

COVER PAGE

The following is the comprehensive hospital staffing
plan for Mid-Valley Hospital and Clinic 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: 12/9/24

I, the undersigned with responsibility for Mid-Valley Hospital and Clinic 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: Christina G Wagar, Interim Co-CEO

Christina Wagar Digitally signed by Christina Wagar
Date: 2025.01.07 13:53:21 -08'00'

Hospital Information

Name of Hospital: Mid-Valley Hospital and Clinic		
Hospital License #: HAC.FS.00000147		
Hospital Street Address: 810 Jasmine Street		
City/Town: Omak	State: WA	Zip code: 98841
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		Mid-Valley Clinic, 529 Jasmine Street, Omak, WA 98841 (Rural Health Clinic)
Review Type:	<input checked="" type="checkbox"/> Annual	Review Date: 12/9/24
	<input type="checkbox"/> Update	Next Review Date: 4/30/25
Effective Date: 1/1/25		
Date Approved: 12/9/24		

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:

MVH uses national standards, such as ENA, ACOG, AWOHNN, and AORN, to guide staffing decisions.



Terms of applicable collective bargaining agreement

Description:

Wage scales and staffing policies comply with CBAs, though rest breaks and overtime remain areas for improvement.



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

Description:

Our staffing matrix is followed and assessed closely to ensure safe staffing and patient care. Meal and rest breaks are scheduled for each staff member. Staff have a break partner, and if unable to get a break or meal, the Supervisor will assist with breaks. The CNO, AC/ED Manager, Informatics Nurse, Educator, and Infection Control Nurse also augment staff daily as needed. The ward clerk on AC and ED assists with nursing staffing. If patient acuity and census exceed staff numbers, the hospital is closed to admissions until safe staffing is achieved.



Hospital finances and resources

Description:

Data related to the organization's financial health and tradeoffs that would need to be made, access to care that could be lost, or potential patient care risks if the plan was implemented as drafted. The below information is reported as of September 2024.

- Operating margin: Operating Loss (\$924,276)
- Net margin: 3%
- Days Cash on Hand: 104
- Labor cost percentage (labor cost/total operating expenses): 53%
- Overtime costs: OT % labor cost 7.58%
- Total OT Costs: Jan-Sept 2024 \$1.4M



Other

Description:

A. Nurse-sensitive quality indicators collected by the hospital. 2024 to date:
i. Falls with injury: No falls with injury reported
ii. Hospital-associated infections – HAI, CLABSI, CAUTI, SSI, pneumonia, sepsis: None reported
iii. Medication events and near misses related to nursing practice: 12 with no adverse outcomes
iv. Pressure injuries: None reported
v. Number of unexpected deaths: None reported
vi. Staff injuries: 11

B. Patient surveys
i. (HCAPHS) patient experience data related to the quality of nursing care: 72.2%

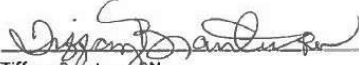
Signature


CEO & Co-chairs Name:	Signature:	Date:
Christina Wagar, Interim Co-CEO	see below	12/03/2024
Tiffany Brantner, RN, Committee Co-Chair	see below	12/09/2024
Tiffany Keeton, RN, Committee Co-Chair	see below	12/09/2024

Total Votes	
# of Approvals	# of Denials
10 out of 10	none

Signed,


12/03/2024
 Christina G Wagar, MHA, MT(ASCP) Date
 Interim Co-CEO and Superintendent


12/9/24
 Tiffany Brantner, RN Date
 Co-Chair, Mid Valley Hospital Staffing Committee


12/9/24
 Tiffany Keeton, RN Date
 Co-Chair, Mid Valley Hospital Staffing Committee

Access unit staffing matrices here.

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DOH 346-154

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:		Mid Valley Hospital									
Unit/ Clinic Type:		Acute Care									
Unit/ Clinic Address:		810 Jasmine Street, Omak, WA 98841									
Average Daily Census:		4.2					Maximum # of Beds:		25		
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	Days	12.00	1.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	Nights	12.00	1.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
2	Days	12.00	1.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	Nights	12.00	1.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	
3	Days	12.00	1.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	8.00
	Nights	12.00	1.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
4	Days	12.00	1.00	0.00	1.00	0.00	3.00	0.00	3.00	0.00	9.00
	Nights	12.00	1.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	
5	Days	12.00	1.00	0.00	1.00	1.00	2.40	0.00	2.40	2.40	12.00
	Nights	12.00	1.00	0.00	1.00	0.00	2.40	0.00	2.40	0.00	
6	Days	12.00	1.00	1.00	1.00	1.00	2.00	2.00	2.00	2.00	14.00
	Nights	12.00	1.00	1.00	1.00	0.00	2.00	2.00	2.00	0.00	
7	Days	12.00	1.00	1.00	1.00	1.00	1.71	1.71	1.71	1.71	12.00
	Nights	12.00	1.00	1.00	1.00	0.00	1.71	1.71	1.71	0.00	
8	Days	12.00	1.00	1.00	1.00	1.00	1.50	1.50	1.50	1.50	10.50
	Nights	12.00	1.00	1.00	1.00	0.00	1.50	1.50	1.50	0.00	
9	Days	12.00	2.00	0.00	1.00	1.00	2.67	0.00	1.33	1.33	9.33
	Nights	12.00	2.00	0.00	1.00	0.00	2.67	0.00	1.33	0.00	
10	Days	12.00	2.00	0.00	1.00	1.00	2.40	0.00	1.20	1.20	8.40
	Nights	12.00	2.00	0.00	1.00	0.00	2.40	0.00	1.20	0.00	
11	Days	12.00	2.00	1.00	1.00	1.00	2.18	1.09	1.09	1.09	9.82
	Nights	12.00	2.00	1.00	1.00	0.00	2.18	1.09	1.09	0.00	
12	Days	12.00	2.00	1.00	1.00	1.00	2.00	1.00	1.00	1.00	9.00
	Nights	12.00	2.00	1.00	1.00	0.00	2.00	1.00	1.00	0.00	
13	Days	12.00	2.00	1.00	1.00	1.00	1.85	0.92	0.92	0.92	8.31
	Nights	12.00	2.00	1.00	1.00	0.00	1.85	0.92	0.92	0.00	
14	Days	12.00	2.00	1.00	2.00	1.00	1.71	0.86	1.71	0.86	8.57

[illegible]



Washington State Department of
HEALTH

Patient Volume-based Staffing Matrix Formula Template

[illegible]

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DOH 346-154

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:	Mid Valley Hospital										
Unit/ Clinic Type:	Labor and Delivery										
Unit/ Clinic Address:	810 Jasmine Street, Omak, WA 98841										
Average Daily Census:	2.1						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	Days	12.00	2.00	0.00	1.00	0.00	24.00	0.00	12.00	0.00	60.00
	Nights	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	
2	Days	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	Nights	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
3	Days	12.00	2.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	16.00
	Nights	12.00	2.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	
4	Days	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	Nights	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	

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DOH 346-154

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.

[illegible]

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DOH 346-154

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Acute Care				
CNO	Regular dayshift hours scheduled	as needed	as needed	as needed
ER/AC Nurse Manager	Regular dayshift hours scheduled	as needed	as needed	as needed
Quality Director	Regular dayshift hours scheduled	n/a	n/a	n/a
Infection Preventionist	Regular dayshift hours scheduled	n/a	n/a	n/a
Scheduler/Payroll Coordinator	Regular dayshift hours scheduled	n/a	n/a	n/a
Clinical Educator	Regular dayshift hours scheduled	n/a	n/a	n/a
Clinical Informaticist	Regular dayshift hours scheduled	n/a	n/a	n/a

Unit Information

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):



Activity such as patient admissions, discharges, and transfers

Using data from the 2024 year to date through October: MVH's daily Acute Care (AC) census is an average of approximately seven patients (including inpatient adult, peds, swing bed, L&D, and newborn), with about 56 patient days of observation patients per month; Obstetrics (OB) has performed 203 deliveries to date, which gives an approximate estimate of 240 for the year. The

Emergency Department (ED) sees an average of 946 patients monthly. MVH uses three licensed nurses (RN and LPNs) with two CNAs per shift - 7A-7P. Admits to ACare typically ortho recovery cases, COPD, CHF, diabetes, and chronic health care issues.

