

COVER PAGE

The following is the comprehensive hospital staffing
plan for Summit Pacific Medical Center 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: 5/20/25

I, the undersigned with responsibility for Summit Pacific Medical Center 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: Josh Martin


Josh Martin (May 20, 2025 14:36 EDT)

Hospital Information

Name of Hospital: Summit Pacific Medical Center		
Hospital License #: HAC.FS.00000186		
Hospital Street Address: 600 E Main Street		
City/Town: Elma	State: WA	Zip code: 98541
Is this hospital license affiliated with more than one location?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" was selected, please provide the location name and address		Sleep Clinic and Lab 579 East Main Street, Elma, WA 98541 No direct patient care provided by RN, LPN, CNA, or UOR.
Review Type:	<input checked="" type="checkbox"/> Annual	Review Date: 12/11/24
	<input type="checkbox"/> Update	Next Review Date: 12/11/25
Effective Date: 1/1/25		
Date Approved: 11/11/24		

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:

ENA, Medical-Surgical Association, Gastroenterology Association



Terms of applicable collective bargaining agreement

Description:

UFCW



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

Description:

Labor and Industries Meals and Rest Breaks (WAC 296-131-020)



Hospital finances and resources

Description:


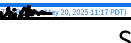
Summit Pacific Medical Center Strategic Plan



Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Josh Martin	 <small>Josh Martin May 20, 2025 14:38 EDT</small>	May 20, 2025
Tori Bernier	 <small>Tori Bernier May 20, 2025 11:17 EDT</small>	May 20, 2025
Sharlene Higa	Sharlene Higa	May 27, 2025
Derek Valley	Derek M. Valley	May 23, 2025

Total Votes	
# of Approvals	# of Denials
8	0

Access unit staffing matrices here.

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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:		Swing Bed									
Unit/ Clinic Type:		Post-acute care									
Unit/ Clinic Address:		600 E. Main Street Elma WA 98541									
Average Daily Census:		0	Maximum # of Beds:							8	
Effective as of:		11/11/2024									
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	12.00	1.00	0.00	1.00	0.00	12.00	0.00	12.00	0.00	48.00
	Night	12.00	1.00	0.00	1.00	0.00	12.00	0.00	12.00	0.00	
2	Day	12.00	1.00	0.00	1.00	0.00	6.00	0.00	6.00	0.00	24.00
	Night	12.00	1.00	0.00	1.00	0.00	6.00	0.00	6.00	0.00	
3	Day	12.00	1.00	0.00	1.00	0.00	4.00	0.00	4.00	0.00	16.00
	Night	12.00	1.00	0.00	1.00	0.00	4.00	0.00	4.00	0.00	
4	Day	12.00	1.00	0.00	1.00	0.00	3.00	0.00	3.00	0.00	12.00

	Night	12.00	1.00	0.00	1.00	0.00	0.00	1.00	0.00	3.00	0.00	3.00	0.00	0.00
5														9.60
	Day	12.00	1.00	0.00	1.00	0.00	0.00	1.00	0.00	2.40	0.00	2.40	0.00	
	Night	12.00	1.00	0.00	1.00	0.00	0.00	1.00	0.00	2.40	0.00	2.40	0.00	
6														8.00
	Day	12.00	1.00	0.00	1.00	0.00	0.00	1.00	0.00	2.00	0.00	2.00	0.00	
	Night	12.00	1.00	0.00	1.00	0.00	0.00	1.00	0.00	2.00	0.00	2.00	0.00	
7														6.86
	Day	12.00	1.00	0.00	1.00	0.00	0.00	1.00	0.00	1.71	0.00	1.71	0.00	
	Night	12.00	1.00	0.00	1.00	0.00	0.00	1.00	0.00	1.71	0.00	1.71	0.00	
8														6.00
	Day	12.00	1.00	0.00	1.00	0.00	0.00	1.00	0.00	1.50	0.00	1.50	0.00	
	Night	12.00	1.00	0.00	1.00	0.00	0.00	1.00	0.00	1.50	0.00	1.50	0.00	
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Unit/ Clinic Name	Outpatient Procedure Services						
Unit/ Clinic Type:	Outpatient Endoscopy						
Unit/ Clinic Address:	600 E Main Street Elma WA 98541						
Effective as of:	11/11/2024						
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	
Monday	Day	10.00	2.00	0.00	2.00	0.00	
Tuesday	Day	10.00	2.00	0.00	2.00	0.00	

[illegible]



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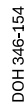
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Fixed Staffing Matrix

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	Outpatient Procedure Services					
Unit/ Clinic	Outpatient Infusion Services					
Unit/ Clinic	600 E Main Street Elma WA 98541					
Effective as	11/11/2024					
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
Monday	Day	10.00	1.00	0.00	0.00	0.00
Tuesday	Day	10.00	1.00	0.00	0.00	0.00
Wednesday	Day	10.00	1.00	0.00	0.00	0.00

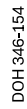
Thursday	Day	10.00	1.00	0.00	0.00	0.00
Friday	Day	10.00	1.00	0.00	0.00	0.00
Saturday	Day	10.00	1.00	0.00	0.00	0.00
Sunday	Day	10.00	1.00	0.00	0.00	0.00



