COVER PAGE

The following is the comprehensive hospital staffing plan for Providence Mount Carmel 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

Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 7/1/24

I, the undersigned with responsibility for Providence Mount Carmel Hospita 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: Ron Rehn, DHA, Chief Administrative Officer

Hospital Information

Name of Hospital: Providence Mount Carmel Hospital			
Hospital License #: HAC.FS.00000030			
Hospital Street Address: 982 E Columbia Ave			
City/Town: Colville	State: WA	Zip code: 99114	
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: 7/1/24	
	☐ Update	Next Review Date: 7/1/25	
Effective Date: 7/1/24			
Date Approved: 7/1/24			

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:

☐ 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:
Ron Rehn, DHA, Chief Administrative Officer		7-1-2024

Total Votes	
# of Approvals	# of Denials
10	0

Access unit staffing matrices here.

This area is intentionally left blank

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/ Clinic Name:	**Providence Mount Carmel Hospital**		
Unit/ Clinic Type:	**Acute Care Unit - Medical/Surgical**		
Unit/ Clinic Address:	**982 E. Columbia Ave, Colville, WA, 99114**		
Average Daily Census:	**9**	**Maximum # of Beds:**	**20**
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)
1	Day 07-1930	12	1	0	0	0	12.00	0.00	0.00	0.00	
	NOC 19-0730	12	1	0	0	0	12.00	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	
		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	24.00
2	Day 07-1930	12	1	0	0	0	6.00	0.00	0.00	0.00	
	NOC 19-0730	12	1	0	0	0	6.00	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	
		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
3	Day 07-1930	12	1	0	0	0	4.00	0.00	0.00	0.00	
	NOC 19-0730	12	1	0	0	0	4.00	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	
		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	8.00
4	Day 07-1930	12	1	1	0	0	3.00	3.00	0.00	0.00	
	NOC 19-0730	12	1	0	0	0	3.00	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	

		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	9.00
5	Day 07-1930	12	1	1	0	0	2.40	2.40	0.00	0.00	9.60
	NOC 19-0730	12	1	1	0	0	2.40	2.40	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	
		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 07-1930	12	1	1	0	0	2.00	2.00	0.00	0.00	8.00
	NOC 19-0730	12	1	1	0	0	2.00	2.00	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	
		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 07-1930	12	1	1	0	0	1.71	1.71	0.00	0.00	10.29
	NOC 19-0730	12	1	1	0	0	1.71	1.71	0.00	0.00	
	Day 06-1830	12	0	0	1	0	0.00	0.00	1.71	0.00	
	NOC 18-0630	12	0	0	1	0	0.00	0.00	1.71	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 07-1930	12	1	1	0	0	1.50	1.50	0.00	0.00	
	NOC 19-0730	12	1	1	0	0	1.50	1.50	0.00	0.00	
	Day 06-1830	12	0	0	1	0	0.00	0.00	1.50	0.00	
	NOC 18-0630	12	0	0	1	0	0.00	0.00	1.50	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	9.00
9	Day 07-1930	12	2	1	0	0	2.67	1.33	0.00	0.00	
	NOC 19-0730	12	1	1	0	0	1.33	1.33	0.00	0.00	
	Day 06-1830	12	0	0	1	0	0.00	0.00	1.33	0.00	
	NOC 18-0630	12	0	0	1	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	
		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	9.33
10	Day 07-1930	12	2	1	0	0	2.40	1.20	0.00	0.00	
	NOC 19-0730	12	2	1	0	0	2.40	1.20	0.00	0.00	
	Day 06-1830	12	0	0	1	0	0.00	0.00	1.20	0.00	
	NOC 18-0630	12	0	0	1	0	0.00	0.00	1.20	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	
		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	9.60
	Day 07-1930	12	2	1	0	0	2.18	1.09	0.00	0.00	
	NOC 19-0730	12	2	1	0	0	2.18	1.09	0.00	0.00	

