

COVER PAGE

The following is the comprehensive hospital staffing plan for Othello Community Hospital submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420 for the year 2025 .

This area is intentionally left blank



Hospital Staffing Form

Attestation

Date: 12/12/24

I, the undersigned with responsibility for Othello Community 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: Connie Agenbroad, CEO

Hospital Information

Name of Hospital: Othello Community Hospital		
Hospital License #: HAC.FS.00000125		
Hospital Street Address: 315 N 14th Ave		
City/Town: Othello	State: WA	Zip code: 99344
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: 1/1/25
	<input type="checkbox"/> Update	Next Review Date: 1/1/26
Effective Date: 12/9/24		
Date Approved: 12/10/24		

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:

Information from nationally recognized organization ACOG, AWHONN, ENA were all used when developing staffing guidelines.

- 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:

Othello Community Hospital ensures staff are able to take meal and rest breaks as required by RCW 49.12.480

- Hospital finances and resources

Description:

- Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Connie Agenbroad	<i>Connie Agenbroad</i>	12/12/24
Brandy Kissler	<i>Brandy Kissler</i>	12/12/24
Jessica Miller	<i>J Miller</i>	12/18/24

Total Votes	
# of Approvals	# of Denials
14	0



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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/ Hospital Name:		Othello Community Hospital									
Unit/ Hospital Type:		Emergency Room									
Unit/ Hospital Address:		315 N 14th Ave Othello, WA. 99344									
Average Daily Census:		NA	Maximum # of Beds:								NA
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)
0	Day	12.00	2.00	0.00	1.00	0.00	24.00	0.00	12.00	0.00	72.00
	Night	12.00	2.00	0.00	1.00	0.00	24.00	0.00	12.00	0.00	
1	Day	12.00	2.00	0.00	1.00	0.00	24.00	0.00	12.00	0.00	72.00
	Night	12.00	2.00	0.00	1.00	0.00	24.00	0.00	12.00	0.00	

2	Day	12.00	2.00	0.00	1.00	0.00	12.00	0.00	6.00	0.00	36.00
	Night	12.00	2.00	0.00	1.00	0.00	12.00	0.00	6.00	0.00	
3	Day	12.00	2.00	0.00	1.00	0.00	8.00	0.00	4.00	0.00	24.00
	Night	12.00	2.00	0.00	1.00	0.00	8.00	0.00	4.00	0.00	
4	Day	12.00	2.00	0.00	1.00	0.00	6.00	0.00	3.00	0.00	18.00
	Night	12.00	2.00	0.00	1.00	0.00	6.00	0.00	3.00	0.00	
5	Day	12.00	2.00	0.00	2.00	0.00	4.80	0.00	4.80	0.00	19.20
	Night	12.00	2.00	0.00	2.00	0.00	4.80	0.00	4.80	0.00	
6	Day	12.00	2.00	0.00	2.00	0.00	4.00	0.00	4.00	0.00	16.00
	Night	12.00	2.00	0.00	2.00	0.00	4.00	0.00	4.00	0.00	



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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/ Hospital Name:		Othello Community Hospital										Total Minimum Direct Pt. Care HPUS (hours per unit of service)	
Unit/ Hospital Type:		Inpatient/ Observation											
Unit/ Hospital Address:		315 N 14th Ave Othello, WA. 99344											
Average Daily Census:		4.74										Maximum # of Beds:	25
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	Min # of HPUS		
0	Day	12.00	3.00	0.00	1.00	0.00	0.00	36.00	0.00	12.00	0.00	96.00	
	Night	12.00	3.00	0.00	1.00	0.00	0.00	36.00	0.00	12.00	0.00	96.00	
1	Day	12.00	3.00	0.00	1.00	0.00	0.00	36.00	0.00	12.00	0.00	96.00	
	Night	12.00	3.00	0.00	1.00	0.00	0.00	36.00	0.00	12.00	0.00	96.00	
2	Day	12.00	3.00	0.00	1.00	0.00	0.00	18.00	0.00	6.00	0.00	48.00	
	Night	12.00	3.00	0.00	1.00	0.00	0.00	18.00	0.00	6.00	0.00	48.00	

