

# COVER PAGE

The following is the comprehensive hospital staffing  
plan for Lake Chelan Health submitted to  
the Washington State Department of Health in  
accordance with [Revised Code of Washington](#)  
[70.41.420](#) for the year 2026 .

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# Hospital Staffing Form

## Attestation

Date: 12/15/25

I, the undersigned with responsibility for Lake Chelan Health attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for 2026 , and includes all units covered under our hospital license under RCW 70.41.

As approved by: Aaron Edwards

Aaron Edwards  
Aaron Edwards (Apr 13, 2026 16:28:55 PDT)

## Hospital Information

|                                                                     |                                            |                                                                     |
|---------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|
| Name of Hospital: Lake Chelan Health                                |                                            |                                                                     |
| Hospital License #: HAC.FS.00000165                                 |                                            |                                                                     |
| Hospital Street Address: 110 S Apple Blossom Dr                     |                                            |                                                                     |
| City/Town: Chelan                                                   | State: Wa                                  | Zip code: 98816                                                     |
| 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 |                                            |                                                                     |
| Review Type:                                                        | <input checked="" type="checkbox"/> Annual | Review Date: 12/23/25                                               |
|                                                                     | <input type="checkbox"/> Update            | Next Review Date: 11/25/26                                          |
| Effective Date: 1/1/26                                              |                                            |                                                                     |
| Date Approved: 12/23/25                                             |                                            |                                                                     |

**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

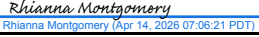
Description:



Other

Description:

## Signature

| CEO & Co-chairs Name:           | Signature:                                                                                                                                         | Date:      |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Aaron Edwards CEO               | <br><small>Aaron Edwards (Apr 13, 2026 16:28:55 PDT)</small>      | 04/13/2026 |
| Rhianna Montgomery CNO Co-Chair | <br><small>Rhianna Montgomery (Apr 14, 2026 07:06:21 PDT)</small> | 4/14/2026  |
| Sidney Driessen RN Co-Chair     | <br><small>Sidney Driessen (Apr 14, 2026 07:12:38 PDT)</small>    | 04/14/2026 |
|                                 |                                                                                                                                                    |            |
|                                 |                                                                                                                                                    |            |
|                                 |                                                                                                                                                    |            |
|                                 |                                                                                                                                                    |            |
|                                 |                                                                                                                                                    |            |
|                                 |                                                                                                                                                    |            |
|                                 |                                                                                                                                                    |            |
|                                 |                                                                                                                                                    |            |

| Total Votes    |              |
|----------------|--------------|
| # of Approvals | # of Denials |
| 15             | 0            |
|                |              |
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Access unit staffing matrices here.

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DOH 346-154

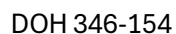
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## Fixed Staffing Matrix

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:    | Outpatient                 |                       |               |                |                |                |
| Unit/ Clinic Address: | 110 S. Apple Blossom Drive |                       |               |                |                |                |
| Effective as of:      | 1/1/2026                   |                       |               |                |                |                |
| Hours of the day      |                            |                       |               |                |                |                |
| Hour of the day       | Day of the week            | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Day 0700-1930         | Monday                     | 12.00                 | 2.00          |                | 1.00           |                |
|                       | Tuesday                    | 12.00                 | 2.00          |                | 1.00           |                |
|                       | Wednesday                  | 12.00                 | 2.00          |                | 1.00           |                |
|                       | Thursday                   | 12.00                 | 2.00          |                | 1.00           |                |
|                       | Friday                     | 12.00                 | 2.00          |                | 1.00           |                |
|                       | Saturday                   | 12.00                 | 2.00          |                | 1.00           |                |

[illegible]



## Unit Information

[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

91.6% of patients evaluated in the Emergency Department are discharged to home, 4.2% are transferred to a higher level of care, and 4.2% are admitted to this facility with an average length of stay of 142 minutes.

