

# COVER PAGE

The following is the comprehensive hospital staffing plan for Forks Community 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:

I, the undersigned with responsibility for attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for Forks Community Hospital 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:



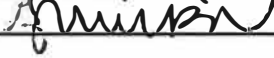
Hospital finances and resources

Description:

Other

Description:

## Signature

CEO & Co-chairs Name:	Signature:	Date:
Heidi Anderson, CEO		1/6/25
Kelly Thompson, CNO		1/6/25
Amy Wood, Co-Chair		1/6/25

Total Votes	
# of Approvals	# of Denials
7	0

Access unit staffing matrices here.

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## Plan : Hospital Staffing Plan: Staffing Committee

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### SCOPE:

This is a shared staffing policy of the hospital. The editing scope of this policy is the Hospital Staffing Committee. This policy applies to all hospital nursing departments and Administrative staff.

### PURPOSE:

This is in regulatory compliance with Revised Codes of Washington 70.41.420 and SB 5236. And a best practice guideline for Washington State Hospital Staffing Committees.

1. This plan will also address the staffing plan for each nursing department per the RCW 70.41.420 which states:
  - a. Development and oversight of an annual patient care unit and shift-based hospital staffing plan, based on the needs of patients, to be used as the primary component of the staffing budget. Factors to be considered in the development of the plan should include, but are not limited to:
    - i. Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers
    - ii. Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
    - iii. Skill mix
    - iv. Level of experience and specialty certification or training of nursing and patient care staff providing care
    - v. The need for specialized or intensive equipment
    - vi. The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
    - vii. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations
    - viii. Availability of other personnel and patient care staff supporting nursing services on the unit
    - ix. Compliance with the terms of an applicable collective bargaining agreement, if any, and relevant state and federal laws and rules, including those regarding meal and rest breaks and use of overtime and on-call shifts
2. Hospital staffing committee will follow the Forks Community Hospital Staffing Charter (see attached).

### PLAN:

1. The nursing care staff for the Medical-Surgical/Swing Bed department of the hospital consists of the following disciplines:
  - a. Charge Nurse
  - b. Primary Nurse
  - c. Certified Nursing Assistant
  - d. Unit Secretary (Monday-Friday 08:30 a.m.-3:30 p.m.)
  - e. Wound Care Nurse - typically scheduled day shift
2. The following is the usual staffing patterns for the Acute Care Unit:
  - a. Day shift (0700-1530), minimum staff two licensed staff that are capable of administering medication. One certified nurses aide.
  - b. Evening Shift (1500-2330) and (1500-0130 or 1300-1130) minimum staff - two licensed staff that are capable of administering medication. One certified nurses aide.
  - c. Night Shift (1900-0730), (2300-0930) and (2300-0730) minimum staff two licensed staff that are capable of administering medication. One certified nurses aide.
3. The following are the staffing patterns for the Emergency Department:
  - a. Day Shift (0900-1930), minimal staff - one licensed staff.
  - b. Evening Shift (1900-2300) minimal staff one licensed staff.
4. The following are the staffing patterns for the Surgery Department:
  - a. One Circulator and one scrub on-call determined by provider schedules and OB services.
  - b. Additional staff will be scheduled to work for a larger number of cases or for certain scheduled cases.
5. Staffing is assigned to the Acute Care areas based on patient needs. The need for additional staff, based on acuity level of patients, will be the responsibility of the Charge Nurse and at times consultation with Nursing Administration. If Nursing Administration is not available, then Administrator on-call will be contacted. All nursing staff shall obtain ACLS, PALS, NRP and TNCC certification.
6. Staffing for Variables:
  - a. Any census with an asterisk has the following considerations to provide the good faith effort to increase staff to lessen the assignment of the RN depending on factors of:
    - i. High intensity of patients, multiple admissions, and discharges in process
    - ii. Have an RN on-call to be called in if the above is occurring.
    - iii. Engage the help of Nursing Leadership (CNO, Quality, Case Management, and Infection Control).
  - b. Staff will be adjusted with identification of close observation or 1:1 sitter needs of patients.
  - c. The medical-surgical unit RNs are cross-trained who can float to the ER during higher census or for Rapid Response Activations. The OR staff RN's are also cross-trained to assist in the ER or Acute Care. Monday through Friday for patient care with higher census or acuity and Rapid Response situations as well as break coverage.
  - d. A direct care registered nurse or a direct care nursing assistant may not be assigned by hospitals to a nursing unit or clinical area unless that nurse has received an orientation in that clinical area sufficient to provide competent care in that area and has demonstrated current competence in providing care in that area.

7. Scheduling is the responsibility of Nursing Administration; scheduled request off and availability need to be in by the 10<sup>th</sup> of the preceding month. Work schedules will be written for a month and the final copy will be posted by the 20<sup>th</sup> of the preceding month.
8. Saturday and Sunday is considered the weekend for the day and evening shifts. Friday and Saturday for the night shift.
9. Staff who are ill are required to call in before the following times (however, we encourage 3 hours notice):
  - a. 0600 for the 0700-1530 shift
  - b. 0800 for the 0900-1930 shift
  - c. 1400 for the 1500-2330 shift
  - d. 1800 for the 1900-0730 shift
  - e. 2200 for the 2300-0730 shift
10. The following is the usual staffing patterns for the NSSB Unit. (For actual time of shift and resident: staff ratios, please see staffing table labeled NSSB Unit.
  - a. Day shift one licensed staff that is capable of administering medication with overlap from night and evening shifts. Minimum staff - three certified nursing aides.
  - b. Evening Shift - one licensed staff that is capable of administering medication with some overlap from day shift. Minimum - three certified nursing aides.
  - c. Night Shift - one licensed staff that is capable of administering medication with some overlap from day shift. Minimum staff two certified nursing aides.

11. Day Shift Matrix:

<b>Census</b>	<b>Patient to Nurse Assignment</b>	<b>Patient to NAC Assignment</b>	<b>Other Scheduled Staff in House</b>
Up to 5	1-5:1	1-5:1	US, OR Staff, Nursing Leadership
6 to 9	3-5:1 3-4:1	3-5:1 3-4:1	US, OR Staff, Nursing Leadership
10	5:1 5:1	5:1 5:1	US, OR Staff, Nursing Leadership
11	5:1 6:1	6:1 5:1	US, OR Staff, Nursing Leadership
12	6:1 6:1	6:1 6:1	US, OR Staff, Nursing Leadership
13*	7:1 6:1	7:1 6:1	US, OR Staff, Nursing Leadership
14*	7:1 7:1	7:1 7:1	US, OR Staff, Nursing Leadership
15/15+	5:1 5:1 5:1	8:1 7:1	US, OR Staff, Nursing Leadership

12. Evening/Night Shift Matrix:

<b>Census</b>	<b>Patient to Nurse Assignment</b>	<b>Patient to NAC Assignment</b>	<b>Other Scheduled Staff Available On-Call</b>



Up to 7	3-5:1 3-4:1	3-5:1 3-4:1	RN, Nursing Administration
8 to 9	3-5:1 3-4:1	3-5:1 3-4:1	RN, Nursing Administration
10	5:1 5:1	5:1 5:1	RN, Nursing Administration
11	5:1 6:1	6:1 5:1	RN, Nursing Administration
12	6:1 6:1	6:1 6:1	RN, Nursing Administration
13*	7:1 6:1	7:1 6:1	RN, Nursing Administration
14*	7:1 7:1	7:1 7:1	RN, Nursing Administration
15/15+*	5:1 5:1 5:1	8:1 7:1	RN, Nursing Administration

13. NSSB Unit Matrix:

a.

Census	Resident to Nurse	Resident to NAC	Other Staff Available
Day Shift: Up to 20 Residents			
	Days:0600-1630  Evenings: 1300-2330  Nights:2300-0930	Minimum: (3) 0530-1400  Preferred: 94) 0530-1400	DNS, NSSBAdministrative Assistant, Infection Control RN, Activity Director and Staff
	12.5 Hours: 20 Residents 0.6 hours/resident	3-22 Hours:20 Residents  1.1 Hours/Resident  4-28.5 Hours:20 Residents  1.4 Hours/Resident	
Evening Shift: Up to 20 Residents			
	Days: 0600-1630  Evenings: 1300-2330	Minimum: (3) 0530-1400	Activity Staff
	9.0 Hours:20 Residents  0.5 Hour Nursing Time	3-21.5 Hours:20 Residents  1.1 Hours/Resident	
Night Shift: Up to 20 Residents			

	Nights: 2300-0930  Days: 0600-1630	Minimum: (2) 2300-0730	N/A
	9.0 Hours:20 Residents  0.5 Hours:Nursing Time	2 (+ Days 3)=20.5:20 Residents  1.0 Hours/Resident  2 (+Days 4)=22:20 Residents  1.1 Hours/Resident	

14. Rural Health Clinics:

- a. Bogachiel Clinic will schedule a minimum of one nurse daily. Providers are not dependent upon nurse staffing. Shift hours are from 0730-1800. This RN will provide Nurse Only visits, Triage, and Case Management.
- b. On occasion, RNs may travel to Clallam Bay Medical Clinic and Forks Family Medical Center to provide staffing. Providers are not dependent upon RN staffing.