11	Day 06-1830	12	0	0	1	0	0.00	0.00	1.09	0.00	
	NOC 18-0630	12	0	0	1	0	0.00	0.00	1.09	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	8.73
12	Day 07-1930	12	2	1	0	0	2.00	1.00	0.00	0.00	
	NOC 19-0730	12	2	1	0	0	2.00	1.00	0.00	0.00	
	Day 06-1830	12	0	0	2	0	0.00	0.00	2.00	0.00	
	NOC 18-0630	12	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	
		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	10.00
13	Day 07-1930	12	3	1	0	0	2.77	0.92	0.00	0.00	
	NOC 19-0730	12	2	1	0	0	1.85	0.92	0.00	0.00	
	Day 06-1830	12	0	0	2	0	0.00	0.00	1.85	0.00	
	NOC 18-0630	12	0	0	2	0	0.00	0.00	1.85	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	10.15
	Day 07-1930	12	3	1	0	0	2.57	0.86	0.00	0.00	
	NOC 19-0730	12	2	1	2	0	1.71	0.86	1.71	0.00	
	Day 06-1830	12	0	0	2	0	0.00	0.00	1.71	0.00	
	NOC 18-0630	12	0	0	2	0	0.00	0.00	1.71	0.00	

14		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	11.14
15	Day 07-1930	12	3	1	0	0	2.40	0.80	0.00	0.00	
	NOC 19-0730	12	3	1	0	0	2.40	0.80	0.00	0.00	
	Day 06-1830	12	0	0	2	0	0.00	0.00	1.60	0.00	
	NOC 18-0630	12	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	
		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	9.60
16	Day 07-1930	12	4	1	0	0	3.00	0.75	0.00	0.00	
	NOC 19-0730	12	3	1	0	0	2.25	0.75	0.00	0.00	
	Day 06-1830	12	0	0	2	0	0.00	0.00	1.50	0.00	
	NOC 18-0630	12	0	0	2	0	0.00	0.00	1.50	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	9.75
17	Day 07-1930	12	4	1	0	0	2.82	0.71	0.00	0.00	
	NOC 19-0730	12	3	1	0	0	2.12	0.71	0.00	0.00	
	Day 06-1830	12	0	0	2	0	0.00	0.00	1.41	0.00	
	NOC 18-0630	12	0	0	2	0	0.00	0.00	1.41	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	9.18
18	Day 07-1930	12	4	1	0	0	2.67	0.67	0.00	0.00	
	NOC 19-0730	12	3	1	2	0	2.00	0.67	1.33	0.00	
	Day 06-1830	12	0	0	2	0	0.00	0.00	1.33	0.00	
	NOC 18-0630	12	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	
		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	10.00
19	Day 07-1930	12	4	1	0	0	2.53	0.63	0.00	0.00	
	NOC 19-0730	12	3	1	0	0	1.89	0.63	0.00	0.00	
	Day 06-1830	12	0	0	2	0	0.00	0.00	1.26	0.00	
	NOC 18-0630	12	0	0	2	0	0.00	0.00	1.26	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	8.21
20	Day 07-1930	12	4	1	0	0	2.40	0.60	0.00	0.00	
	NOC 19-0730	12	4	1	0	0	2.40	0.60	0.00	0.00	
	Day 06-1830	12	0	0	2	0	0.00	0.00	1.20	0.00	
	NOC 18-0630	12	0	0	2	0	0.00	0.00	1.20	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	
		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	8.40
		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!	
		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!	
		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!	
		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!	
		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!	#DIV/0!
		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!	
		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!	
		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!	
		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!	
		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!	#DIV/0!
		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!	
		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!	
		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!	
		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!	
		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!	#DIV/0!

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Physical Therapist	X			X
Occupational Therapist	X			
Respiratory Therapist	X	X	X	X
Administrative Supervisor	X	X	X	X
Chaplaincy	X	Oncall	Oncall	Oncall
Assistant Nurse Manager	X			
Nurse Manager	X			
Activities Coordinator	X			
Palliative Care Nurse	X			
Certified Nurse Anesthesists	X	Oncall	Oncall	Oncall
Hospitalist	X	X	X	X
Speech Therapy	X			Oncall
Phlebotomist	X	X	X	X
Wound Care Nurse	X	X		
Dietician	X			
Case Management	X			

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:

Golden Hour - During the 30 minutes before and 30 minutes after the start of an RN shift - admissions are delayed to allow the RNs to providee handoff of current admitted patients.