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

Lake Chelan Health (LCH) has implemented the Emergency Severity Index, a resource used world wide and considered the gold standard for determining patient acuity and what hospital resources are needed. On average our patients have an acuity of 3.6 which is determined to be low to moderate acuity. These patients typically require labs, radiology, and are easily cared for by nursing staff. In the last calander year 0.4% of patients were assigned an acuity level of 1 and 4.1% were an acuity level of 2. With the addition of of a Float RN that works from 1000-2230 we have improved patient care and ED through-put during the typical hours that patients present to the ED.

☐ Skill mix

☒ Level of experience of nursing and patient care staff

Given the low attrition rates at LCH we are fortunate to have a highly skilled staff with many years of experience. We hire new RN graduates and those with minimal experience. Every effort is made to pair new nurses with experienced ED nurses to help expand their clinical knowledge.

☐ 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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## 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:    |               | Medical Surgical & Obstertics Unit        |               |                |                |                    |                  |                   |                   |                   |                                                                |
| Unit/ Clinic Type:    |               | Acute Care                                |               |                |                |                    |                  |                   |                   |                   |                                                                |
| Unit/ Clinic Address: |               | 110 S Apple Blossom Drive Chelan Wa 98816 |               |                |                |                    |                  |                   |                   |                   |                                                                |
| Average Daily Census: |               | 3.9                                       |               |                |                | Maximum # of Beds: |                  |                   | 12                |                   |                                                                |
| Effective as of:      |               | 1-Jan-26                                  |               |                |                |                    |                  |                   |                   |                   |                                                                |
| 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 (7a - 7p) | 12                                        | 1             | 0              | 1              | 0                  | 12.00            | 0.00              | 12.00             | 0.00              |                                                                |
|                       | Night (7p-7a) | 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              |                                                                |



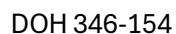


|    |               |    |   |   |   |   |      |      |      |      |      |
|----|---------------|----|---|---|---|---|------|------|------|------|------|
| 8  | Day (7a - 7p) | 12 | 2 | 0 | 1 | 0 | 3.00 | 0.00 | 1.50 | 0.00 | 9.00 |
|    | Night (7p-7a) | 12 | 2 | 0 | 1 | 0 | 3.00 | 0.00 | 1.50 | 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  | Day (7a - 7p) | 12 | 2 | 0 | 1 | 0 | 2.67 | 0.00 | 1.33 | 0.00 | 8.00 |
|    | Night (7p-7a) | 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 |      |
| 10 | Day (7a - 7p) | 12 | 2 | 0 | 1 | 0 | 2.40 | 0.00 | 1.20 | 0.00 | 7.20 |
|    | Night (7p-7a) | 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 |      |
|    | Day (7a - 7p) | 12 | 2 | 0 | 1 | 0 | 2.18 | 0.00 | 1.09 | 0.00 |      |
|    | Night (7p-7a) | 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 | 6.55 |
|    |               | 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 | Day (7a - 7p) | 12 | 2 | 0 | 1 | 0 | 2.00 | 0.00 | 1.00 | 0.00 | 6.00 |
|    | Night (7p-7a) | 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 |      |
|    |               | 0  | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 |      |
| 13 |               | 12 | 3 | 0 | 1 | 0 | 2.77 | 0.00 | 0.92 | 0.00 | 7.38 |
|    |               | 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 |      |
|    |               | 0  | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 |      |
|    |               | 12 | 3 | 0 | 1 | 0 | 2.57 | 0.00 | 0.86 | 0.00 |      |
|    |               | 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    | 6.86 |
|    |  | 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    |      |
| 15 |  | 12 | 3 | 0 | 1 | 0 | 2.40    | 0.00    | 0.80    | 0.00    | 6.40 |
|    |  | 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    |      |
|    |  | 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 |  | 12 | 3 | 0 | 1 | 0 | 2.25    | 0.00    | 0.75    | 0.00    | 6.00 |
|    |  | 12 | 3 | 0 | 1 | 0 | 2.25    | 0.00    | 0.75    | 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    |      |
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[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

Description:

Obstetric Triages and Admissions impact our unit staffing plan. AWHONN Staffing Standards are followed. Admissions and discharges are considered and balanced in daily assignments.