## REFERENCES:

1. Nurse Staffing Charter
2. Attestation Form
3. Staffing Complaint Form
4. RCW 70.41.420
5. E2SSB 5236

## Contract Summary

### Contract Overview

Scope/Nature of Service

Renewal Terms

Contract Type

Business Associate Agreement Required

### Contract Evaluation

Annual Evaluation Due Date

Annual Evaluation Completion Date

### Vendor Information

Vendor Name		Vendor Contact Name	
Vendor Contact Telephone		Vendor Contact Email	
Document ID	10790	Document Status	Official
Department	Nursing	Department VP/Director	Thompson, Kelly
Document Owner	Thompson, Kelly	Next Review Date	
Original Effective Date	04/01/2009		
Revised	[01/22/2019 Rev. 0], [03/09/2019 Rev. 1], [04/01/2019 Rev. 2], [09/30/2019 Rev. 3], [11/25/2019 Rev. 4], [11/03/2020 Rev. 5], [04/01/2022 Rev. 6], [03/15/2023 Rev. 7], [05/06/2024 Rev. 8], [11/06/2024 Rev. 9]		
Reviewed	[04/27/2021 Rev. 5]		
Keywords	RCW 70.41.41, RCW 70.41.42		
Standards: (WHICH REFERENCE THIS DOCUMENT)	<b>National Integrated Accreditation for Healthcare Organizations:</b> <ul style="list-style-type: none"><li>Emergency Services (ED) - ED.02</li></ul>		
Attachments: (REFERENCED BY THIS DOCUMENT)	Staffing Complaint Form Nurse Staffing Committee Attestation Form <a href="http://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bill%20Reports/Senate/5236-S2.E%20SBR%20FBR%202023.pdf?q=20231121075237">lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bill%20Reports/Senate/5236-S2.E%20SBR%20FBR%202023.pdf?q=20231121075237</a>		
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	<a href="#">Hospital Staffing Matrix</a>		

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The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=forks:10790\\$9](https://www.lucidoc.com/cgi/doc-gw.pl?ref=forks:10790$9).

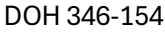
### Patient Volume-based Staffing Matrix Formula Template

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 Name:		Forks Community Hospital									
Unit/ Clinic Type:		Acute									
Unit/ Clinic Address:		530 Bogachiel way, Forks WA 98331									
Average Daily Census:		1.1				Maximum # of Beds:			12		
Effective as of:		1/1/2025									
Census											
Census	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	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
12	Day (7a-3p)	8	2	0	2	0	1.33	0.00	1.33	0.00	8.00
	Eve (3p-11p)	8	2	0	2	0	1.33	0.00	1.33	0.00	
	NOC (11p-7a)	8	2	0	2	0	1.33	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11	Day (7a-3p)	8	2	0	2	0	1.45	0.00	1.45	0.00	8.00
	Eve (3p-11p)	8	2	0	2	0	1.45	0.00	1.45	0.00	
	NOC (11p-7a)	8	1	0	2	0	0.73	0.00	1.45	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10	Day (7a-3p)	8	2	0	2	0	1.60	0.00	1.60	0.00	8.00
	Eve (3p-11p)	8	1	0	2	0	0.80	0.00	1.60	0.00	
	NOC (11p-7a)	8	1	0	2	0	0.80	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	Day (7a-3p)	8	1	0	2	0	0.89	0.00	1.78	0.00	
	Eve (3p-11p)	8	1	0	2	0	0.89	0.00	1.78	0.00	