3	Day	12.00	3.00	0.00	1.00	0.00	12.00	0.00	4.00	0.00	32.00
	Night	12.00	3.00	0.00	1.00	0.00	12.00	0.00	4.00	0.00	
4	Day	12.00	3.00	0.00	2.00	0.00	9.00	0.00	6.00	0.00	27.00
	Night	12.00	3.00	0.00	1.00	0.00	9.00	0.00	3.00	0.00	
5	Day	12.00	3.00	0.00	2.00	0.00	7.20	0.00	4.80	0.00	21.60
	Night	12.00	3.00	0.00	1.00	0.00	7.20	0.00	2.40	0.00	
6	Day	12.00	3.00	0.00	2.00	0.00	6.00	0.00	4.00	0.00	18.00
	Night	12.00	3.00	0.00	1.00	0.00	6.00	0.00	2.00	0.00	
7	Day	12.00	3.00	0.00	2.00	0.00	5.14	0.00	3.43	0.00	15.43
	Night	12.00	3.00	0.00	1.00	0.00	5.14	0.00	1.71	0.00	
8	Day	12.00	3.00	0.00	2.00	0.00	4.50	0.00	3.00	0.00	13.50
	Night	12.00	3.00	0.00	1.00	0.00	4.50	0.00	1.50	0.00	
9	Day	12.00	3.00	0.00	2.00	0.00	4.00	0.00	2.67	0.00	12.00
	Night	12.00	3.00	0.00	1.00	0.00	4.00	0.00	1.33	0.00	
10	Day	12.00	4.00	0.00	3.00	0.00	4.80	0.00	3.60	0.00	15.60
	Night	12.00	4.00	0.00	2.00	0.00	4.80	0.00	2.40	0.00	
11	Day	12.00	4.00	0.00	3.00	0.00	4.36	0.00	3.27	0.00	14.18
	Night	12.00	4.00	0.00	2.00	0.00	4.36	0.00	2.18	0.00	
12	Day	12.00	4.00	0.00	3.00	0.00	4.00	0.00	3.00	0.00	13.00
	Night	12.00	4.00	0.00	2.00	0.00	4.00	0.00	2.00	0.00	
13	Day	12.00	4.00	0.00	3.00	0.00	3.69	0.00	2.77	0.00	12.00
	Night	12.00	4.00	0.00	2.00	0.00	3.69	0.00	1.85	0.00	

14	Day	12.00	5.00	0.00	3.00	0.00	4.29	0.00	2.57	0.00	12.86
	Night	12.00	5.00	0.00	2.00	0.00	4.29	0.00	1.71	0.00	
15	Day	12.00	5.00	0.00	3.00	0.00	4.00	0.00	2.40	0.00	12.00
	Night	12.00	5.00	0.00	2.00	0.00	4.00	0.00	1.60	0.00	
16	Day	12.00	5.00	0.00	3.00	0.00	3.75	0.00	2.25	0.00	11.25
	Night	12.00	5.00	0.00	2.00	0.00	3.75	0.00	1.50	0.00	
17	Day	12.00	6.00	0.00	3.00	0.00	4.24	0.00	2.12	0.00	12.00
	Night	12.00	6.00	0.00	2.00	0.00	4.24	0.00	1.41	0.00	
18	Day	12.00	6.00	0.00	3.00	0.00	4.00	0.00	2.00	0.00	11.33
	Night	12.00	6.00	0.00	2.00	0.00	4.00	0.00	1.33	0.00	
19	Day	12.00	6.00	0.00	3.00	0.00	3.79	0.00	1.89	0.00	10.74
	Night	12.00	6.00	0.00	2.00	0.00	3.79	0.00	1.26	0.00	



Washington State Department of

HEALTH

DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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/ Hospital Name:		Othello Community Hospital										
Unit/ Hospital Type:		Surgery										
Unit/ Hospital Address:		315 N 14th Ave Othello, WA. 99344										
Average Daily Census:		NA					Maximum # of Beds:					NA
Effective as of:		1/1/2025										
# of Procedures												
# of Procedures	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)	
0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Day	8.00	2.00	0.00	0.00	0.00	1.00	16.00	0.00	0.00	8.00	
2		8.00	2.00	0.00	0.00	0.00	1.00	8.00	0.00	0.00	4.00	12.00
	Day	8.00	2.00	0.00	0.00	0.00	1.00	8.00	0.00	0.00	4.00	



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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/ Hospital Name:		Othello Community Hospital										Total Minimum
Unit/ Hospital Type:		Post-Anesthesia Recovery										Direct Pt. Care
Unit/ Hospital Address:		315 N 14th Ave Othello, WA. 99344										HPUS (hours per unit of service)
Average Daily Census:		NA								Maximum # of Beds:		NA
Effective as of:		1/1/2025										
# of Procedures												
# of Procedures	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	Min # of HPUS	
0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Day	8.00	1.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00
1												
	Day	8.00	1.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	0.00	8.00
2												
	Day	8.00	1.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	0.00	4.00

Unit Information

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

- Activity such as patient admissions, discharges, and transfers

Staffing matrices are developed utilizing data from admissions, discharge, transfer, length of stay, average patient census, quality measure outcomes, safety and staffing complaints.

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

During periods of high cesus, unplanned leave, or when there are patients of higher-than-usual acuity, the charge RN on duty may reassign qualified staff from less busy units, as needed. The hospital staffs 1 CRNA, OR RN, OR tech, Respiratory Therapist, and 2 EMS 24 hours a day 7 days a week to be called in as needed.

Skill mix

Each unit is staffed with a skill mix appropriate to that unit's specific needs.

Level of experience of nursing and patient care staff

Each unit is staffed with nursing and patient care staff that have experience, knowledge, and training specific to that unit. Each unit has specific education requirements specific to the knowledge needed to care for the patient population of that unit. Each shift and unit is overseen by an experienced RN 24x7.

Need for specialized or intensive equipment

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

Other