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

Description:

If patient's health declines beyond what the level of care that ACU can provide, the patient will be transferred initially to the Critical Care Unit for further assessment if a bed is available and then to another facility for higher level of care if needed.

☑ 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:

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/ Clinic Name:	Providence Mount Carmel Hospital		
Unit/ Clinic Type:	Family Maternity Center: Labor, Delivery and Postpartum Unit		
Unit/ Clinic Address:	982 E. Columbia Ave., Colville, WA, 99114		
Average Daily Census:	1	Maximum # of Beds:	4
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)
1	Day 07-1930	12	2	0	0	0	24.00	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	24.00	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	
		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	48.00
2	Day 07-1930	12	2	0	0	0	12.00	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	12.00	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	
		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	24.00
3	Day 07-1930	12	2	0	0	0	8.00	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	8.00	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	
		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	16.00
4	Day 07-1930	12	2	0	0	0	6.00	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	6.00	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	

		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
5	Day 07-1930	12	2	0	0	0	4.80	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	4.80	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	
		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	9.60
6	Day 07-1930	12	2	0	0	0	4.00	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	4.00	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	
		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	8.00
7	Day 07-1930	12	2	0	0	0	3.43	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	3.43	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	
		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	6.86

8	Day 07-1930	12	2	0	0	0	3.00	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	3.00	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	
		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	6.00
9	Day 07-1930	12	2	0	0	0	2.67	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	2.67	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	
		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	5.33
10	Day 07-1930	12	2	0	0	0	2.40	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	2.40	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	
		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	4.80
		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!	

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Administrative Supervisor	X	X	X	X
Respiratory Therapist	X	X	X	x
Assistant Nurse Manager	X			
Nurse Manager	X			
Chaplaincy	X	Oncall	Oncall	x
Certified Nurse Anesthetist	X	Oncall	Oncall	Oncall
Family Practice Physician	Oncall	Oncall	Oncall	Oncall
Dietician	X			
Health Unit Coordinator (ACU)	X	X		

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:

Staffing on the FMC unit utilize AWHONN's Standards for Professional Registered Nurse Staffing for Perinatal Units for addressing acuity, intensity of care, and the type of care to be delivered each shift recognizing there are challenges not addressed by these guidelines for rural health care. General, acuity level adjustments include - 1 to 1 unstable anepartum complications; patients receiving magnesium sulfate; patients with medical or obstetrical complications during labor; patients receiving oxytocin during labor; patients laboring with minimal to no pain relief or medical interventions; during initiation of regional anesthesia for at least the first 30 minutes after initial dose; and when patient is in the active pushing phase of second-stage of labor.

☐ 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:

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.

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:	**Providence Mount Carmel Hospital**
Unit/ Clinic Type:	**Outpatient Wound Care Services**
Unit/ Clinic Address:	**982 E. Columbia Ave, Colville, WA 99114**
Effective as of:	**1/1/2024**
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					

Monday	Day 0700 - 1930	12	2		1	
Tuesday	Day 0700 - 1930	12	2		1	
Wednesday	Day 0700 - 1930	12	2		1	

Thursday	Day 0700 - 1930	12	1		1	
Friday	Day 0700 - 1930	12	2		1	
Saturday	Closed					

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Nurse Manager	X			
Assistant Nurse Manager	X			
Administrative Supervisor	X	X	X	

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:

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.

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:	**Providence Mount Carmel Hospital**
Unit/ Clinic Type:	**Emergency Department**
Unit/ Clinic Address:	**982 E. Columbia Ave., Colville, WA, 99114**
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	0600-1830	12	0	0	1	0
	0700-1930	12	2	0	0	0
	1000-2230	12	1	0	0	0
	1200-0030	12	1	0	0	0
	1800-0630	12	0	0	1	0
	1900-0730	12	2	0	0	0

Monday	0600-1830	12	0	0	1	0
	0700-1930	12	2	0	0	0
	1000-2230	12	1	0	0	0
	1200-0030	12	1	0	0	0
	1800-0630	12	0	0	1	0
	1900-0730	12	2	0	0	0
Tuesday	0600-1830	12	0	0	1	0
	0700-1930	12	2	0	0	0
	1000-2230	12	1	0	0	0
	1200-0030	12	1	0	0	0
	1800-0630	12	0	0	1	0
	1900-0730	12	2	0	0	0
Wednesday	0600-1830	12	0	0	1	0
	0700-1930	12	2	0	0	0
	1000-2230	12	1	0	0	0
	1200-0030	12	1	0	0	0
	1800-0630	12	0	0	1	0
	1900-0730	12	2	0	0	0

Thursday	0600-1830	12	0	0	1	0
	0700-1930	12	2	0	0	0
	1000-2230	12	1	0	0	0
	1200-0030	12	1	0	0	0
	1800-0630	12	0	0	1	0
	1900-0730	12	2	0	0	0
Friday	0600-1830	12	0	0	1	0
	0700-1930	12	2	0	0	0
	1000-2230	12	1	0	0	0
	1200-0030	12	1	0	0	0
	1800-0630	12	0	0	1	0
	1900-0730	12	2	0	0	0
Saturday	0600-1830	12	0	0	1	0
	0700-1930	12	2	0	0	0
	1000-2230	12	1	0	0	0
	1200-0030	12	1	0	0	0
	1800-0630	12	0	0	1	0
	1900-0730	12	2	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapist	X	X	X	X
Administrative Supervisor	X	X	X	X
Chaplaincy	X	Oncall	Oncall	X
Assistant Nurse Manager	X			
Nurse Manager	X			
Case Manaement	X			Oncall
Palliative Care Nurse	X			
Certified Nurse Anesthesists	X	Oncall	Oncall	Oncall
ED Physician	X	X	X	X
Phlebotomist	X	X	X	X

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:

Activity in the ED: Admission to ED, triage, discharge, transfers, and boarders. Golden Hour - During the 30 minutes before and 30 minutes after the start of an RN shift - admissions are delayed to allow the ACU/CCU RNs to provide handoff of current admitted patients.

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

Description:

Acuity levels from ESI level 1 to 5. Acuity level 1 is life threatening, acuity level 5 is not urgent. Intesnity of care depends on patient acuity. Higher critical care needs for level 1 acuity. Lower care needs for level acuity 5. Emergency nursing care is delivered on each shift. RN care delivered each shift includes: Assess and triage patients upon arrival to determine the level of urgency and need for medical attention.

☑ Skill mix

Description:

☑ Level of experience of nursing and patient care staff

Description:

An Emergency Department Registered Nurse specializes in providing immediate medical care to pateints in emergency situations. They are trained to assess, stabilize, and treat patients with a wide range of medical conditions and injuries, including trauma, heart attacks, strokes, and other critical illnesses. ER nurses play a crucial role in ensuring that patients receive timely and appropriate care during emergencies

☑ Need for specialized or intensive equipment

Description:

Specialized equipment used in the Emergency Department consists of code carts, defibrillators, ventilators, patient monitors, ultrasound machines, and special trauma equipment (I/O drills, intubation equipment, and Level 1 fluid warmers)

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

Description:

☐ Other

Description:

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/ Clinic Name:	Providence Mount Carmel Hospital		
Unit/ Clinic Type:	Critical Care Unit		
Unit/ Clinic Address:	982 E Columbia Ave., Colville WA, 99114		
Average Daily Census:	2	Maximum # of Beds:	4
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)
1	Day 07-1930	12	1	0	0	0	12.00	0.00	0.00	0.00	
	NOC 19-0730	12	1	0	0	0	12.00	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	
		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	24.00
2	Day 07-1930	12	2	0	0	0	12.00	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	12.00	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	
		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	24.00
3	Day 07-1930	12	2	0	0	0	8.00	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	8.00	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	
		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	16.00
4	Day 07-1930	12	2	0	0	0	6.00	0.00	0.00	0.00	
	NOC 19-0730	12	2	0	0	0	6.00	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	

		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	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		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!	
		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!	
		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!	
		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!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		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!	
		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!	
		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!	
		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!	
		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!	#DIV/0!
		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!	
		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!	
		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!	
		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!	
		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!	#DIV/0!

