

COVER PAGE

The following is the comprehensive hospital staffing plan for Skyline Hospital 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: 4/25/24

I, the undersigned with responsibility for Skyline Hospital attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for 2025 , and includes all units covered under our hospital license under RCW 70.41.

As approved by: Matt Kollman, CEO

Hospital Information

Name of Hospital: Skyline Hospital		
Hospital License #: H-096 (WA)		
Hospital Street Address: 211 Skyline Drive		
City/Town: White Salmon	State: WA	Zip code: 98672
Is this hospital license affiliated with more than one location?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes" was selected, please provide the location name and address		
Review Type:	<input checked="" type="checkbox"/> Annual	Review Date: 12/20/24
	<input type="checkbox"/> Update	Next Review Date: 6/20/25
Effective Date: 12/20/24		
Date Approved: 12/20/24		

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:

- ☒ Terms of applicable collective bargaining agreement

Description:

Skyline Hospital has a CBA with the WSNA. This CBA is considered in the staffing plan.

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

Description:

Washington Administrative Code (WAC) 296-126-092

- ☒ Hospital finances and resources

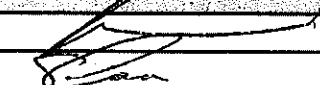


Description:

Hospital finances and available resources are discussed at many levels within the organization. These factors were considered and will continue to be considered in current and future staffing plans.

- ☐ Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Matt Kollman, CEO		12/30/24
Shea Gilbert, CNO		12/30/24
Laurie Smith, RN		12/20/2024

Total Votes	
# of Approvals	# of Denials
8	0

Click [HERE](#) to access unit staffing matrices

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Patient Volume-based Staffing Matrix Formula Template

[illegible]

[illegible]

[illegible]

		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
8	Day 7a-7p	12.00	2.00	0.00	2.00	0.00	3.00	0.00	3.00	0.00	9.00
	Night 7p-7a	12.00	2.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9	Day 7a-7p	12.00	2.00	0.00	3.00	0.00	2.67	0.00	4.00	0.00	9.33
	Night 7p-7a	12.00	2.00	0.00	0.00	0.00	2.67	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10	Day 7a-7p	12.00	2.00	0.00	3.00	0.00	2.40	0.00	3.60	0.00	8.40
	Night 7p-7a	12.00	2.00	0.00	0.00	0.00	2.40	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
11	Day 7a-7p	12.00	2.00	0.00	3.00	0.00	2.18	0.00	3.27	0.00	7.64

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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:	Skyline Hospital Emergency Department					
Unit/ Clinic Type:	Emergency Department					
Unit/ Clinic Address:	211 Skyline White Salmon, WA 98672					
Effective as of:	1/1/2025					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Day 0700-1930	12.00	1.00	0.00	1.00	0.00
	Night 1900-0730	12.00	1.00	0.00	1.00	0.00

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Unit/ Clinic Name:	Skyline Hospital Surgery Department					
Unit/ Clinic Type:	Surgery Department					
Unit/ Clinic Address:	211 Skyline Drive White Salom, WA 98672					
Effective as of:	1/1/2025					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday						

Monday	Day 0630-1600 (Pre)	9.00	1.00	0.00	0.00	0.00
	Day 0730-1700 (Intra)	9.00	1.00	0.00	0.00	0.00
	Day 0830-1800 (PACU)	9.00	1.00	0.00	0.00	0.00
	Day 0700-1530 (CNA)	8.00	0.00	0.00	1.00	0.00
	Day 0630-1700 (Scrub Tech)	10.00	0.00	0.00	0.00	1.00
Tuesday	Day 0630-1600 (Pre)	9.00	1.00	0.00	0.00	0.00
	Day 0730-1700 (Intra)	9.00	1.00	0.00	0.00	0.00
	Day 0830-1800 (PACU)	9.00	1.00	0.00	0.00	0.00
	Day 0700-1530 (CNA)	8.00	0.00	0.00	1.00	0.00
	Day 0630-1700 (Scrub Tech)	10.00	0.00	0.00	0.00	1.00
Wednesday	Day 0630-1600 (Pre)	9.00	1.00	0.00	0.00	0.00
	Day 0730-1700 (Intra)	9.00	1.00	0.00	0.00	0.00
	Day 0830-1800 (PACU)	9.00	1.00	0.00	0.00	0.00
	Day 0700-1530 (CNA)	8.00	0.00	0.00	1.00	0.00
	Day 0630-1700 (Scrub Tech)	10.00	0.00	0.00	0.00	1.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Physical Therapy	X			
Occupational Therapy	X			
Respiratory Therapy	X			X
Lab Tech	X	X	X	X
Rad Tech	X	X	X	X
Charge RN	X	X		X
Nursing Supervisor			X	X
ED Manager	X			
Surgery Manager	X			
Hospitalist	X	X	X	X
ED Provider	X	X	X	X
CRNA	X	X	X	X
Utilization Review RN	X			
ED Registration	X	X		X
Pharmacist	X			

Unit Information																			
<div>Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):</div> <div><input type="checkbox"/> Activity such as patient admissions, discharges, and transfers</div> <div><input checked="" type="checkbox"/> Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift</div> <div>Intermediate Care level patients may require additional staffing or changes to the staffing plan. Intermediate care patients are infrequently housed in this facility due to lack of specialized services/providers. For those patients, who are not transferred, Nursing Leadership will seek to add staff based on the "Scope of Services- ICU (Intermediate Care Unit)" policy.</div>																			

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