Patients are transferred from the ED to a higher level of care when needed. MVH can stabilize traumas as well as preterm pregnant patients for transfer to a higher level of care. Current State: The average daily census in the Acute Care (AC) unit is seven inpatients and 1-to-two observation patients; Obstetrics (OB) performs approximately 240 deliveries annually, and the Emergency Department (ED) sees about 950 patients monthly. The staffing plan includes dynamic department adjustments based on real-time census



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

Each nurse can take an assignment of five patients; however, assignments are informally adjusted for acuity. Current State:

Patient assignments are adjusted for acuity, with staff trained and competent across multiple units. Proposed Change: Require defined acuity-based tools to ensure appropriate and safe staff-patient ratios and minimize risks. Proposed Change: Require knowledge of utilization review to understand the proper placement of patients as observation or inpatient to ensure MVH receives proper patient care funding from payers and to reduce payment denials.



Skill mix

Each nurse in the facility brings different sets of skills that are utilized. Most nurses have been trained and are competent in each AC, OB, and ED unit. This cross-training allows MVH to augment areas when needed and ensure safe staffing and patient care.

When considering the staffing matrix, MVH utilizes national recommendations such as ACOG and AWOHNN for OB and AORN for OR. The emergency department is staffed with two RNs 7a-7p, one ED Tech and one CNA, 11-11 RNs, and one Triage nurse for the Fast Track area. ER has two trauma rooms, five exam rooms, one triage room, and one fast-track exam room. Each nursing station is centrally located in each area. MVH's daily skill mix is that of a well-versed supervisor in each area and can assist as needed. Specialized OB, OR, and ER nurses are available in these departments. ACnurses have varied skills, from novice nurses to 30-year experienced nurses. Each department is equipped with specialized equipment such as newborn and maternal stabilization and trauma rooms with equipment such as ventilators, rapid infusers, and ultrasound. We are a Level 4 Trauma



Level of experience of nursing and patient care staff

Staff possess varied skill levels and certifications, with additional training required for specialized units like ED and OB. The plan incorporates specialized training and mentorship programs for newer staff to accelerate readiness for high-acuity cases and leverages tuition assistance and professional development to advance skill sets. MVH nurses must have BLS and ACLS, TNCC and PALS for ED and NRP, and EFM for OB.



Need for specialized or intensive equipment

Current State: Units are equipped with essential tools, including ventilators, rapid infusers, and newborn/maternal stabilization systems. Proposed Change: Regularly and formally review equipment adequacy and ensure staff proficiency.



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

Nursing stations are centrally located for efficiency; however, unit layouts like the ED's trauma rooms, exam rooms, and fast-track room may pose logistical challenges.



Other

- a. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations:
 - Current State: MVH uses national standards, such as ENA, ACOG, AWOHNN, and AORN, to guide staffing decisions.
 - Proposed Change: Continue aligning with evidence-based guidelines but customize to the rural critical access hospital context to address unique challenges like low census and travel nurse reliance. Require the use of Lippincott Advisor and require knowledge of DNV accreditation requirements for acute care hospitals.
- b. Availability of other personnel and patient care staff supporting nursing services on the unit;
 - Current State: CNAs and ED Techs support nursing teams, but shortages in support roles sometimes require nurses to

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DOH 346-154

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Swing Bed				
CNO	Regular dayshift hours scheduled	as needed	as needed	as needed
ER/AC Nurse Manager	Regular dayshift hours scheduled	as needed	as needed	as needed
Quality Director	Regular dayshift hours scheduled	n/a	n/a	n/a
Infection Preventionist	Regular dayshift hours scheduled	n/a	n/a	n/a
Scheduler/Payroll Coordinator	Regular dayshift hours scheduled	n/a	n/a	n/a
Clinical Educator	Regular dayshift hours scheduled	n/a	n/a	n/a
Clinical Informaticist	Regular dayshift hours scheduled	n/a	n/a	n/a

Unit Information

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):



Activity such as patient admissions, discharges, and transfers

Using data from the 2024 year to date through October: MVH's daily Acute Care (AC) census is an average of approximately seven patients (including inpatient adult, peds, swing bed, L&D, and newborn), with about 56 patient days of observation patients per month; Obstetrics (OB) has performed 203 deliveries to date, which gives an approximate estimate of 240 for the year. The

Emergency Department (ED) sees an average of 946 patients monthly. MVH uses three licensed nurses (RN and LPNs) with two CNAs per shift - 7A-7P. Admits to ACare typically ortho recovery cases, COPD, CHF, diabetes, and chronic health care issues.