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Physical Therapist	X			X
Occupational Therapist	X			
Respiratory Therapist	X	X	X	X
Administrative Supervisor	X	X	X	X
Chaplaincy	X	Oncall	Oncall	X
Assistant Nurse Manager	X			
Nurse Manager	X			
Activities Coordinator	X			
Palliative Care Nurse	X			
Certified Nurse Anesthesists	X	Oncall	Oncall	Oncall
Hospitalist	X	X	X	X
Speech Therapy	X			Oncall
Phlebotomist	X	X	X	X
Wound Care Nurse	X	X		
Dietician	X			
Case Management	X			

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:

Activities include patient admissions, discharges, and transfers.

CCU Staffing: CCU is staffed with two RNs that work 12 hour shifts from 0700-1930 and 1900-0730. CCU registered nurses are on-call if there are no patients in the unit and may be floated to other areas that they are cross-trained and qualified to work in.

2 CCU registered nurses for 1 or more CCU patients with or without monitoring telemetry. Staffing may be adjusted to acuity of patients.

☑ 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:

RNs trained in critical care and telemetry. Licensure and certification requirements for the CCU RN include an active RN license, BLS, and ACLS certification.

☑ Need for specialized or intensive equipment

Description:

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.

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:	**Providence Mount Carmel Hospital**
Unit/ Clinic Type:	**Operating Room**
Unit/ Clinic Address:	**982 E Columbia Ave., Colville, WA, 99114**
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	Oncall	24	1	0	0	1

Monday	Day 0630-1500	8	3	0	0	0
	NOC 1500-0630 oncall	16	1	0	0	0
Tuesday	Day 0630-1500	8	2	0	0	0
	NOC 1500-0630 oncall	16	1	0	0	0
Wednesday	Day 0630-1500	8	2	0	0	0
	NOC 1500-0630 oncall	16	1	0	0	0

Thursday	Day 0630-1500	8	2	0	0	0
	NOC 1500-0630 oncall	16	1	0	0	0
Friday	Day 0630-1500	8	1	0	0	0
	NOC 1500-0630 oncall	16	1	0	0	0
Saturday	Oncall	24	1	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Scrub Technologist	X	Oncall	Oncall	Oncall
Administrative Supervisor	X	X	X	X
Respiratory Therapist	X	X	X	X
Assistant Nurse Manager	X			
Nurse Manager	X			
Certified Nurse Anesthesists	X	Oncall	Oncall	Oncall
Chaplaincy	X	Oncall	Oncall	Oncall
Radiology	X	X	X	X

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:

Staffing plan is based on surgical block schedule and patient admits/discharges. Surgical cases fluctuate depending on time of day, day of the week, and month of the year.

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

Description:

A minimum of one RN, one Surgical Technologist, and one Certified Registered Nurse Anesthetist will be scheduled for each case. Increases in staffing will occur when patient acuity level is increased or surgical case is complex.

☑ Skill mix

Description:

Staffing metrics will acccount for staff competencies and experience in the direct care of patients as scheduled OR cases.

☑ Level of experience of nursing and patient care staff

Description:

☑ Need for specialized or intensive equipment

Description:

Staffing metrics will account for staffing competencies in operating specialized equipment in the OR

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

Description:

☐ Other

Description:

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.

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:	**Providence Mount Carmel Hospital**
Unit/ Clinic Type:	**Endoscopy**
Unit/ Clinic Address:	**982 E Columbia Ave., Colville, WA 99114**
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	0600-1630	10	2	0	0	1
	0730-1800	10	1	0	0	0
Tuesday	0600-1630	10	2	0	0	1
	0730-1800	10	1	0	0	0
Wednesday	0600-1630	10	2	0	0	1
	0730-1800	10	1	0	0	0

Thursday	0600-1630	10	2	0	0	1
	0730-1800	10	1	0	0	0
Friday	0600-1630	10	2	0	0	1
	0730-1800	10	1	0	0	0
Saturday	Closed	0	0	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Administrative Supervisor	X	X	X	X
Respiratory Therapist	X	X	X	X
Assistant Nurse Manager	X			
Nurse Manager	X			
Certified Nurse Anesthesists	X	Oncall	Oncall	Oncall
Phlebotomist	X	X	X	X
Chaplaincy	X	Oncall	Oncall	Oncall
Radiology	X			

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:

Staffing is based upon patient volumes and Endoscopy block schedule. Increases in staffing will occur with add on cases and patient flow of admits/discharges.