9	NOC (11p-7a)	8	1	0	2	0	0.89	0.00	1.78	0.00	8.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	Day (7a-3p)	8	1	0	2	0	1.00	0.00	2.00	0.00	9.00
	Eve (3p-11p)	8	1	0	2	0	1.00	0.00	2.00	0.00	
	NOC (11p-7a)	8	1	0	2	0	1.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	Day (7a-3p)	8	1	0	2	0	1.14	0.00	2.29	0.00	8.00
	Eve (3p-11p)	8	1	0	1	0	1.14	0.00	1.14	0.00	
	NOC (11p-7a)	8	1	0	1	0	1.14	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6	Day (7a-3p)	8	1	0	2	0	1.33	0.00	2.67	0.00	9.33
	Eve (3p-11p)	8	1	0	1	0	1.33	0.00	1.33	0.00	
	NOC (11p-7a)	8	1	0	1	0	1.33	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5	Day (7a-3p)	8	1	0	1	0	1.60	0.00	1.60	0.00	9.60
	Eve (3p-11p)	8	1	0	1	0	1.60	0.00	1.60	0.00	
	NOC (11p-7a)	8	1	0	1	0	1.60	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4	Day (7a-3p)	8	1	0	1	0	2.00	0.00	2.00	0.00	
	Eve (3p-11p)	8	1	0	1	0	2.00	0.00	2.00	0.00	
	NOC (11p-7a)	8	1	0	1	0	2.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3	Day (7a-3p)	8	1	0	1	0	2.67	0.00	2.67	0.00	16.00
	Eve (3p-11p)	8	1	0	1	0	2.67	0.00	2.67	0.00	
	NOC (11p-7a)	8	1	0	1	0	2.67	0.00	2.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2	Day (7a-3p)	8	1	0	1	0	4.00	0.00	4.00	0.00	24.00
	Eve (3p-11p)	8	1	0	1	0	4.00	0.00	4.00	0.00	
	NOC (11p-7a)	8	1	0	1	0	4.00	0.00	4.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1	Day (7a-3p)	8	1	0	1	0	8.00	0.00	8.00	0.00	48.00
	Eve (3p-11p)	8	1	0	1	0	8.00	0.00	8.00	0.00	
	NOC (11p-7a)	8	1	0	1	0	8.00	0.00	8.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
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		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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## Unit Information

[illegible]

## Unit Information

Description:

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- Description:

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☒ Skill mix

Description:

☐ 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:

Additional on-call staff.



### 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 Name:		Forks Community Hospital									
Unit/ Clinic Type:		NSSB									
Unit/ Clinic Address:		530 Bogachiel way, Forks WA 98331									
Average Daily Census:		16				Maximum # of Beds:			16		
Effective as of:		1/1/2025									
Census											
Census	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	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
16	RN 06-1630	10	1	0	0	0	0.63	0.00	0.00	0.00	7.13
	CNA 0530-14	8	0	0	3	0	0.00	0.00	1.50	0.00	
	RN 13-2330	10	1	0	2	0	0.63	0.00	1.25	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	1.00	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	0.50	0.00	
	RN 23-0930	10	1	0	0	0	0.63	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15	RN 06-1630	10	1	0	0	0	0.67	0.00	0.00	0.00	7.60
	CNA 0530-14	8	0	0	3	0	0.00	0.00	1.60	0.00	
	RN 13-2330	10	1	0	2	0	0.67	0.00	1.33	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	1.07	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	0.53	0.00	
	RN 23-0930	10	1	0	0	0	0.67	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	1.07	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14	RN 06-1630	10	1	0	0	0	0.71	0.00	0.00	0.00	8.14
	CNA 0530-14	8	0	0	3	0	0.00	0.00	1.71	0.00	
	RN 13-2330	10	1	0	2	0	0.71	0.00	1.43	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	1.14	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	0.57	0.00	
	RN 23-0930	10	1	0	0	0	0.71	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	RN 06-1630	10	1	0	0	0	0.77	0.00	0.00	0.00	
	CNA 0530-14	8	0	0	3	0	0.00	0.00	1.85	0.00	
	RN 13-2330	10	1	0	2	0	0.77	0.00	1.54	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	1.23	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	0.62	0.00	
	RN 23-0930	10	1	0	0	0	0.77	0.00	0.00	0.00	

