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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Washington State Department of HEALTH

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?	☑ Yes	☐ No	
If "Yes" was selected, please provide the location name and address	Lake Chelan Health Primary Care - 219 E Johnson Ave, Chelan, Wa 98816. Lake Chelan Health Specialty Care - 131 S Apple Blossom Dr #104, Chelan, WA 98816		
Review Type:	☑ Annual	Review Date: 12/23/25	
	☐ 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:
Utilized AWHONN Standards for Professional Registered Nurse Staffing for Perinatal Units for OB Staffing and AORN Position Statement on Perioperative Safe Staffing and On-Call Practices for the Surgical Department.

☑ Terms of applicable collective bargaining agreement

Description:
Mandatory on-call time may be required in the Operating Room. Low Census order outlined in CBA. Capped at 60hrs of unpaid involuntary low census per 6 calendar months for FTE staff. Union appointed RNs on HSC, minimum of 75% of HSC direct care staff will be RNs. Guidelines followed per CBA.
RN Scheduling and Schedule guidelines per CBA.

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

Description:
Lake Chelan Health ensures staff are able to take meal and rest breaks as required by RCW 49.12.480.

☐ Hospital finances and resources

Description:

☐ Other

Description:

Signature

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

Total Votes	
# of Approvals	# of Denials
15	0

Access unit staffing matrices here.

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Washington State Department of HEALTH

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	

	Sunday	12.00	2.00		1.00	
Night 1900-0730	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	
	Sunday	12.00	2.00		1.00	

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Float RN		1000-2230		1000-2300
Charge RN	0630-1900		1830-0700	0630-1900 & 1830-0700
ED Nurse Manager (RN)	Varies	Yes	Yes	Yes

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 concidered the gold standard for determing 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 are fortuante to have a highly skilled staff with many years of experiance. We hire new RN graduates and those with minimal experiance. Every effort is made to pair new nurses with experianced 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	

		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	48.00
2	Day (7a - 7p)	12	1	0	1	0	6.00	0.00	6.00	0.00	
	Night (7p-7a)	12	1	0	1	0	6.00	0.00	6.00	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	24.00
3	Day (7a - 7p)	12	1	0	1	0	4.00	0.00	4.00	0.00	
	Night (7p-7a)	12	1	0	1	0	4.00	0.00	4.00	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	16.00
4	Day (7a - 7p)	12	1	0	1	0	3.00	0.00	3.00	0.00	
	Night (7p-7a)	12	1	0	1	0	3.00	0.00	3.00	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	12.00
5	Day (7a - 7p)	12	1	0	1	0	2.40	0.00	2.40	0.00	
	Night (7p-7a)	12	1	0	1	0	2.40	0.00	2.40	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	9.60
6	Day (7a - 7p)	12	1	0	1	0	2.00	0.00	2.00	0.00	
	Night (7p-7a)	12	1	0	1	0	2.00	0.00	2.00	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	8.00
7	Day (7a - 7p)	12	2	0	1	0	3.43	0.00	1.71	0.00	
	Night (7p-7a)	12	2	0	1	0	3.43	0.00	1.71	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	10.29

8	Day (7a - 7p)	12	2	0	1	0	3.00	0.00	1.50	0.00	
	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	9.00
9	Day (7a - 7p)	12	2	0	1	0	2.67	0.00	1.33	0.00	
	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	8.00
10	Day (7a - 7p)	12	2	0	1	0	2.40	0.00	1.20	0.00	
	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	7.20
	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	
		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	6.55
12	Day (7a - 7p)	12	2	0	1	0	2.00	0.00	1.00	0.00	
	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	6.00
13		12	3	0	1	0	2.77	0.00	0.92	0.00	
		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	7.38
		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	
		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	6.86
		12	3	0	1	0	2.40	0.00	0.80	0.00	
		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	
15		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	6.40
		12	3	0	1	0	2.25	0.00	0.75	0.00	
		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	
16		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	6.00
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospital Unit Coordinators	0600-1630			0600-1630
Float RN		1000-2230		1000-2230
Charge RNs	0630-1900		1830-0700	0630-1900 & 1830-0700
Ambassadors	0700-1700			0700-1700