Acute Care Unit Information

Additional Care Team Members

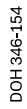
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Swing Bed Unit Information

Shift Coverage

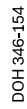
[illegible]



Endoscopy Unit Information

Additional Care Team Members

[illegible]



Infusion Unit Information

Additional Care Team Members

[illegible]



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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:		Acute Care Unit									
Unit/ Clinic Type:		Medical/Telmetry Inpatient									
Unit/ Clinic Address:		600 E. Main Street Elma WA 98541									
Average Daily Census:		8	Maximum # of Beds:						10		
Effective as of:		11/11/2024									
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	12.00	1.00	0.00	1.00	0.00	12.00	0.00	12.00	0.00	48.00
	Night	12.00	1.00	0.00	1.00	0.00	12.00	0.00	12.00	0.00	24.00
2	Day	12.00	1.00	0.00	1.00	0.00	6.00	0.00	6.00	0.00	
	Night	12.00	1.00	0.00	1.00	0.00	6.00	0.00	6.00	0.00	16.00
3	Day	12.00	1.00	0.00	1.00	0.00	4.00	0.00	4.00	0.00	
	Night	12.00	1.00	0.00	1.00	0.00	4.00	0.00	4.00	0.00	

Summit Pacific Medical Center

4	Day	12.00	1.00	0.00	1.00	0.00	0.00	0.00	3.00	0.00	3.00	0.00	12.00
	Night	12.00	1.00	0.00	1.00	0.00	0.00	0.00	3.00	0.00	3.00	0.00	
5	Day	12.00	1.00	0.00	1.00	0.00	0.00	0.00	2.40	0.00	2.40	0.00	9.60
	Night	12.00	1.00	0.00	1.00	0.00	0.00	0.00	2.40	0.00	2.40	0.00	
6	Day	12.00	2.00	0.00	1.00	0.00	0.00	0.00	4.00	0.00	2.00	0.00	12.00
	Night	12.00	2.00	0.00	1.00	0.00	0.00	0.00	4.00	0.00	2.00	0.00	
7	Day	12.00	2.00	0.00	1.00	0.00	0.00	0.00	3.43	0.00	1.71	0.00	10.29
	Night	12.00	2.00	0.00	1.00	0.00	0.00	0.00	3.43	0.00	1.71	0.00	
8	Day	12.00	2.00	0.00	1.00	0.00	0.00	0.00	3.00	0.00	1.50	0.00	9.00
	Night	12.00	2.00	0.00	1.00	0.00	0.00	0.00	3.00	0.00	1.50	0.00	
9	Day	12.00	2.00	0.00	1.00	0.00	0.00	0.00	2.67	0.00	1.33	0.00	8.00
	Night	12.00	2.00	0.00	1.00	0.00	0.00	0.00	2.67	0.00	1.33	0.00	
10	Day	12.00	2.00	0.00	1.00	0.00	0.00	0.00	2.40	0.00	1.20	0.00	7.20
	Night	12.00	2.00	0.00	1.00	0.00	0.00	0.00	2.40	0.00	1.20	0.00	
11	Day	12.00	3.00	0.00	1.00	0.00	0.00	0.00	3.27	0.00	1.09	0.00	8.73
	Night	12.00	3.00	0.00	1.00	0.00	0.00	0.00	3.27	0.00	1.09	0.00	
12	Day	12.00	3.00	0.00	1.00	0.00	0.00	0.00	3.00	0.00	1.00	0.00	8.00
	Night	12.00	3.00	0.00	1.00	0.00	0.00	0.00	3.00	0.00	1.00	0.00	
13	Day	12.00	3.00	0.00	1.00	0.00	0.00	0.00	2.77	0.00	0.92	0.00	7.38
	Night	12.00	3.00	0.00	1.00	0.00	0.00	0.00	2.77	0.00	0.92	0.00	
14	Day	12.00	3.00	0.00	2.00	0.00	0.00	0.00	2.57	0.00	1.71	0.00	8.57
	Night	12.00	3.00	0.00	2.00	0.00	0.00	0.00	2.57	0.00	1.71	0.00	
15	Day	12.00	3.00	0.00	2.00	0.00	0.00	0.00	2.40	0.00	1.60	0.00	8.00
	Night	12.00	3.00	0.00	2.00	0.00	0.00	0.00	2.40	0.00	1.60	0.00	
16	Day	12.00	4.00	0.00	2.00	0.00	0.00	0.00	3.00	0.00	1.50	0.00	9.00
	Night	12.00	4.00	0.00	2.00	0.00	0.00	0.00	3.00	0.00	1.50	0.00	
17	Day	12.00	4.00	0.00	2.00	0.00	0.00	0.00	2.82	0.00	1.41	0.00	8.47
	Night	12.00	4.00	0.00	2.00	0.00	0.00	0.00	2.82	0.00	1.41	0.00	
18	Day	12.00	4.00	0.00	3.00	0.00	0.00	0.00	2.67	0.00	2.00	0.00	9.33
	Night	12.00	4.00	0.00	3.00	0.00	0.00	0.00	2.67	0.00	2.00	0.00	
19	Day	12.00	4.00	0.00	3.00	0.00	0.00	0.00	2.53	0.00	1.89	0.00	8.84
	Night	12.00	4.00	0.00	3.00	0.00	0.00	0.00	2.53	0.00	1.89	0.00	