Patients are transferred from the ED to a higher level of care when needed. MVH can stabilize traumas as well as preterm pregnant patients for transfer to a higher level of care. Current State: The average daily census in the Acute Care (AC) unit is seven inpatients and 1-to-two observation patients; Obstetrics (OB) performs approximately 240 deliveries annually, and the Emergency Department (ED) sees about 950 patients monthly. The staffing plan includes dynamic department adjustments based on real-time census



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

Each nurse can take an assignment of five patients; however, assignments are informally adjusted for acuity. Current State:

Patient assignments are adjusted for acuity, with staff trained and competent across multiple units. Proposed Change: Require defined acuity-based tools to ensure appropriate and safe staff-patient ratios and minimize risks. Proposed Change: Require knowledge of utilization review to understand the proper placement of patients as observation or inpatient to ensure MVH receives proper patient care funding from payers and to reduce payment denials.



Skill mix

Each nurse in the facility brings different sets of skills that are utilized. Most nurses have been trained and are competent in each AC, OB, and ED unit. This cross-training allows MVH to augment areas when needed and ensure safe staffing and patient care.

When considering the staffing matrix, MVH utilizes national recommendations such as ACOG and AWOHNN for OB and AORN for OR. The emergency department is staffed with two RNs 7a-7p, one ED Tech and one CNA, 11-11 RNs, and one Triage nurse for the Fast Track area. ER has two trauma rooms, five exam rooms, one triage room, and one fast-track exam room. Each nursing station is centrally located in each area. MVH's daily skill mix is that of a well-versed supervisor in each area and can assist as needed. Specialized OB, OR, and ER nurses are available in these departments. ACnurses have varied skills, from novice nurses to 30-year experienced nurses. Each department is equipped with specialized equipment such as newborn and maternal stabilization and trauma rooms with equipment such as ventilators, rapid infusers, and ultrasound. We are a Level 4 Trauma



Level of experience of nursing and patient care staff

Staff possess varied skill levels and certifications, with additional training required for specialized units like ED and OB. The plan incorporates specialized training and mentorship programs for newer staff to accelerate readiness for high-acuity cases and leverages tuition assistance and professional development to advance skill sets. MVH nurses must have BLS and ACLS, TNCC and PALS for ED and NRP, and EFM for OB.



Need for specialized or intensive equipment

Current State: Units are equipped with essential tools, including ventilators, rapid infusers, and newborn/maternal stabilization systems. Proposed Change: Regularly and formally review equipment adequacy and ensure staff proficiency.



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

Nursing stations are centrally located for efficiency; however, unit layouts like the ED's trauma rooms, exam rooms, and fast-track room may pose logistical challenges.



Other

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 - Current State: MVH uses national standards, such as ENA, ACOG, AWOHNN, and AORN, to guide staffing decisions.
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- b. Availability of other personnel and patient care staff supporting nursing services on the unit;
 - Current State: CNAs and ED Techs support nursing teams, but shortages in support roles sometimes require nurses to

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DOH 346-154

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Labor and Delivery				
CNO	Regular dayshift hours scheduled	as needed	as needed	as needed
OB Nurse Coordinator	Regular dayshift hours scheduled	as needed	as needed	as needed
Quality Director	Regular dayshift hours scheduled	n/a	n/a	n/a
Infection Preventionist	Regular dayshift hours scheduled	n/a	n/a	n/a
Scheduler/Payroll Coordinator	Regular dayshift hours scheduled	n/a	n/a	n/a
Clinical Educator	Regular dayshift hours scheduled	n/a	n/a	n/a
Clinical Informaticist	Regular dayshift hours scheduled	n/a	n/a	n/a

Unit Information

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):



Activity such as patient admissions, discharges, and transfers

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Need for specialized or intensive equipment

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- b. Availability of other personnel and patient care staff supporting nursing services on the unit;
 - Current State: CNAs and ED Techs support nursing teams, but shortages in support roles sometimes require nurses to



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HEALTH

Unit Information				
Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Emergency Dept and Surgery				
CNO	Regular dayshift hours scheduled	as needed	as needed	as needed
Quality Director	Regular dayshift hours scheduled	n/a	n/a	n/a
Infection Preventionist	Regular dayshift hours scheduled	n/a	n/a	n/a
Scheduler/Payroll Coordinator	Regular dayshift hours scheduled	n/a	n/a	n/a
Clinical Educator	Regular dayshift hours scheduled	n/a	n/a	n/a
Clinical Informaticist	Regular dayshift hours scheduled	n/a	n/a	n/a
Unit Information				
Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):				

Using data from the 2024 year to date through October: MVH's daily Acute Care (AC) census is an average of approximately seven patients (including inpatient adult, peds, swing bed, L&D, and newborn), with about 56 patient days of observation patients per month; Obstetrics (OB) has performed 203 deliveries to date, which gives an approximate estimate of 240 for the year. The Emergency Department (ED) sees an average of 946 patients monthly. MVH uses three licensed nurses (RN and LPNs) with two CNAs per shift - 7A-7P. Admits to ACare typically ortho recovery cases, COPD, CHF, diabetes, and chronic health care issues. Patients are transferred from the ED to a higher level of care when needed. MVH can stabilize traumas as well as preterm pregnant patients for transfer to a higher level of care. Current State: The average daily census in the Acute Care (AC) unit is seven inpatients and 1-to-two observation patients; Obstetrics (OB) performs approximately 240 deliveries annually, and the Emergency Department (ED) sees about 950 patients monthly. The staffing plan includes dynamic department adjustments based on real-time census

Each nurse can take an assignment of five patients; however, assignments are informally adjusted for acuity. Current State: Patient assignments are adjusted for acuity, with staff trained and competent across multiple units. Proposed Change: Require defined acuity-based tools to ensure appropriate and safe staff-patient ratios and minimize risks. Proposed Change: Require knowledge of utilization review to understand the proper placement of patients as observation or inpatient to ensure MVH receives proper patient care funding from payers and to reduce payment denials.

Each nurse in the facility brings different sets of skills that are utilized. Most nurses have been trained and are competent in each AC, OB, and ED unit. This cross-training allows MVH to augment areas when needed and ensure safe staffing and patient care.

When considering the staffing matrix, MVH utilizes national recommendations such as ACOG and AWOHNN for OB and AORN for OR. The emergency department is staffed with two RNs 7a-7p, one ED Tech and one CNA, 11-11 RNs, and one Triage nurse for the Fast Track area. ER has two trauma rooms, five exam rooms, one triage room, and one fast-track exam room. Each nursing station is centrally located in each area. MVH's daily skill mix is that of a well-versed supervisor in each area and can assist as needed. Specialized OB, OR, and ER nurses are available in these departments. ACNurses have varied skills, from novice nurses to 30-year experienced nurses. Each department is equipped with specialized equipment such as newborn and maternal stabilization and trauma rooms with equipment such as ventilators, rapid infusers, and ultrasound. We are a Level 4 Trauma



Level of experience of nursing and patient care staff

Staff possess varied skill levels and certifications, with additional training required for specialized units like ED and OB. The plan incorporates specialized training and mentorship programs for newer staff to accelerate readiness for high-acuity cases and leverages tuition assistance and professional development to advance skill sets. MVH nurses must have BLS and ACLS, TNCC and PALS for ED and NRP, and EFM for OB.



Need for specialized or intensive equipment

Current State: Units are equipped with essential tools, including ventilators, rapid infusers, and newborn/maternal stabilization systems. Proposed Change: Regularly and formally review equipment adequacy and ensure staff proficiency.



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

Nursing stations are centrally located for efficiency; however, unit layouts like the ED's trauma rooms, exam rooms, and fast-track room may pose logistical challenges.



Other

- a. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations:
 - Current State: MVH uses national standards, such as ENA, ACOG, AWOHNN, and AORN, to guide staffing decisions.
 - Proposed Change: Continue aligning with evidence-based guidelines but customize to the rural critical access hospital context to address unique challenges like low census and travel nurse reliance. Require the use of Lippincott Advisor and require knowledge of DNV accreditation requirements for acute care hospitals.
- b. Availability of other personnel and patient care staff supporting nursing services on the unit;
 - Current State: CNAs and ED Techs support nursing teams, but shortages in support roles sometimes require nurses to