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:

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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:	**PRE-OP-PACU**
Unit/ Clinic Type:	**HOSPITAL**
Unit/ Clinic Address:	**110 S. APPLE BLOSSOM AVE CHELAN**
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 (0600-1800)	10.00	2.00	0.00	1.00	0.00
TUESDAY	DAY (0600-1800)	10.00	2.00	0.00	1.00	0.00

WEDNESDAY	DAY (0600-1800)	10.00	2.00	0.00	1.00	0.00
THURSDAY	DAY (0600-1800)	10.00	2.00	0.00	1.00	0.00
FRIDAY	DAY (0600-1800)	10.00	2.00	0.00	1.00	0.00
SATURDAY	CLOSED					
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				

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

WEDNESDAY	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
THURSDAY	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
FRIDAY	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
SATURDAY	24 HOUR CALL (0700-0700	24.00	1.00	0.00	0.00	1.00

SUNDAY	24 HOUR CALL (0700-0700	24.00	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				

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

TUESDAY	DAY (7-6)	11.00	1.00	0.00	0.00	1.00
WEDNESDAY	DAY (7-6)	11.00	1.00	0.00	0.00	1.00
THURSDAY	DAY (7-6)	11.00	1.00	0.00	0.00	1.00

FRIDAY	DAY (7-6)	11.00	1.00	0.00	0.00	1.00
SATURDAY	DAY (7-6)	11.00	1.00	0.00	0.00	1.00
SUNDAY	CLOSED					

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
PATIENT ACCESS	X			X
RADIOLOGY	X			
COMMUNITY HEALTH WORKERS	X			
MEDICAL ASSISTANT	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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:

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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:	**Primary 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 (7:20-5:30)	8.00	1.00	0.00	1.00	0.00
TUESDAY	DAY (7:20-5:30)	8.00	1.00	0.00	1.00	0.00

WEDNESDAY	DAY (7:20-5:30)	8.00	1.00	0.00	1.00	0.00
THURSDAY	DAY (7:20-5:30)	8.00	1.00	0.00	1.00	0.00
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			

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:

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Fixed Staffing Matrix

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Unit/ Clinic Name:	**Lake Chelan Health Clinics**
Unit/ Clinic Type:	**Orthopedics**
Unit/ Clinic Address:	**131 S. Apple Blossom Dr. Suite 104**
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 (8-5)	8.00	1.00	0.00	0.00	0.00
TUESDAY	DAY (8-12)	4.00	1.00	0.00	0.00	0.00

WEDNESDAY	CLOSED	0.00	0.00	0.00	0.00	0.00
THURSDAY	DAY (8-5)	1.00	0.00	0.00	0.00	0.00
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			

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:

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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:	**Dermatology**
Unit/ Clinic Address:	**131 S. Apple Blossom Dr. Suite 104**
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
WEEK 2 TUESDAY	DAY (8-5)	8.00	1.00	0.00	0.00	0.00
WEDNESDAY	DAY (8-5)	8.00	1.00	0.00	0.00	0.00

THURSDAY	DAY (8-5)	8.00	1.00	0.00	0.00	0.00
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			

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:

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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:	**ENT**
Unit/ Clinic Address:	**131 S. Apple Blossom Dr. Suite 104**
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
WEEK 1 MONDAY	DAY (8-5)	8.00	1.00	0.00	0.00	0.00
TUESDAY	DAY (8-5)	8.00	1.00	0.00	0.00	0.00

WEEK 3 WEDNESDAY	DAY (8-5)	8.00	1.00	0.00	0.00	0.00
THURSDAY	DAY (8-5)	8.00	1.00	0.00	0.00	0.00
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			

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

"Hospital Staffing_Lake Chelan Health_2026" History

Document created by wendy kenck (wkenck@lcch.net)
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Signer sdriessen@lcch.net entered name at signing as Sidney Driessen
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