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

Description:

Increases in staffing will occur if patient acuity requires one-to-one care, case is complex, or patient safety requires multiple RN's

☑ Skill mix

Description:

Increases in staffing will occur if staff inexperience requires multiple RN's to support patient and caregiver.

☐ Level of experience of nursing and patient care staff

Description:

☑ Need for specialized or intensive equipment

Description:

Endoscopy procedures in room require specialized equipment that only trained staff can operate.

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

Description:

☐ Other

Description:

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.

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:	**Proidence Mount Carmel Hospital**
Unit/ Clinic Type:	**Day Surgery**
Unit/ Clinic Address:	**982 E. Columbia Ave., Colville, WA 99114**
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	0600-1630	10	2	0	0	0
	0730-1800	10	1	0	0	0
Tuesday	0600-1630	10	2	0	0	0
	0730-1800	10	1	0	0	0
Wednesday	0600-1630	10	2	0	0	0
	0730-1800	10	1	0	0	0

Thursday	0600-1630	10	2	0	0	0
	0730-1800	10	1	0	0	0
Friday	0600-1630	10	2	0	0	0
	0730-1800	10	1	0	0	0
Saturday	Closed	0	0	0	0	

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Administrative Supervisor	X	X	X	X
Respiratory Therapist	X	X	X	x
Assistant Nurse Manager	X			
Nurse Manager	X			
Certified Nurse Anesthesists	X	Oncall	Oncall	Oncall
Phlebotomist	X	X	X	X
Radiology	X			

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:

Providence Mount Carmel Hospital Day Surgery admits, cares for, and discharges surgical patients for General surgery procedures, orthopedic procedures, and podiatry procedures. Staff are scheduled to accomodate surgical block times and admit/discharge outpatient infusion patients. Examples of infusion procedures are IV infusions, PICC line care, and port care. Upstaffing occurs based on increased daily census.

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

Description:

Staffing metrics take into account patient acuity and increase in staffing occurs for patients requiring higher level of care.

☐ 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:

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.

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:	**Providence Mount Carmel Hospital**
Unit/ Clinic Type:	**Post Anesthesia Care unit**
Unit/ Clinic Address:	**982 E Columbia Ave., Colville, WA 99114**
Effective as of:	**1/1/2025**

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	Oncall	24	1	0	0	0

Monday	Day 0700-1730	10	2	0	0	0
	NOC 1730-0700 Oncall	14	1	0	0	0
Tuesday	Day 0700-1730	10	2	0	0	0
	NOC 1730-0700 Oncall	14	1	0	0	0
Wednesday	Day 0700-1730	10	2	0	0	0
	NOC 1730-0700 Oncall	14	1	0	0	0

Thursday	Day 0700-1730	10	2	0	0	0
	NOC 1730-0700 Oncall	14	1	0	0	0
Friday	Oncall	24	1	0	0	0
Saturday	Oncall	24	1	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Administrative Supervisor	X	X	X	X
Respiratory Therapist	X	X	X	X
Assistant Nurse Manager	X			
Nurse Manager	X			
Certified Nurse Anesthesists	X	Oncall	Oncall	Oncall
Phlebotomist	X	X	X	X
Radiology	X	X	X	X
Chaplaincy	X	Oncall	Oncall	Oncall

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:

Staffing metrics are based on admits/discharges to PACU. Increasing staffing occurs with higher census.

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

Description:

Patient acuity levels and type of care required are used to increase staffing for patient and staff safety.

☐ Skill mix

Description:

☑ Level of experience of nursing and patient care staff

Description:

Clinical caregivers must have competencies related to PACU on file. Increase staffing occurs to support less experienced caregivers.

☐ 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: