

# COVER PAGE

The following is the comprehensive hospital staffing  
plan for North Valley 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: 2/14/25

I, the undersigned with responsibility for North Valley 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: John McReynolds CEO

### Hospital Information

Name of Hospital: North Valley Hospital		
Hospital License #: HAC.FS.00000107		
Hospital Street Address: 203 S. Western Avenue		
City/Town: Tonasket	State: WA	Zip code: 98855
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: 12/24/24
	<input type="checkbox"/> Update	Next Review Date: 5/22/25
Effective Date: 1/1/25		
Date Approved: 2/25/25		

## 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:

NVH utilizes national standards specific to department specialties including, ENA, AORN and AMSN.

- ☒ Terms of applicable collective bargaining agreement

Description:

Wage scales and staffing policies are in compliance with our CBAs. We engage in continuous improvement of rest and meal break documentation and compliance.

- ☒ Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts

Description:

Safe staffing is a priority at NVH. Meals and rest breaks are scheduled for each staff member. Staff members within a department offer breaks/lunches for each other, if unable to accommodate these appropriately, the Shift Supervisor, the managers or the CNO will assist to offer. CNA's and MA's in departments cover each other for breaks and meals.

- ☒ Hospital finances and resources

Description:

Staffing plan was written in accordance of safe patient care and appropriate guidelines. We are striving to reduce utilization of Travel/Agency staff and prioritize permanent staffing measures.

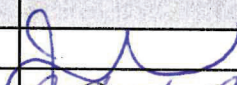
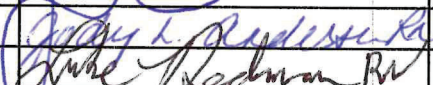
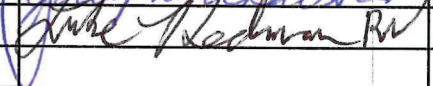
- ☒ Other

Description:

NVH participates in a robust Continuous Quality Improvement Program. We monitor closely for trending and utilize education to improve outcomes.



## Signature

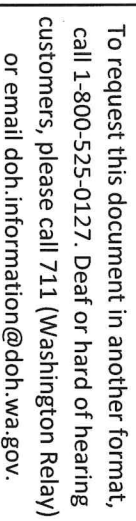
CEO & Co-chairs Name:	Signature:	Date:
John McReynolds CEO		2/25/25
Jody Anderson RN ED Manager		2/25/25
Luke Redman RN		2/25/25

Total Votes	
# of Approvals	# of Denials
7	0



Access unit staffing matrices here.

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## Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name:	North Valley Hospital		
Unit/ Clinic Type:	Acute Care/Swing Bed		
Unit/ Clinic Address:	203 S. Western Ave		
Average Daily Census:	8	Maximum # of Beds:	25
Effective as of:	1/1/2025		

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**Unit Information****Additional Care Team Members**

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Administration: CNO	Regular Dayshift Hours	as needed	as needed	as needed
Administration: ED RN Manager	Regular Dayshift Hours	as needed	as needed	as needed
Administration: AC RN Manager	Regular Dayshift Hours	as needed	as needed	as needed
Administration: Quality Manager	Regular Dayshift Hours	n/a	n/a	n/a
Administration: Informaticist	Regular Dayshift Hours	n/a	n/a	n/a
Admin:Staff Develop Coordinator	Regular Dayshift Hours	n/a	n/a	n/a
AC/SB HUS	12 Hours		12 Hours	Yes
AC/SB CNA	12 Hours		12 Hours	Yes
Insurance Specialist	10	No	No	Yes
Discharge Planner	8	No	No	No

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

- ☒ Activity such as patient admissions, discharges, and transfers

Based on our Daily Metrics tracking, our average IP/SB census is 8. The patients admitted to NVH have a diverse range of admission diagnosis with the most common indicators of CHF, COPD, Pneumonia and Sepsis for our OBS and IP admissions. Our robust Swing Bed Program often accommodates orthopedic postoperative patients (total hips, total knees), Stroke Rehab, and general deconditioning after illness. We transfer out critical patients to a higher level of care when indicated, utilizing the state transfer center. We work closely with an insurance specialist and discharge planner to actively recruit appropriate swing bed candidates and ensure safe discharges for all of our patients.

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

Our clinical nurses on Acute care can take an assignment of 4-6 patients. This assignment might be all Acute in nature, all Swing Bed in nature, or a blend of both. This patient load varies based on clinical needs and acuity of the patient as well as the experience and clinical capabilities of the nurses. We utilize MCG as our tool to verify patient stay type and assist us in the ability to receive compensation for our admissions. This tool is also used to help determine level of care needed for the patient based on national standards and guidelines. In the Emergency Department we staff with 2 RN's to provide care for patients seeking services. We have a shift supervisor most shifts that serves as a float between departments and actively mentors new staff. A code team is designated each shift and communicated to all staff, for a fast and effective response to emergency situations. Our staff is fully cross-trained to work in both departments with a strong lead ED RN always on duty. We are able to flex our staffing to cover each



department's needs and those transitions are looked at monthly, daily, per shift and as needed during the shift.

☒ Skill mix

All nurses at NVH receive an intense orientation that includes both Acute Care and Emergency Department. We provide continuous coverage between both departments, and plan our staffing to allow for attention to detail including skill mix and strengths. We recognize that our staff has different levels of experience and comfort, and we strive to support them with resources within our staffing plan. Our shift supervisors are experienced and specialized in both ED and AC and function as clinical leaders for our newer, less experienced staff. We honor a 3 month orientation for our new graduate RN's and continue past that with each individual as needed. More experienced staff serves as mentors to new to practice RN's as well as new to ED service RN's. Our CNA staff assists each department as needed and as in their scope of practice. Our MA's are highly trained and function well in the ED setting, supporting our nursing staff within their scope of practice. When ED census is low in volume or acuity, the MA team will help on AC as needed and able.

☒ Level of experience of nursing and patient care staff

The clinical staff at NVH varies in skill mix and level of experience. All RN's hired to NVH receive an extensive orientation to both Acute Care and the Emergency Department. Experienced nurses serve as preceptors and mentors to the newly hired staff. We train both new graduates and experienced nurses to both departments to allow for depth and experience in our staffing mix. A Staff Development Coordinator is in place beginning 2025 to assist with ongoing education and competency-based learning activities. We utilize RQI to maintain BLS, ALS and PALS for all our nurses, BLS for our ancillary staff, we host TNCC for all nurses as well as NRP for all nurses. All nurses participate in Procedural Sedation training every 2 years.

☒ Need for specialized or intensive equipment

Current state: Both units are equipped with essential tools necessary to accommodate patients and clinical presentations. Lifts and transfer devices, bariatric bed, OB gurney, Glide Scope for intubation, LUCAS device for CPR, Zolls and Crash Carts, RT support with 2 ventilators, Infant Warmer, Fluid Infusing Warmer. Future State: Hands on training with staff and equipment for High Acuity/Low Frequency Situations.

☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Nursing units are centrally located and accommodate the clinical staff well. We utilize mobile "COWS" for more charting options and mobility. Both departments have separate locked medication rooms and pyxis machines. There is a central pharmacy location, accessible by the Shift Supervisor during off hours.

☒ Other

NVH is striving to implement best practices with a focus on exceptional care. Our staffing plan assists us to support the clinical staff with national guidelines for staffing and enhances our quality indicators with a focus on patient safety, and job satisfaction. We actively engage with our local nursing program and physician residency to sponsor clinical site settings.







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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:	North Valley Hospital					
Unit/ Clinic Type:	Emergency Department/Surgery Department					
Unit/ Clinic Address:	203 S. Western Ave					
Effective as of:	1/1/2025					
Room assignment						
Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Emergency Department	Days	12.00	2.00	0.00	0.00	1.00
	Nocs	12.00	2.00	0.00	0.00	1.00
Surgery Department	Days - Nurse Manager	8.00	1.00			
	Days - Circulator/Recovery	8.00	1.00			
	Days - Scrub tech	8.00				1.00
	Unit Coordinator	8.00				1.00

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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Administration: CNO	Regular Dayshift Hours	as needed	as needed	as needed
Administration: ED RN Manager	Regular Dayshift Hours	as needed	as needed	as needed
Administration: AC RN Manager	Regular Dayshift Hours	as needed	as needed	as needed
Administration: Quality Manager	Regular Dayshift Hours	n/a	n/a	n/a
Administration: Informaticist	Regular Dayshift Hours	n/a	n/a	n/a
Admin: Staff Develop Coordinator	Regular Dayshift Hours	n/a	n/a	n/a
ED HUS/CAN	12 Hours		12 Hours	Yes
Surgery: PerDiem RN	8	n/a	n/a	n/a
Sterile Processing Tech	8	n/a	n/a	n/a
Wound Clinic RN	8	n/a	n/a	n/a
Wound Clinic RN in Training	8	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