	CNA 23-0730	8	0	0	2	0	0.00	0.00	1.23	0.00	8.77
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12	RN 06-1630	10	1	0	0	0	0.83	0.00	0.00	0.00	9.50
	CNA 0530-14	8	0	0	3	0	0.00	0.00	2.00	0.00	
	RN 13-2330	10	1	0	2	0	0.83	0.00	1.67	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	1.33	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	0.67	0.00	
	RN 23-0930	10	1	0	0	0	0.83	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11	RN 06-1630	10	1	0	0	0	0.91	0.00	0.00	0.00	10.36
	CNA 0530-14	8	0	0	3	0	0.00	0.00	2.18	0.00	
	RN 13-2330	10	1	0	2	0	0.91	0.00	1.82	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	1.45	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	0.73	0.00	
	RN 23-0930	10	1	0	0	0	0.91	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	1.45	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10	RN 06-1630	10	1	0	0	0	1.00	0.00	0.00	0.00	11.40
	CNA 0530-14	8	0	0	3	0	0.00	0.00	2.40	0.00	
	RN 13-2330	10	1	0	2	0	1.00	0.00	2.00	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	1.60	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	0.80	0.00	
	RN 23-0930	10	1	0	0	0	1.00	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	RN 06-1630	10	1	0	0	0	1.11	0.00	0.00	0.00	12.67
	CNA 0530-14	8	0	0	3	0	0.00	0.00	2.67	0.00	
	RN 13-2330	10	1	0	2	0	1.11	0.00	2.22	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	1.78	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	0.89	0.00	
	RN 23-0930	10	1	0	0	0	1.11	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	1.78	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	RN 06-1630	10	1	0	0	0	1.25	0.00	0.00	0.00	14.25
	CNA 0530-14	8	0	0	3	0	0.00	0.00	3.00	0.00	
	RN 13-2330	10	1	0	2	0	1.25	0.00	2.50	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	2.00	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	1.00	0.00	
	RN 23-0930	10	1	0	0	0	1.25	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	RN 06-1630	10	1	0	0	0	1.43	0.00	0.00	0.00	
	CNA 0530-14	8	0	0	3	0	0.00	0.00	3.43	0.00	
	RN 13-2330	10	1	0	2	0	1.43	0.00	2.86	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	2.29	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	1.14	0.00	
	RN 23-0930	10	1	0	0	0	1.43	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	2.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	16.29
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6	RN 06-1630	10	1	0	0	0	1.67	0.00	0.00	0.00	19.00
	CNA 0530-14	8	0	0	3	0	0.00	0.00	4.00	0.00	
	RN 13-2330	10	1	0	2	0	1.67	0.00	3.33	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	2.67	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	1.33	0.00	
	RN 23-0930	10	1	0	0	0	1.67	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	2.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5	RN 06-1630	10	1	0	0	0	2.00	0.00	0.00	0.00	22.80
	CNA 0530-14	8	0	0	3	0	0.00	0.00	4.80	0.00	
	RN 13-2330	10	1	0	2	0	2.00	0.00	4.00	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	3.20	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	1.60	0.00	
	RN 23-0930	10	1	0	0	0	2.00	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	3.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4	RN 06-1630	10	1	0	0	0	2.50	0.00	0.00	0.00	28.50
	CNA 0530-14	8	0	0	3	0	0.00	0.00	6.00	0.00	
	RN 13-2330	10	1	0	2	0	2.50	0.00	5.00	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	4.00	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	2.00	0.00	
	RN 23-0930	10	1	0	0	0	2.50	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	4.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3	RN 06-1630	10	1	0	0	0	3.33	0.00	0.00	0.00	38.00
	CNA 0530-14	8	0	0	3	0	0.00	0.00	8.00	0.00	
	RN 13-2330	10	1	0	2	0	3.33	0.00	6.67	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	5.33	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	2.67	0.00	
	RN 23-0930	10	1	0	0	0	3.33	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	5.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2	RN 06-1630	10	1	0	0	0	5.00	0.00	0.00	0.00	57.00
	CNA 0530-14	8	0	0	3	0	0.00	0.00	12.00	0.00	
	RN 13-2330	10	1	0	2	0	5.00	0.00	10.00	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	8.00	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	4.00	0.00	
	RN 23-0930	10	1	0	0	0	5.00	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	8.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1	RN 06-1630	10	1	0	0	0	10.00	0.00	0.00	0.00	114.00
	CNA 0530-14	8	0	0	3	0	0.00	0.00	24.00	0.00	
	RN 13-2330	10	1	0	2	0	10.00	0.00	20.00	0.00	
	CNA 14-2230	8	0	0	2	0	0.00	0.00	16.00	0.00	
	CNA 1430-23	8	0	0	1	0	0.00	0.00	8.00	0.00	
	RN 23-0930	10	1	0	0	0	10.00	0.00	0.00	0.00	
	CNA 23-0730	8	0	0	2	0	0.00	0.00	16.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	



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Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
NSSB Unit Secretary	0800 - 1630	N/A	N/A	N/A
NSSB Director, RN	0800 - 1630	N/A	N/A	N/A

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:

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☒ Skill mix

Description:

☐ 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:

Additional on-call staff.