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

Description:

Acuity, intensity of care needs, and type of care are all considered and balanced in daily assignments.

☒ Skill mix

Description:

Being a mixed unit, Obstetric RNs are prioritized to receive laboring and postpartum patient care assignments. They are utilized for Medical Surgical patients when no Obstetric patients are on the unit.

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

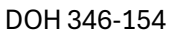
Description:

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

Description:

- ☐ Other

Description:



## Fixed Staffing Matrix

[illegible]

|           |                 |       |      |      |      |      |
|-----------|-----------------|-------|------|------|------|------|
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
| WEDNESDAY | DAY (0600-1800) | 10.00 | 2.00 | 0.00 | 1.00 | 0.00 |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
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|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
| THURSDAY  | DAY (0600-1800) | 10.00 | 2.00 | 0.00 | 1.00 | 0.00 |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
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|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
| FRIDAY    | DAY (0600-1800) | 10.00 | 2.00 | 0.00 | 1.00 | 0.00 |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
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|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
| SATURDAY  | CLOSED          |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
|           |                 |       |      |      |      |      |
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| SUNDAY    | CLOSED          |       |      |      |      |      |
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## Unit Information

| Additional Care Team Members       |                |         |       |         |
|------------------------------------|----------------|---------|-------|---------|
| Occupation                         | Shift Coverage |         |       |         |
|                                    | Day            | Evening | Night | Weekend |
| CHARGE NURSE                       | 24/7           | Y       | Y     | Y       |
| SURGICAL SERVICES DIRECTOR         | 0800-1700 M-F  | N       | N     | N       |
| OR CIRCULATOR                      | ON CALL 24/7   | Y       | Y     | Y       |
| CRNA                               | ON CALL 24/7   | Y       | Y     | Y       |
|                                    |                |         |       |         |
| Other factors in staffing plan     |                |         |       |         |
| Number and timing of:              |                |         |       |         |
| 1. Add-on case                     |                |         |       |         |
| 2. Non-surgical case i.e. infusion |                |         |       |         |
| 3. Patients in Phase One           |                |         |       |         |
| 4. Pediatric patients              |                |         |       |         |
| 5. Arrival time calls              |                |         |       |         |
| 6. Chart prep < seven days         |                |         |       |         |
|                                    |                |         |       |         |
|                                    |                |         |       |         |
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## Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

WHEN PATIENT VOLUME EXCEEDS BASE- ADDITIONAL STAFF ARE USED.

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

☐ 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:    | OR                         |                       |               |                |                |                |
| Unit/ Clinic Type:    | Hospital                   |                       |               |                |                |                |
| Unit/ Clinic Address: | 110 S. Apple Blossom Dr.   |                       |               |                |                |                |
| Effective as of:      | 1/1/2026                   |                       |               |                |                |                |
| 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 (0700-1800)            | 10.00                 | 2.00          | 0.00           | 0.00           | 2.00           |
|                       |                            |                       |               |                |                |                |
|                       |                            |                       |               |                |                |                |
|                       |                            |                       |               |                |                |                |
|                       |                            |                       |               |                |                |                |
|                       | OVERNIGHT CALL (1800-0700) | 17.00                 | 1.00          | 0.00           | 0.00           | 1.00           |
|                       |                            |                       |               |                |                |                |
|                       |                            |                       |               |                |                |                |
|                       |                            |                       |               |                |                |                |
|                       |                            |                       |               |                |                |                |
| TUESDAY               | DAY (0700-1800)            | 10.00                 | 2.00          | 0.00           | 0.00           | 2.00           |
|                       |                            |                       |               |                |                |                |
|                       |                            |                       |               |                |                |                |
|                       |                            |                       |               |                |                |                |
|                       | OVERNIGHT CALL (1800-0700) | 17.00                 | 1.00          | 0.00           | 0.00           | 1.00           |
|                       |                            |                       |               |                |                |                |
|                       |                            |                       |               |                |                |                |



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## Unit Information

| Additional Care Team Members    |                  |         |       |         |
|---------------------------------|------------------|---------|-------|---------|
| Occupation                      | Shift Coverage   |         |       |         |
|                                 | Day              | Evening | Night | Weekend |
| CHARGE NURSE                    | 24/7 M-F         | Y       | Y     | Y       |
| SURGICAL SERVICES DIRECTOR      | 08-1700 M-F      | N       | N     | N       |
| CRNA                            | 24/7 M-F ON CALL | Y       | Y     | Y       |
|                                 |                  |         |       |         |
|                                 |                  |         |       |         |
| Other factors in staffing plan  |                  |         |       |         |
| Number and timing of:           |                  |         |       |         |
| 1. Moderate sedation cases      |                  |         |       |         |
| 2. Local cases                  |                  |         |       |         |
| 3. Add-on cases                 |                  |         |       |         |
| 4. Stat/Urgent C-Section        |                  |         |       |         |
| 5. Surgical tech/assistant need |                  |         |       |         |
| 6. Supply ordering deadlines    |                  |         |       |         |
|                                 |                  |         |       |         |
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## Unit Information

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

- ☐ Activity such as patient admissions, discharges, and transfers

STAFF ADDITIONAL STAFF IF PATIENT VOLUME INCREASES PAST BASE.

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



☐ 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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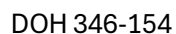
## Fixed Staffing Matrix

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:    | Lake Chelan Health Clinics           |                       |               |                |                |                |
| Unit/ Clinic Type:    | Express Care                         |                       |               |                |                |                |
| Unit/ Clinic Address: | 219 E. Johnson Ave. Chelan, WA 98816 |                       |               |                |                |                |
| Effective as of:      | 1/1/2026                             |                       |               |                |                |                |
| 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 (7-6)                            | 11.00                 | 1.00          | 0.00           | 0.00           | 1.00           |
|                       |                                      |                       |               |                |                |                |
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## Unit Information

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## 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:

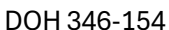


- ☐ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

- ☐ Other

Description:



## Fixed Staffing Matrix

[illegible]

|           |                 |      |      |      |      |      |
|-----------|-----------------|------|------|------|------|------|
|           |                 |      |      |      |      |      |
| WEDNESDAY | DAY (7:20-5:30) | 8.00 | 1.00 | 0.00 | 1.00 | 0.00 |
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| THURSDAY  | DAY (7:20-5:30) | 8.00 | 1.00 | 0.00 | 1.00 | 0.00 |
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|           |                 |      |      |      |      |      |
| FRIDAY    | DAY (7:20-5:30) | 8.00 | 1.00 | 0.00 | 1.00 | 0.00 |
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Unit Information

| Additional Care Team Members |                |         |       |         |
|------------------------------|----------------|---------|-------|---------|
| Occupation                   | Shift Coverage |         |       |         |
|                              | Day            | Evening | Night | Weekend |
| PATIENT ACCESS               | X              |         |       |         |
| RADIOLOGY                    | X              |         |       |         |
| COMMUNITY HEALTH WORKERS     | X              |         |       |         |
| MEDICAL ASSISTANT            | X              |         |       |         |
|                              |                |         |       |         |
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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:

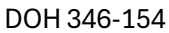
☐ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

☐ Other

Description:





## Fixed Staffing Matrix

[illegible]

|           |           |      |      |      |      |      |
|-----------|-----------|------|------|------|------|------|
|           |           |      |      |      |      |      |
| WEDNESDAY | CLOSED    | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
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|           |           |      |      |      |      |      |
| THURSDAY  | DAY (8-5) | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 |
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| FRIDAY    | CLOSED    | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|           |           |      |      |      |      |      |
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Unit Information

| Additional Care Team Members |                |         |       |         |
|------------------------------|----------------|---------|-------|---------|
| Occupation                   | Shift Coverage |         |       |         |
|                              | Day            | Evening | Night | Weekend |
| PATIENT ACCESS               | X              |         |       |         |
| RADIOLOGY                    | X              |         |       |         |
| MEDICAL ASSISTANT            | X              |         |       |         |
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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:

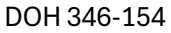
☐ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

☐ Other

Description:





## Fixed Staffing Matrix

[illegible]

|          |           |      |      |      |      |      |
|----------|-----------|------|------|------|------|------|
|          |           |      |      |      |      |      |
| THURSDAY | DAY (8-5) | 8.00 | 1.00 | 0.00 | 0.00 | 0.00 |
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| FRIDAY   | DAY (8-5) | 8.00 | 1.00 | 0.00 | 0.00 | 0.00 |
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Unit Information

| Additional Care Team Members |                |         |       |         |
|------------------------------|----------------|---------|-------|---------|
| Occupation                   | Shift Coverage |         |       |         |
|                              | Day            | Evening | Night | Weekend |
| PATIENT ACCESS               | X              |         |       |         |
| RADIOLOGY                    | X              |         |       |         |
| MEDICAL ASSISTANT            | X              |         |       |         |
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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:

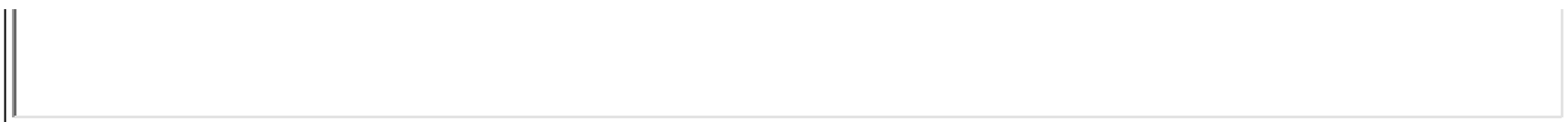
☐ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

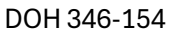
☐ Other

Description:









## Fixed Staffing Matrix

[illegible]

|                  |           |      |      |      |      |      |
|------------------|-----------|------|------|------|------|------|
|                  |           |      |      |      |      |      |
| WEEK 3 WEDNESDAY | DAY (8-5) | 8.00 | 1.00 | 0.00 | 0.00 | 0.00 |
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| THURSDAY         | DAY (8-5) | 8.00 | 1.00 | 0.00 | 0.00 | 0.00 |
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|                  |           |      |      |      |      |      |
| FRIDAY           | DAY (8-5) | 8.00 | 1.00 | 0.00 | 0.00 | 0.00 |
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DOH 346-154

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Unit Information

| Additional Care Team Members |                |         |       |         |
|------------------------------|----------------|---------|-------|---------|
| Occupation                   | Shift Coverage |         |       |         |
|                              | Day            | Evening | Night | Weekend |
| PATIENT ACCESS               | X              |         |       |         |
| RADIOLOGY                    | X              |         |       |         |
| MEDICAL ASSISTANT            | X              |         |       |         |
|                              |                |         |       |         |
|                              |                |         |       |         |
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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:

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

Description:

☐ Other

Description:



# Hospital Staffing\_Lake Chelan Health\_2026

Final Audit Report

2026-04-14

|                 |                                              |
|-----------------|----------------------------------------------|
| Created:        | 2026-04-13                                   |
| By:             | wendy kenck (wkenck@lcch.net)                |
| Status:         | Signed                                       |
| Transaction ID: | CBJCHBCAABAAvqCtOwTFytQ1ImU_2cKrRo5HUXbeRsqn |

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