Based on our Daily Metrics tracking, our average ED visits are 13 with higher than normal visits recorded to this point this year. Our chief diagnoses include trauma, cardiac, stroke, SUID, influenza, chronic medication conditions in exacerbation. We work to stabilize and transport all patients that do not meet criteria to remain at NVH, and are in close contact with the transfer center and referral agencies. We admit to our AC directly from the ED with a goal of decision to admission to the floor of 60 minutes or less. Our Surgery Department runs outpatient clinics with our CMO as the medical director for Sleep Clinics, Endoscopy, and minimal surgical services including wounds requiring surgical intervention. Our Wound Clinic is managed by our Surgery manager and receives medical oversight from our CMO, Dr. Dhillon. They provide a very robust clinic to actively manage and heal wounds. They collaborate with PCP's in the area, Consults from regional care, and outpatient services that the patient may further benefit from including PT, OT and Dietary.

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

Each of our Fixed Staffing Units function to the highest ability of their teams. They are dedicated to their roles and perform their duties in a collaborative nature. The ED is staffed daily with 2 ED nurses. They are supported with an MA and a HUS. This team works well together and depends on support from the AC/SB team as well as the Shift Supervisor for high acuity events. A code team is designated at the beginning of each shift and clearly communicated to all. For the specialty departments, each department evaluates the acuity level of their patients and schedules accordingly to the time needed for procedures. These departments are focused on efficiency and safe patient care at all times.

☒ Skill mix

All nurses working the the ED will receive an extensive orientation that includes cross-training to the ED. We provide continuous coverage between both departments, and plan our staffing to allow for attention to detail including skill mix and strengths. We recognize that our staff has different levels of experience and comfort, and we strive to support them with resources within our staffing plan. Our shift supervisors are experienced and specialized in both ED and AC and function as clinical leaders for our newer, less experienced staff. Our surgery team has department specific orientation utilizing AORN as the foundation for best practice. Our Wound Care Team has 2 Certified Wound Nurses, and a third actively enrolled in her education at this time. They are very productive with their MA-R who also has a wound certification. They pursue clinical education and study best practice to guide their clinics.

☒ Level of experience of nursing and patient care staff

The clinical staff at NVH varies in skill mix and level of experience. All RN's hired to NVH receive an extensive orientation to the department that they are hired to. . Experienced nurses serve as preceptors and mentors to the newly hired staff. We train both new graduates and experienced nurses to both departments to allow for depth and experience in our staffing mix. A Staff Development Coordinator is in place beginning 2025 to assist with ongoing education and competency-based learning activities. We utilize RQI to maintain BLS, ALS and PALS for all our nurses, BLS for our ancillary staff, we host TNCC for all nurses as well as NRP for all nurses. All nurses working in AC and ED participate in Procedural Sedation training every 2 years. Once Wound Care nurses achieve their certifications, they are expected to maintain them with continuing education.

☒ Need for specialized or intensive equipment

Current state: Units are equipped with essential tools necessary to accommodate patients and clinical presentations. Lifts and transfer devices, bariatric bed, OB gurney, Glide Scope for intubation, LUCAS device for CPR, Zolls and Crash Carts, RT support with 2 ventilators, Infant Warmer, Fluid Infusing Warmer. Future State: Hands on training with staff and equipment for High Acuity/Low Frequency Situations. The Surgery/Wound area also has a bariatric bed that allows for safe patient positioning to help with patient safety and ergonomics for the clinical staff.

☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Nursing units are centrally located and accommodate the clinical staff well. We utilize mobile "COWS" for more charting options and mobility. The Surgery and Wound Care Clinic are located in the same geographical area, which allows for excellent coverage by their manager. A future goal is provide a level of training to these departments that will demonstrate competency to assist each-other in times of high census, acuity or staffing needs.

☒ Other

NVH is striving to implement best practices with a focus on exceptional care. Our staffing plan assists us to support the clinical staff with national guidelines for staffing and enhances our quality indicators with a focus on patient safety, and job satisfaction. We actively engage with our local nursing program and physician residency to sponsor clinical site settings.