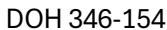
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### Fixed Staffing Matrix

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:	FCH Emergency Department					
Unit/ Clinic Type:	Emergency Room					
Unit/ Clinic Address:	530 Bogachiel Way Forks, WA 98331					
Effective as of:	1/1/2025					
Hours of the day						
Hour of the day	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
0730-1530	Day	8	1	0	0	0
1500-2330	Evening	8	1	0	0	0

2300-0730	Night	8	1	0	0	0



## Unit Information

[illegible]

## Unit Information

☒ 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:**



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☒ Skill mix

Description:

☐ 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:

Additional on-call staff.



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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:	FCH Surgical Services					
Unit/ Clinic Type:	Operating Room					
Unit/ Clinic Address:	530 Bogachiel Way Forks, WA 98331					
Effective as of:	1/1/2025					
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
SUNDAY	CLOSED	0	0	0	0	0
MONDAY	DAY (0700-1500)	8	1	0	1	0

TUESDAY	DAY (0700-1500)	8	1	0	1	0
WEDNESDAY	DAY (0700-1500)	8	1	0	1	0
THURSDAY	DAY (0700-1500)	8	1	0	1	0
FRIDAY	DAY (0700-1500)	8	1	0	1	0
	CLOSED					

SATURDAY						



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Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
OR Supervisor, RN	Day (0700-1500)	N/A	N/A	N/A

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:

☒ 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:

Additional on-call staff.



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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:	FCH Rural Health Clinic					
Unit/ Clinic Type:	Forks Family Clinic					
Unit/ Clinic Address:	461 G Street, Forks WA 98331					
Effective as of:	1/1/2025					
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
SUNDAY	CLOSED	0	0	0	0	0
MONDAY	DAY (0800-1730)	9.5	0	0	0	0

TUESDAY	DAY (0830-1730)	8.5	0	0	0	0
WEDNESDAY	DAY (0800-1730)	9.5	0	0	0	0
THURSDAY	Thursday	9.5	0	0	0	0
FRIDAY	CLOSED	0	0	0	0	0
	CLOSED	0	0	0	0	0



SATURDAY						



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Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
FFMC - Receptionist	0800-1730	N/A	N/A	N/A
FFMC - MA	0800-1730	N/A	N/A	N/A

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:

☐ 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:

Additional on-call staff, staffing done based on patient scheduled



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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:	FCH Physical Rehabilitation Facility					
Unit/ Clinic Type:	Physical Rehabilitation Facility					
Unit/ Clinic Address:	421 5th Ave, Forks WA 98331					
Effective as of:	1/1/2025					
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
SUNDAY	CLOSED	0	0	0	0	0
MONDAY	DAY (0800-1700)	8	0	0	0	0

TUESDAY	DAY (0800-1700)	8	0	0	0	0
WEDNESDAY	DAY (0800-1700)	8	0	0	0	0
THURSDAY	DAY (0800-1700)	8	0	0	0	0
FRIDAY	DAY (0800-1700)	8	0	0	0	0
	CLOSED	0	0	0	0	0

SATURDAY						



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Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Physical Therapist	0800-1730	N/A	N/A	N/A
Occupational Therapist	0800-1730	N/A	N/A	N/A
Massage Therapist	0800-1730	N/A	N/A	N/A
Receptionist	0800-1730	N/A	N/A	N/A

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:

☐ 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:

Additional on-call staff. Staffing done based on patient scheduling.





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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:	FCH Rural Health Clinic					
Unit/ Clinic Type:	Clallam Bay Clinic					
Unit/ Clinic Address:	74 Bogachiel St, Clallam Bay WA 98326					
Effective as of:	1/1/2025					
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
SUNDAY	CLOSED	0	0	0	0	0
MONDAY	DAY (0700-1700)	10	0	0	0	0

TUESDAY	DAY (0830-1700)	8.5	0	0	0	0
WEDNESDAY	DAY (0700-1700)	10	0	0	0	0
THURSDAY	DAY (0700-1700)	10	0	0	0	0
FRIDAY	CLOSED	0	0	0	0	0
	CLOSED	0	0	0	0	0

SATURDAY						



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Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
CBMC - Receptionist	0700-1700	N/A	N/A	N/A
CBMC - MA	0700-1700	N/A	N/A	N/A

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:

☐ 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:

Scheduling of patients done on staffing availability