Washington State Department of
HEALTH

Unit Information				
Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinic				
COO	Regular dayshift hours scheduled	n/a	n/a	n/a
Clinic Nursing Manager (RN)	Regular dayshift hours scheduled	n/a	n/a	n/a
Clinic Administrative Manager	Regular dayshift hours scheduled	n/a	n/a	n/a
Population Health Nurse (RN)	Regular dayshift hours scheduled	n/a	n/a	n/a
Triage Nurse (RN)	Regular dayshift hours scheduled	n/a	n/a	n/a
Medical Assistants	Regular dayshift hours scheduled ...	n/a	n/a	n/a
	...as needed for number of providers			
Unit Information				
Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):				

<input checked="" type="checkbox"/>	<p>Activity such as patient admissions, discharges, and transfers</p>
<p>Using data from the 2024 year to date through October: MVH's daily Acute Care (AC) census is an average of approximately seven patients (including inpatient adult, peds, swing bed, L&D, and newborn), with about 56 patient days of observation patients per month; Obstetrics (OB) has performed 203 deliveries to date, which gives an approximate estimate of 240 for the year. The Emergency Department (ED) sees an average of 946 patients monthly. MVH uses three licensed nurses (RN and LPNs) with two CNAs per shift - 7A-7P. Admits to ACare typically ortho recovery cases, COPD, CHF, diabetes, and chronic health care issues. Patients are transferred from the ED to a higher level of care when needed. MVH can stabilize traumas as well as preterm pregnant patients for transfer to a higher level of care. Current State: The average daily census in the Acute Care (AC) unit is seven inpatients and 1-to-two observation patients; Obstetrics (OB) performs approximately 240 deliveries annually, and the Emergency Department (ED) sees about 950 patients monthly. The staffing plan includes dynamic department adjustments based on real-time census</p>	
<input checked="" type="checkbox"/>	<p>Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift</p>
<input checked="" type="checkbox"/>	<p>Skill mix</p>
<p>Each nurse can take an assignment of five patients; however, assignments are informally adjusted for acuity. Current State: Patient assignments are adjusted for acuity, with staff trained and competent across multiple units. Proposed Change: Require defined acuity-based tools to ensure appropriate and safe staff-patient ratios and minimize risks. Proposed Change: Require knowledge of utilization review to understand the proper placement of patients as observation or inpatient to ensure MVH receives proper patient care funding from payers and to reduce payment denials. Clinic visits are all ambulatory, outpatient acuity levels.</p>	

Each nurse in the facility brings different sets of skills that are utilized. Most nurses have been trained and are competent in each AC, OB, and ED unit. This cross-training allows MVH to augment areas when needed and ensure safe staffing and patient care.

When considering the staffing matrix, MVH utilizes national recommendations such as ACOG and AWOHNN for OB and AORN for OR. The emergency department is staffed with two RNs 7a-7p, one ED Tech and one CNA, 11-11 RNs, and one Triage nurse for the Fast Track area. ER has two trauma rooms, five exam rooms, one triage room, and one fast-track exam room. Each nursing station is centrally located in each area. MVH's daily skill mix is that of a well-versed supervisor in each area and can assist as needed. Specialized OB, OR, and ER nurses are available in these departments. ACnurses have varied skills, from novice nurses to 30-year experienced nurses. Each department is equipped with specialized equipment such as newborn and maternal stabilization and trauma rooms with equipment such as ventilators, rapid infusers, and ultrasound. We are a Level 4 Trauma



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Need for specialized or intensive equipment

Current State: Units are equipped with essential tools, including ventilators, rapid infusers, and newborn/maternal stabilization systems. Proposed Change: Regularly and formally review equipment adequacy and ensure staff proficiency.



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

Hospital Nursing stations are centrally located for efficiency; however, unit layouts like the ED's trauma rooms, exam rooms, and fast-track room may pose logistical challenges. Clinic nurses are located in the administrative hallway, but have patient care rooms when performing triage or nursing services. MAs have desks located near their providers and patient rooms.



Other

- a. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations:
 - Current State: MVH uses national standards, such as ENA, ACOG, AWOHNN, and AORN, to guide staffing decisions.
 - Proposed Change: Continue aligning with evidence-based guidelines but customize to the rural critical access hospital context to address unique challenges like low census and travel nurse reliance. Require the use of Lippincott Advisor and require knowledge of DNV accreditation requirements for acute care hospitals.
- b. Availability of other personnel and patient care staff supporting nursing services on the unit;
 - Current State: CNAs and ED Techs support nursing teams, but shortages in support roles sometimes require nurses to