------------|--------------|--|--|--|--|--|--|
| # of Approvals | # of Denials |  |  |  |  |  |  |
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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:            |   | EARH                     | l                |                   |                   |                     |  |  |  |  |  |
|-------------------------------|---|--------------------------|------------------|-------------------|-------------------|---------------------|--|--|--|--|--|
| Unit/ Clinic Type:            | Critical Access Hospital 903 East Adams, Ritzville, WA 99169 1/1/2025 |                          |                  |                   |                   |                     |  |  |  |  |  |
| Unit/ Clinic Address:         |   |                          |                  |                   |                   |                     |  |  |  |  |  |
| Effective as of:              |   |                          |                  |                   |                   |                     |  |  |  |  |  |
| Room assignment               |   |                          |                  |                   |                   |                     |  |  |  |  |  |
| Room assignment               | Shift Type  | Shift Length in<br>Hours | Min # of<br>RN's | Min #<br>of LPN's | Min # of<br>CNA's | Min#<br>of<br>UAP's |  |  |  |  |  |
|                               | 0630 am - 0630pm  | 12                       | 1                | . 0               | 1                 | 0                   |  |  |  |  |  |
|                               | 0630pm - 0630am   | 12                       | 1                | 0                 | 1                 | 0                   |  |  |  |  |  |
| ER1-ER4                       |   |                          |                  |                   |                   |                     |  |  |  |  |  |
|                               |   |                          |                  |                   |                   |                     |  |  |  |  |  |
|                               | 0830am - 0430pm   | 8                        | 1                | 0                 | 0                 | 0                   |  |  |  |  |  |
| OP uses ER rooms as available |   |                          |                  |                   |                   |                     |  |  |  |  |  |
|                               |   |                          |                  |                   |                   |                     |  |  |  |  |  |
|                               |   |                          |                  |                   |                   |                     |  |  |  |  |  |
|                               | 0630 am - 0630pm<br>0630pm - 0630am                                   | 12                       | 1                | 0                 | 1<br>1            | 0                   |  |  |  |  |  |
|                               | Josephi Josephi   |                          | <u> </u>         |                   |                   |                     |  |  |  |  |  |
| 120-126                       |   |                          |                  |                   |                   |                     |  |  |  |  |  |
|                               |   |                          |                  |                   |                   |                     |  |  |  |  |  |
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# **Unit Information**

| Additional Care Team Members | Shift Coverage | cupation Day Evening Night Weekend | se Manager 0800-1700 on call on call Coverage | 0800-1700 on call on call | CNO 0800-1700 on call Oncall coverage | ic Manager 0800-1700 on call on call Oncall coverage |  |  |  |  |  |            |  |
|------------------------------|----------------|------------------------------------|---|---------------------------|---------------------------------------|--|--|--|--|--|--|------------|--|
|                              |                | Occupation                         | Nurse Manager                                 | ACNO                      | CNO                                   | Clinic Manager                                       |  |  |  |  |  | THE PARTY. |  |

# 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: ENA - Emergengy Department Staffing Calculation Tool Statistical Report - The model is comprised of two variables: the median (most common) length of stay and the number of patient visits per year. It yields the number of nurse WSHA - Washing State Hospital Association volume-based and fixed staffing ratio tool/form |
| Terms of applicable collective bargaining agreement  |
| Description:   |
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|  |
| Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts  |
| Description: East Adams Rural Healthcare ensures staff are able to take meal and rest breaks required by RCW 49.12.480.  |
| Hospital finances and resources  |
| Description:   |
|  |
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|  |
| Other  |
| Description:   |
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