

COVER PAGE

The following is the comprehensive hospital staffing plan for Okanogan Douglas County Hospital dba Three Rivers 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: 2/17/25

I, the undersigned with responsibility for Okanogan Douglas County 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: J. Scott Graham, CEO

Hospital Information

Name of Hospital: Okanogan Douglas County Hospital dba Three Rivers Hospital		
Hospital License #: HAC.FS.00000023		
Hospital Street Address: 507 Hospital Way		
City/Town: Brewster	State: WA	Zip code: 98812
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: 2.17.2025
	<input checked="" type="checkbox"/> Update	Next Review Date: 12.15.2025
Effective Date: 1/1/25		
Date Approved: 2.17.2025		

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:
BELINDA DENCHFIELD	<i>B. Denchfield</i>	2/17/25
J. Scott Graham	J. Scott Graham	
J. Scott Graham	<i>J. Scott Graham</i>	2-17-25

Total Votes 4	
# of Approvals	# of Denials
4	0

Access unit staffing matrices here.

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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:	Three Rivers Family Medicine					
Unit/ Clinic Type:	Specialty Clinic					
Unit/ Clinic Address:	415 Hospital Way Brewster WA, 98812					
Effective as of:	July 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
Monday - Friday	0800 - 1700	8.00	1.00	0.00	0.00	2.00
	0830 - 1700	8.00	0.00	0.00	0.00	1.00
	0715 - 1715	10.00	0.00	0.00	1.00	0.00



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Unit Information - Specialty Clinic

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Registration	X	0	0	0

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:



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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:	Three Rivers Family Medicine					
Unit/ Clinic Type:	Clinic, Family Practice					
Unit/ Clinic Address:	415 Hospital Way Brewster WA, 98812					
Effective as of:	July 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
Monday - Thursday	0730 - 1700	10.00	1.00	0.00	1.00	2.00
Friday	0730 - 1700	10.00	0.00	0.00	0.00	2.00



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Unit Information - Family Practice

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Registration	X	0	0	0

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:



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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:	Three Rivers Hospital					
Unit/ Clinic Type:	Surgery					
Unit/ Clinic Address:	507 Hospital Way Brewster, WA 98812					
Effective as of:	July 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
Saturday / Sunday						
Monday	0700 - 1530	8.00	1.00	0.00	0.00	1.00
Tuesday	0700 - 1530	8.00	3.00	0.00	0.00	2.00
Wednesday	0700 - 1530	8.00	2.00	0.00	0.00	2.00
Thursday	0700 - 1530	8.00	3.00	0.00	0.00	3.00
Friday	0700 - 1530	8.00	1.00	0.00	0.00	1.00



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Unit Information - Surgery

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Surgery	X	0	0	0

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:
 Schedule for surgery Thursday is contingent on orthopedic surgery schedule. Current schedule is every other Thursday. Alternate Thursday will revert to Monday staffing. Current general surgery is scheduled the first 3 (three) weeks each month. The fourth week will revert to Monday staffing.

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

Description:

- Level of experience of nursing and patient care staff

Description:

- Need for specialized or intensive equipment

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:	Three Rivers Hospital					
Unit/ Clinic Type:	Emergency Room					
Unit/ Clinic Address:	507 Hospital Way Brewster, WA 98812					
Effective as of:	January 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
Saturday / Sunday	Day (0700 - 1930)	12.00	1.00	0.00	0.00	0.00
	Day (0600-1830)	12.00	0.00	0.00	1.00	0.00
	Float (1100 - 2330)	12.00	1.00	0.00	0.00	0.00
	Night (1900 - 0730)	12.00	1.00	0.00	0.00	0.00
	Night (1800-0630)	12.00	0.00	0.00	1.00	0.00
Monday - Friday	Day (0700 - 1930)	12.00	1.00	0.00	0.00	0.00
	Day (0600-1830)	12.00	0.00	0.00	1.00	0.00
	Float (1100 - 2330)	12.00	1.00	0.00	0.00	0.00
	Night (1900 - 0730)	12.00	1.00	0.00	0.00	0.00
	Night (1800-0630)	12.00	0.00	0.00	1.00	0.00



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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:		Three Rivers Hospital									
Unit/ Clinic Type:		Med/Surg									
Unit/ Clinic Address:		507 Hospital Way Brewster, WA 98812									
Average Daily Census:		3		Maximum # of Beds:				25			
Effective as of:		January 1, 2025									
# of Rooms											
# of Rooms	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	2.00	0.00	1.00	0.00	24.00	0.00	12.00	0.00	80.00
	Night	12.00	2.00	0.00	1.00	0.00	24.00	0.00	12.00	0.00	
	Day (0800-1630 M-F)	8.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	8.00	
2	Day	12.00	2.00	0.00	1.00	0.00	12.00	0.00	6.00	0.00	40.00
	Night	12.00	2.00	0.00	1.00	0.00	12.00	0.00	6.00	0.00	
	Day (0800-1630 M-F)	8.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	4.00	
3	Day	12.00	2.00	0.00	1.00	0.00	8.00	0.00	4.00	0.00	26.67
	Night	12.00	2.00	0.00	1.00	0.00	8.00	0.00	4.00	0.00	
	Day (0800-1630 M-F)	8.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	2.67	
4	Day	12.00	2.00	0.00	1.00	0.00	6.00	0.00	3.00	0.00	20.00
	Night	12.00	2.00	0.00	1.00	0.00	6.00	0.00	3.00	0.00	
	Day (0800-1630 M-F)	8.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	2.00	
5	Day	12.00	2.00	0.00	1.00	0.00	4.80	0.00	2.40	0.00	16.00
	Night	12.00	2.00	0.00	1.00	0.00	4.80	0.00	2.40	0.00	
	Day (0800-1630 M-F)	8.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.60	
6	Day	12.00	3.00	0.00	2.00	0.00	6.00	0.00	4.00	0.00	21.33
	Night	12.00	3.00	0.00	2.00	0.00	6.00	0.00	4.00	0.00	
	Day (0800-1630 M-F)	8.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.33	
7	Day	12.00	3.00	0.00	2.00	0.00	5.14	0.00	3.43	0.00	18.29
	Night	12.00	3.00	0.00	2.00	0.00	5.14	0.00	3.43	0.00	
	Day (0800-1630 M-F)	8.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.14	
8	Day	12.00	3.00	0.00	2.00	0.00	4.50	0.00	3.00	0.00	16.00
	Night	12.00	3.00	0.00	2.00	0.00	4.50	0.00	3.00	0.00	
	Day (0800-1630 M-F)	8.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	
9	Day	12.00	3.00	0.00	2.00	0.00	4.00	0.00	2.67	0.00	14.22
	Night	12.00	3.00	0.00	2.00	0.00	4.00	0.00	2.67	0.00	
	Day (0800-1630 M-F)	8.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.89	



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Unit Information - ED & Acute Care

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X	0	0	0
Physical Therapist	X	0	0	0
ER Registration	X	0	0	12 hrs
Interpreter	X	0	0	0

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:
 We currently schedule a float nurse 3-4 days a week. They are shared between ER and Acute Care. All hours are entered on staffing plan in ER due to not being able to use 0.5 on the plan.

- 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: