COVER PAGE

The following is the comprehensive hospital staffing plan for Providence St Joseph's 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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Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 7/24/24

I, the undersigned with responsibility for Providence St Joseph's 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: Ron Rehn, DHA, Chief Administrative Officer

Hospital Information

Name of Hospital: Providence St Joseph's Hospital			
Hospital License #: HAC.FS.00000194			
Hospital Street Address: 500 E Webster			
City/Town: Chewelah	State: WA	Zip code: 99109	
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, CAO, Chief Administrative Officer	RR. DHA	7-1-2024

Total Votes	
# of Approvals	# of Denials
9	0

Access unit staffing matrices here.

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Washington State Department of HEALTH

DOH 346-154

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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 St. Joseph's Hospital**		
Unit/ Clinic Type:	**Acute Care Unit**		
Unit/ Clinic Address:	**500 E Webster Ave, Chewelah, WA, 99109**		
Average Daily Census:	**6**	**Maximum # of Beds:**	**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)
1	Day 07-1930	12	1	0	1	0	12.00	0.00	12.00	0.00	
	NOC 19-0730	12	1	0	1	0	12.00	0.00	12.00	0.00	
		0	0	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	1	0	1	0	6.00	0.00	6.00	0.00	
	NOC 19-0730	12	1	0	1	0	6.00	0.00	6.00	0.00	
		0	0	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	1	0	1	0	4.00	0.00	4.00	0.00	
	NOC 19-0730	12	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
4	Day 07-1930	12	2	0	1	0	6.00	0.00	3.00	0.00	
	NOC 19-0730	12	2	0	1	0	6.00	0.00	3.00	0.00	
		0	0	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	18.00
5	Day 07-1930	12	2	0	1	0	4.80	0.00	2.40	0.00	
	NOC 19-0730	12	2	0	1	0	4.80	0.00	2.40	0.00	
		0	0	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	14.40
6	Day 07-1930	12	2	0	1	0	4.00	0.00	2.00	0.00	
	NOC 19-0730	12	2	0	1	0	4.00	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
7	Day 07-1930	12	2	0	1	0	3.43	0.00	1.71	0.00	
	NOC 19-0730	12	2	0	1	0	3.43	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29

8	Day 07-1930	12	2	0	1	0	3.00	0.00	1.50	0.00	
	NOC 19-0730	12	2	0	1	0	3.00	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	
		0	0	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	0	1	0	2.67	0.00	1.33	0.00	
	NOC 19-0730	12	2	0	1	0	2.67	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
10	Day 07-1930	12	2	0	1	0	2.40	0.00	1.20	0.00	
	NOC 19-0730	12	2	0	1	0	2.40	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
	Day 07-1930	12	2	0	1	0	2.18	0.00	1.09	0.00	
	NOC 19-0730	12	2	0	1	0	2.18	0.00	1.09	0.00	

11		0	0	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	6.55
12	Day 07-1930	12	2	0	1	0	2.00	0.00	1.00	0.00	
	NOC 19-0730	12	2	0	1	0	2.00	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	
		0	0	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
13	Day 07-1930	12	3	0	1	0	2.77	0.00	0.92	0.00	
	NOC 19-0730	12	3	0	1	0	2.77	0.00	0.92	0.00	
		0	0	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	7.38
	Day 07-1930	12	3	0	1	0	2.57	0.00	0.86	0.00	
	NOC 19-0730	12	3	0	1	0	2.57	0.00	0.86	0.00	
		0	0	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		0	0	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
	Day 07-1930	12	3	0	1	0	2.40	0.00	0.80	0.00	
	NOC 19-0730	12	3	0	1	0	2.40	0.00	0.80	0.00	
		0	0	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		0	0	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	6.40
		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!	

Washington State Department of HEALTH

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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			
Health Unit Clerk	X	X		X
Phlebotomist	X	X	X	X
Speech Therapist	X			X
Case Management	X			Oncall
Dietician	X			
Wound Care Nurse	X	X		
ED/ACU Phyician	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 may be adjusted based on the activies (admits, discharges, & transfers) that are occuring on the unit. Awareness is raised to the Administrative Supervisor or nursing leader to make adjustments as needed.

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

Description:

Staffing is adjusted to current shift specific acuity criteria based on the Unit as a whole to ensure that safe, excellent care is given. Awareness is raised to the Administrative Supervisor or nursing leader to make adjustments as needed.

☑ Skill mix

Description:

Staffing is adjusted to current patient needs and appropriate skill mix available.

☐ Level of experience of nursing and patient care staff

Description:

☑ Need for specialized or intensive equipment

Description:

Staffing can be adjusted to accomodate higher acuity patients when they need specialized equipment.

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

Description:

☐ Other

Description:

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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:	**Providence St. Joseph's Hospital**
Unit/ Clinic Type:	**Emergency Department**
Unit/ Clinic Address:	**500 E Webster Ave, Chewelah, WA 99109**
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	Day 0700-1930	12	2	0	1	0
	NOC 1900-0730	12	2	0	1	0

Monday	Day 0700-1930	12	2	0	1	0
	NOC 1900-0730	12	2	0	1	0
Tuesday	Day 0700-1930	12	2	0	1	0
	NOC 1900-0730	12	2	0	1	0
Wednesday	Day 0700-1930	12	2	0	1	0
	NOC 1900-0730	12	2	0	1	0

Thursday	Day 0700-1930	12	2	0	1	0
	NOC 1900-0730	12	2	0	1	0
Friday	Day 0700-1930	12	2	0	1	0
	NOC 1900-0730	12	2	0	1	0
Saturday	Day 0700-1930	12	2	0	1	0
	NOC 1900-0730	12	2	0	1	0

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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
Assistant Nurse Manager	X			
Nurse Manager	X			
Palliative Care Nurse	X			
ACU Health Unit Clerk	X	X		
Phlebotomist	X	X	X	X
Case Management	X			Oncall
ED/ACU Physician	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:

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

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:

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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:	**Providence St. Joseph's Hospital**
Unit/ Clinic Type:	**Outpatient Infusion**
Unit/ Clinic Address:	**500 E Webster Ave., Chewelah, WA 99109**
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	0800-1630	8	1	0	0	0
Tuesday	0800-1630	8	1	0	0	0
Wednesday	0800-1630	8	1	0	0	0

Thursday	0800-1630	8	1	0	0	0
Friday	0800-1630	8	1	0	0	0
Saturday	Closed	0	0	0	0	0

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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
Nurse Manager	X			
Phlebotomist	X	X	X	X
Case Management	X			Oncall
Pharmacy	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 St Joseph's Hospital Outpatient Infusion Department is a small outpatient procedural suite serving Chewelah Washington and the surrounding area. The average daily census is four but patient load varies from day to day depending on scheduled procedures. The most common procedure types are: outpatient IV infusions, port flushes, PICC line care, and Foley catheter changes. Upstaffing will occur based on number of patients scheduled.

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

Description:

Upstaffing will occur based on acuity of patients scheduled. Staffing for patients needing more one-to-one care during their infusion will be provided.

☐ 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: