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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Washington State Department of HEALTH

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?	☑ Yes	☐ 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:	☑ Annual	Review Date: 12/11/24
	☐ Update	Next Review Date: 12/11/25
Effective Date: 1/1/25		
Date Approved: 11/11/24		

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	Josh Martin (May 20, 2025 14:36 EDT)	May 20, 2025
Tori Bernier	(May 20, 2025 11:17 PDT)	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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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:	**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	3.00	0.00	3.00	0.00	
5	Day	12.00	1.00	0.00	1.00	0.00	2.40	0.00	2.40	0.00	9.60
	Night	12.00	1.00	0.00	1.00	0.00	2.40	0.00	2.40	0.00	
6	Day	12.00	1.00	0.00	1.00	0.00	2.00	0.00	2.00	0.00	8.00
	Night	12.00	1.00	0.00	1.00	0.00	2.00	0.00	2.00	0.00	
7	Day	12.00	1.00	0.00	1.00	0.00	1.71	0.00	1.71	0.00	6.86
	Night	12.00	1.00	0.00	1.00	0.00	1.71	0.00	1.71	0.00	
8	Day	12.00	1.00	0.00	1.00	0.00	1.50	0.00	1.50	0.00	6.00
	Night	12.00	1.00	0.00	1.00	0.00	1.50	0.00	1.50	0.00	
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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	**Outpatient Procedure Services**
Unit/ Clinic Type:	**Outpatinet Endoscopy**
Unit/ Clinic Addre	**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

Wednesday	Day	10.00	2.00	0.00	2.00	0.00
Thursday	Day	10.00	2.00	0.00	2.00	0.00

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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

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Acute Care Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Social Worker	X			Some weekends
Physical Therapist	X			
Occupational Therapist	X			
Respiratory Therapist	X	X	X	X
Registered Dietician	X			
Pharmacist	X			
Hospitalists	X	X	X	X
House Supervisor			X	X

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Swing Bed Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Social Worker	X			Some weekends
Physical Therapist	X			
Occupational Therapist	X			
Respiratory Therapist	X	X	X	X
Registered Dietician	X			
Pharmacist	X			
Hospitalists	X	X	X	X
House Supervisor			X	X

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Endoscopy Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Pharmacist	X			
CRNA	X			
Provider	X			
House Supervisor			X	X

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Infusion Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Pharmacist	X			
Hospitalist	X	X	X	X
House Supervisor			X	X

Summit Pacific Medical Center

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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	
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	

Summit Pacific Medical Center

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

Summit Pacific Medical Center

20	Day	12.00	4.00	0.00	3.00	0.00	2.40	0.00	1.80	0.00	8.40
	Night	12.00	4.00	0.00	3.00	0.00	2.40	0.00	1.80	0.00	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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Emergency Department Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Social Worker	X			
Providers	X	X	X	X
House Supervisor			X	X
Respiratory Therapist	X	X	X	X
Pharmacist	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

☐ 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

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Emergency Department Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Social Worker	X			
Providers	X	X	X	X
House Supervisor			X	X
Respiratory Therapist	X	X	X	X
Pharmacist	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

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

Unit is staffed to a minimum of 2 RNs per day shift and 2 RNs per night shift. Mid shifts may be utilized depending on census and acuity.

☐ 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

Signature: Sharlene Higa

Email: sharlene.higa@sp-mc.org

Signature: Derek M. Valley
Derek M. Valley (May 23, 2025 06:25 PDT)

Email: derek.valley@sp-mc.org

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:	CBJCHBCAABAABPewTgbpVKm2kVLLuLPJ34MHBYHFEQL9

"HSC 2025 Cover Attestation and Plan 5.19.25 Revision" History

Document created by Sara Oliver (sara.oliver@sp-mc.org)
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