COVER PAGE

The following is the comprehensive hospital staffing plan for Newport Hospital and Health Services 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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Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 12/30/24

I, the undersigned with responsibility for Newport Hospital and Health Serv 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: Kim Manus

Hospital Information

Name of Hospital: Newport Hospital and Health Services		
Hospital License #: HAC.FS.00000021		
Hospital Street Address: 714 W Pine St		
City/Town: Newport	State: WA	Zip code: 99156
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: 12/16/24
	☐ Update	Next Review Date: 12/1/25
Effective Date: 1/1/25		
Date Approved: 11/18/24		

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:
SEIU Healthcare 1199NW and Public Hospital District no. 1 Pend Oreille County

☑ 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:
Kim Manus, Interim CEO	Kim Manus	12/30/2024
Steven Barnhart, RN	Stephen Barnhart	12/30/2024

Total Votes	
# of Approvals	# of Denials
10	0

Access unit staffing matrices here.

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NEWPORT HOSPITAL AND HEALTH SERVICES
ACUTE CARE UNIT

DOH 316-154

To request			

Patient Volume-based Staffing Matrix Formula Template

Minimum means
the minimum

Unit/ Clinic Name:		Newport Hospital Acute Care Unit									
Unit/ Clinic Type:		Inpatient Acute Care									
Unit/ Clinic Address:		714 W Pine Street, Newport, WA 99156									
Average Daily Census:		8				Maxim			15		
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)
15	0700-1900	12.00	4.00	0.00	1.00	3.00	3.20	0.00	0.80	2.40	6.40
15	1900-0700	12.00	4.00	0.00	1.00	0.00	3.20	0.00	0.80	0.00	4.00
14	0700-1900	12.00	4.00	0.00	1.00	3.00	3.20	0.00	0.80	2.40	6.40

NEWPORT HOSPITAL AND HEALTH SERVICES

ACUTE CARE UNIT

14	1900-0700	12.00	4.00	0.00	1.00	0.00	3.43	0.00	0.86	0.00	4.29
13	0700-1900	12.00	4.00	0.00	1.00	3.00	3.69	0.00	0.92	2.57	7.19
13	1900-0700	12.00	4.00	0.00	1.00	0.00	3.69	0.00	0.92	0.00	4.62
12	0700-1900	12.00	4.00	0.00	1.00	3.00	4.00	0.00	1.00	2.57	7.57
12	1900-0700	12.00	3.00	0.00	1.00	0.00	3.00	0.00	1.00	0.00	4.00
11	0700-1900	12.00	3.00	0.00	2.00	3.00	3.27	0.00	2.18	3.00	8.45
11	1900-0700	12.00	3.00	0.00	1.00	0.00	3.27	0.00	1.09	0.00	4.36
10	0700-1900	12.00	3.00	0.00	1.00	3.00	3.60	0.00	1.20	3.00	7.80
10	1900-0700	12.00	3.00	0.00	1.00	0.00	3.60	0.00	1.20	0.00	4.80
9	0700-1900	12.00	3.00	0.00	1.00	3.00	4.00	0.00	1.33	4.00	9.33
9	1900-0700	12.00	3.00	0.00	1.00	0.00	4.00	0.00	1.33	0.00	5.33
8	0700-1900	12.00	3.00	0.00	1.00	3.00	4.50	0.00	1.50	4.00	10.00
8	1900-0700	12.00	2.00	0.00	1.00	0.00	3.00	0.00	1.50	0.00	4.50
7	0700-1900	12.00	3.00	0.00	1.00	3.00	4.50	0.00	1.50	4.00	10.00
7	1900-0700	12.00	2.00	0.00	1.00	0.00	3.00	0.00	1.50	0.00	4.50
							0.00	0.00	0.00	0.00	
6	0700-1900	12.00	2.00	0.00	1.00	3.00	3.00	0.00	1.50	4.00	8.50