Summit Pacific Medical Center

[illegible]

Additional Care Team Members

[illegible]

Unit Information

Factors Considered in the Development of the Unit Staffing Plan

(Check all that apply):

- | | |
|---|--|
| Activity such as patient admissions, discharges, and transfers | |
| Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift | |
| Unit is staffed to 2 RNs per day shift and 2 RNs per night shift. Mid shifts may be utilized depending on census and acuity levels. | |
| Skill mix | |
| Level of experience of nursing and patient care staff | |
| 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 | |



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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:	Emergency Department					
Unit/ Clinic Type:	Emergency Care					
Unit/ Clinic Address:	600 E Main Street Elma WA 98541					
Effective as of:	11/11/2024					
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
Monday	Day (06:00-18:30)	12.00	2.00	0.00	0.00	0.00
	Night (18:00-06:30)	12.00	2.00	0.00	0.00	0.00
Tuesday	Day (06:00-18:30)	12.00	2.00	0.00	0.00	0.00
	Night (18:00-06:30)	12.00	2.00	0.00	0.00	0.00
Wednesday	Day (06:00-18:30)	12.00	2.00	0.00	0.00	0.00
	Night (18:00-06:30)	12.00	2.00	0.00	0.00	0.00
Thursday	Day (06:00-18:30)	12.00	2.00	0.00	0.00	0.00
	Night (18:00-06:30)	12.00	2.00	0.00	0.00	0.00
Friday	Day (06:00-18:30)	12.00	2.00	0.00	0.00	0.00
	Night (18:00-06:30)	12.00	2.00	0.00	0.00	0.00
Saturday	Day (06:00-18:30)	12.00	2.00	0.00	0.00	0.00
	Night (18:00-06:30)	12.00	2.00	0.00	0.00	0.00
Sunday	Day (06:00-18:30)	12.00	2.00	0.00	0.00	0.00
	Night (18:00-06:30)	12.00	2.00	0.00	0.00	0.00











HSC 2025 Cover Attestation and Plan 5.19.25 Revision


Final Audit Report


2025-05-27


Created:	2025-05-20
By:	Sara Oliver (sara.oliver@sp-mc.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAABPewTgbpVKm2kVLLuLPJ34MHBYPHFQQL9


"HSC 2025 Cover Attestation and Plan 5.19.25 Revision" History


-  Document created by Sara Oliver (sara.oliver@sp-mc.org)
2025-05-20 - 5:03:48 PM GMT
-  Document emailed to josh.martin@sp-mc.org for signature
2025-05-20 - 5:11:33 PM GMT
-  Document emailed to tori.bernier@sp-mc.org for signature
2025-05-20 - 5:11:34 PM GMT
-  Document emailed to Sharlene Higa (sharlene.higa@sp-mc.org) for signature
2025-05-20 - 5:11:34 PM GMT
-  Document emailed to derek.valley@sp-mc.org for signature
2025-05-20 - 5:11:34 PM GMT
-  Email viewed by Sharlene Higa (sharlene.higa@sp-mc.org)
2025-05-20 - 5:12:08 PM GMT
-  Email viewed by tori.bernier@sp-mc.org
2025-05-20 - 6:16:21 PM GMT
-  Signer tori.bernier@sp-mc.org entered name at signing as Tori Bernier
2025-05-20 - 6:17:13 PM GMT
-  Document e-signed by Tori Bernier (tori.bernier@sp-mc.org)
Signature Date: 2025-05-20 - 6:17:15 PM GMT - Time Source: server
-  Email viewed by josh.martin@sp-mc.org
2025-05-20 - 6:35:55 PM GMT


 Signer josh.martin@sp-mc.org entered name at signing as Josh Martin
2025-05-20 - 6:36:34 PM GMT


 Document e-signed by Josh Martin (josh.martin@sp-mc.org)
Signature Date: 2025-05-20 - 6:36:36 PM GMT - Time Source: server


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2025-05-23 - 1:23:34 PM GMT

 Signer derek.valley@sp-mc.org entered name at signing as Derek M. Valley
2025-05-23 - 1:25:42 PM GMT

 Document e-signed by Derek M. Valley (derek.valley@sp-mc.org)
Signature Date: 2025-05-23 - 1:25:44 PM GMT - Time Source: server

 Email viewed by Sharlene Higa (sharlene.higa@sp-mc.org)
2025-05-26 - 8:06:42 PM GMT

 Document e-signed by Sharlene Higa (sharlene.higa@sp-mc.org)
Signature Date: 2025-05-27 - 2:07:24 PM GMT - Time Source: server

 Agreement completed.
2025-05-27 - 2:07:24 PM GMT