NEWPORT HOSPITAL AND HEALTH SERVICES

ACUTE CARE UNIT

6	1900-0700	12.00	2.00	0.00	1.00	0.00	3.43	0.00	1.71	0.00	5.14
5	0700-1900	12.00	2.00	0.00	1.00	3.00	3.43	0.00	1.71	5.14	10.29
5	1900-0700	12.00	2.00	0.00	1.00	0.00	3.43	0.00	1.71	0.00	5.14
4	0700-1900	12.00	2.00	0.00	1.00	3.00	6.00	0.00	3.00	9.00	18.00
4	1900-0700	12.00	2.00	0.00	1.00	0.00	6.00	0.00	3.00	0.00	9.00
3	0700-1900	12.00	2.00	0.00	1.00	3.00	6.00	0.00	3.00	9.00	18.00
3	1900-0700	12.00	2.00	0.00	1.00	0.00	6.00	0.00	3.00	0.00	9.00
2	0700-1900	12.00	1.00	0.00	1.00	3.00	3.00	0.00	3.00	9.00	15.00
2	1900-0700	12.00	2.00	0.00	1.00	0.00	12.00	0.00	6.00	0.00	18.00
1	0700-1900	12.00	1.00	0.00	1.00	3.00	6.00	0.00	6.00	18.00	30.00
1	1900-0700	12.00	1.00	0.00	1.00	0.00	6.00	0.00	6.00	0.00	12.00

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	1 (0600-1630)	0	0	1 (0600-1630)
Physical / Occupational Therapy	1	0	0	1
HUC	1	0	0	1

Unit Information

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

- [x] Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

☑ Level of experience of nursing and patient care staff

☑ Need for specialized or intensive equipment

- [x] Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

- [ ] 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.

Unit/ Clinic Name:	**NEWPORT HOSPITAL EMERGENCY DEPARTMENT**
Unit/ Clinic Type:	**EMERGENCY DEPARTMENT**
Unit/ Clinic Address:	**714 W Pine St, Newport, WA 99156**
Effective as of:	**1/1/2025**
Hours of the day	

Hour of the day	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
7:00 - 19:00	MONDAY	12.00	2.00	0.00	1.00	1.00
	TUESDAY	12.00	2.00	0.00	1.00	1.00
	WEDNESDAY	12.00	2.00	0.00	1.00	1.00
	THURSDAY	12.00	2.00	0.00	1.00	1.00
	FRIDAY	12.00	2.00	0.00	1.00	1.00
	SATURDAY	12.00	2.00	0.00	1.00	1.00
	SUNDAY	12.00	2.00	0.00	1.00	1.00
10:00-22:00	MONDAY	12.00	3.00	0.00	2.00	1.00
	TUESDAY	12.00	3.00	0.00	2.00	1.00
	WEDNESDAY	12.00	3.00	0.00	2.00	1.00
	THURSDAY	12.00	3.00	0.00	2.00	1.00
	FRIDAY	12.00	3.00	0.00	2.00	1.00
	SATURDAY	12.00	3.00	0.00	2.00	1.00
	SUNDAY	12.00	3.00	0.00	2.00	1.00
22:00 - 7:00	MONDAY	12.00	2.00	0.00	1.00	0.00
	TUESDAY	12.00	2.00	0.00	1.00	0.00
	WEDNESDAY	12.00	2.00	0.00	1.00	0.00
	THURSDAY	12.00	2.00	0.00	1.00	0.00
	FRIDAY	12.00	2.00	0.00	1.00	0.00
	SATURDAY	12.00	2.00	0.00	1.00	0.00
	SUNDAY	12.00	2.00	0.00	1.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
RESPIRATORY THERAPY	0600-1630	0	0	0600-1630

Unit Information

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

- [x] Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

☑ Level of experience of nursing and patient care staff

☑ Need for specialized or intensive equipment

- [x] Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

- [x] 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.

Unit/ Clinic Name:	**Newport Hospital Surgical Services**
Unit/ Clinic Type:	**Operating room, pre-op, PACU**
Unit/ Clinic Address:	**714 W Pine St, Newport, WA 99156**
Effective as of:	**January 1,2025**
Day of the week	

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
MONDAY	Pre-op (0600-1630)	10.00	2.00	0.00	0.00	1.00
	RN Circulator (0700-1730)	10.00	1.00	0.00	0.00	1.00
	PACU RN (0800 - 1530)	7.50	1.00	0.00	0.00	0.00
TUESDAY	Pre-op (0600-1630)	10.00	2.00	0.00	0.00	1.00
	RN Circulator (0700-1730)	10.00	1.00	0.00	0.00	1.00
	PACU RN (0800 - 1530)	7.50	1.00	0.00	0.00	0.00

WEDNESDAY	Pre-op (0600-1630)	10.00	2.00	0.00	0.00	1.00
	RN Circulator (0700-1730)	10.00	1.00	0.00	0.00	1.00
	PACU RN (0800 - 1530)	7.50	1.00	0.00	0.00	0.00
THURSDAY	Pre-op (0600-1630)	10.00	2.00	0.00	0.00	1.00
	RN Circulator (0700-1730)	10.00	1.00	0.00	0.00	1.00
	PACU RN (0800 - 1530)	7.50	1.00	0.00	0.00	0.00
FRIDAY	Pre-op (0600-1630)	10.00	2.00	0.00	0.00	1.00
	RN Circulator (0700-1730)	10.00	1.00	0.00	0.00	1.00
	PACU RN (0800 - 1530)	7.50	1.00	0.00	0.00	0.00
SATURDAY / SUNDAY	ON CALL CIRCULATOR RN	24.00	1.00	0.00	0.00	0.00
	ON CALL SCRUB TECH	24.00	0.00	0.00	0.00	1.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Scrub Tech	M-F 0530-1330	on call	on call	on call
HUC	M-F 0700-1530	0	0	0

Unit Information

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

- [x] Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

☑ Level of experience of nursing and patient care staff

☑ Need for specialized or intensive equipment

- [x] Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

- [ ] 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.

Unit/ Clinic Name:	**NEWPORT HOSPITAL OUTPATIENT SERVICES**
Unit/ Clinic Type:	**Outpatient Services - infusion, woundcare**
Unit/ Clinic Address:	**714 W Pine St, Newport, WA 99156**
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
MONDAY	DAY (0700-1700)	10.00	1.00	0.00	1.00	0.00
	Day (0800-1630)	8.00	1.00	0.00	0.00	0.00
TUESDAY	DAY (0700-1700)	10.00	1.00	0.00	1.00	0.00
	Day (0800-1630)	8.00	1.00	0.00	0.00	0.00

WEDNESDAY	DAY (0700-1700)	10.00	1.00	0.00	1.00	0.00
	Day (0800-1630)	8.00	1.00	0.00	0.00	0.00
THURSDAY	DAY (0700-1700)	10.00	1.00	0.00	1.00	0.00
	Day (0800-1630)	8.00	1.00	0.00	0.00	0.00
FRIDAY	DAY (0700-1700)	10.00	1.00	0.00	1.00	0.00
	Day (0800-1630)	8.00	1.00	0.00	0.00	0.00
SATURDAY	DAY (0700-1700)	10.00	1.00	0.00	1.00	0.00
	Day (0800-1630)	8.00	1.00	0.00	0.00	0.00
SUNDAY	DAY (0700-1700)	10.00	1.00	0.00	1.00	0.00
	Day (0800-1630)	8.00	1.00	0.00	0.00	0.00

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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:	**Newport Hospital OB / Labor and Delivery**
Unit/ Clinic Type:	**Obstectrics**
Unit/ Clinic Address:	**714 W Pine St, Newport, WA 99156**
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
MONDAY	DAY (0700-1900)	12.00	1.00	0.00	0.00	0.00
	NIGHT (1900-0700)	12.00	1.00	0.00	0.00	0.00
TUESDAY	DAY (0700-1900)	12.00	1.00	0.00	0.00	0.00
	NIGHT (1900-0700)	12.00	1.00	0.00	0.00	0.00

WEDNESDAY	DAY (0700-1900)	12.00	1.00	0.00	0.00	0.00
	NIGHT (1900-0700)	12.00	1.00	0.00	0.00	0.00
THURSDAY	DAY (0700-1900)	12.00	1.00	0.00	0.00	0.00
	NIGHT (1900-0700)	12.00	1.00	0.00	0.00	0.00
FRIDAY	DAY (0700-1900)	12.00	1.00	0.00	0.00	0.00
	NIGHT (1900-0700)	12.00	1.00	0.00	0.00	0.00
SATURDAY	DAY (0700-1900)	12.00	1.00	0.00	0.00	0.00
	NIGHT (1900-0700)	12.00	1.00	0.00	0.00	0.00
SUNDAY	DAY (0700-1900)	12.00	1.00	0.00	0.00	0.00
	NIGHT (1900-0700)	12.00	1.00	0.00	0.00	0.00