Hall 2 is a 29 bed staffed adult psych unit with a census approximating 90%.

Historically, RN staffing for the day shift is 1:6 and the evening shift is 1:7, with the understanding that due to maximum census of 30 patients, ratios may be adjusted to 1:8. The night shift will be 1:10.

Actual staffing levels throughout the previous year were adjusted as part of an initiative to improve patient safety and patient and staff satisfaction. Management adjusted RN staffing and reinvested those resources in additional Behavioral Health Techs. This has demonstrated measurable results including an increase in overall patient satisfaction with care from the 60th percentile to the 90th percentile, a significant decrease in the use of adult restraints and a decrease in the number of incidents on the unit. Management is working with the staff towards the goal of maintaining this successful staffing model. In the interim, the original model has been posted. Complaints, primarily due to unanticipated absenteeism, are reviewed and addressed timely. *Staffing for BHTs is based on a pooling methodology to better accommodate the needs of the psych units. The pooled staff are assigned a home unit and can be reassigned to either of the inpatient psych units as needed. **Unit Clerks are assigned from the pool, Hall 2 and Hall 3 will share 1 unit clerk for the day shift and will be covered by a floater for the night shift Monday through Friday. Additional personnel supporting the RNs on the units include a transporter, social workers, activity therapist, Nurse Practitioner, Psych Leadership, EKG Technicians and physical therapists during the day, psychiatrists for days, evenings during the week and all shifts on the weekend and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership. Sitters are assigned to the unit to provide for one-to-one patient observation as needed. All staffing levels are presented per shift and not intended to be at all times.
Hall 3 is a 14 bed staffed adult psych long term unit with a census approximating 90%. This unit treats patients with a very low acuity and long length of stay (90 days or greater). The specific staffing levels for this unit are not clearly stated and management believes that one RN per shift is appropriate to meet the needs of the patients. Actual staffing levels throughout the previous year have consistently been at adopted clinical staffing plans. Complaints are reviewed and addressed timely.

* Staffing for BHTs is based on a pooling methodology to better accommodate the needs of the psych units. The pooled staff are assigned a home unit and can be reassigned to either of the inpatient psych units as needed.

** Unit Clerks are assigned from the pool, Hall 2 and Hall 3 will share 1 unit clerk for the day shift and will be covered by a floater for the night shift Monday through Friday.

Additional personnel supporting the RNs on the units include a transporter, social worker, activity therapist, Nurse Practitioner, Psych Leadership, EKG Technicians, physical therapists and a program director during the day, psychiatrists for days, evenings during the week and all shifts on the weekend and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership.

Sitters are assigned to the unit to provide for one-to-one patient observation as needed. All staffing levels are presented per shift and not intended to be at all times.
Hall 5 is a 21 bed unit with a census frequently at or below 65%. During those periods where the census dips, management has not adjusted the staffing levels resulting in staffing levels more favorable than budgeted. Actual staffing levels throughout the previous year have consistently been at or favorable to adopted clinical staffing plans. Management has modified the RN ratio for the night shift, based on feedback from the staff, to 1:8, which is superior to the 1:9 ratio as outlined in the labor agreements. Complaints, primarily due to unanticipated absenteeism, are reviewed and addressed timely. *Staffing for CNAs and Unit Clerks are based on a pooling methodology to better accommodate the needs of the units. The pooled staff are assigned a home base and can be reassigned to any one of the med surg units as needed. **Unit Clerks are assigned from the pool, Hall 5 will be assigned 1 unit clerk for the day and evening shifts and will be covered by a floater for the night shift Monday through Friday. Additional personnel supporting the RNs on the units include a transporter, case managers, EKG technicians and physical therapists during the day and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership. Sitters are assigned to the unit to provide for one-to-one patient observation as needed. All staffing levels are presented per shift and not intended to be at all times.
Hall 6 is a 28 bed unit, 16 beds of which are telemetry, with a census frequently at or below 65%. There are not enough telemetry patients to support a separate and distinct telemetry unit.

*** Within the RN staffing ratio, no more than four (4) telemetry patients will be assigned to an RN.

During those periods where the census dips, management has not adjusted the staffing levels resulting in staffing ratios more favorable than budgeted. Actual staffing levels throughout the previous year have consistently been at or favorable to adopted clinical staffing plans. Management has modified the RN ratio for the night shift, based on feedback from the staff, to 1:8, which is superior to the 1:9 ratio as outlined in the labor agreements. Complaints, primarily due to unanticipated absenteeism, are reviewed and addressed timely. *Staffing for CNAs and Unit Clerks is based on a pooling methodology to better accommodate the needs of the units. The pooled staff are assigned a home base and can be reassigned to any one of the med surg units as needed.

** Unit Clerks are assigned from the pool, Hall 6 will be assigned 1 unit clerk for the day and evening shifts and will be covered by a floater for the night shift Monday through Friday. Technology is utilized to assist in the treatment of these patients in the form of a beeper system which alerts the RN to a rhythm that needs to be addressed. Additional personnel supporting the RNs on the units include a transporter, case managers, EKG technicians and physical therapists during the day and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership Sitters are assigned to the unit to provide for one-to-one patient observation as needed.

All staffing levels are presented per shift and not intended to be at all times.
Hall 7, Intensive Care Unit, is a 6 bed staffed unit with a census approximating 80%.
As per DOH regulations, the RN staffing ratio is at 1:2. Actual staffing levels throughout the previous year have consistently been adopted clinical staffing plans.
Complaints, primarily due to unanticipated absenteeism, are reviewed and addressed timely.
* A CNA is assigned from the pool to the unit when the census hits 4 or greater. If the census exceeds 6 patients, a second CNA would be assigned to accommodate the additional workload and geography of the unit. ** Unit Clerks are assigned from the pool, ICU will be assigned 1 unit clerk for the day and evening shifts and will be covered by a floater for the night shift Monday through Friday.
Additional personnel supporting the RNs on the units include a transporter, case managers, EKG technicians, physical therapists and intensivists during the day and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership.
Sitters are assigned to the unit to provide for one-to-one patient observation as needed.
All staffing levels are presented per shift and not intended to be at all times.
The emergency room is averaging 61 patients a day or approximately 6.1 patients per RN. RN staffing is 4 RNs for the day shift, 2 additional RNs for the Mid Shift and 4 RNs for the night shift. * Two emergency room technicians are assigned to each shift. Actual staffing levels throughout the previous year have consistently been at adopted clinical staffing plans. Complaints, primarily due to unanticipated absenteeism, are reviewed and addressed timely. ** Unit Clerks are assigned from the pool, ED will be assigned 1 unit clerk for the day, evening and night shifts.

Additional personnel supporting the RNs in the emergency room include a transporter, physical therapists during the day, and psychiatrists and/or psychiatric nurse practitioner for days, evenings during the week and all shifts on the weekend and, for ALL shifts, Physicians and mid-levels providers, Residents, Respiratory Therapists and RN leadership.

Sitters are assigned to the unit to provide for one-to-one patient observation as needed. All staffing levels are presented per shift and not intended to be at all times.
Management and staff reached consensus on the staffing levels for Perioperative Services

Actual staffing levels throughout the previous year have consistently been at adopted clinical staffing plans. There have been no complaints received in the previous year.

Periop Services include the operating room, endoscopy, the post anesthesia care unit (PACU), the ambulatory surgery unit and central sterile supply.

RNs are assigned 1 per case in the operating room, 1:3 in the PACU (one to one for a pediatric patient) and 1:4 in the ambulatory surgery unit.

** Unit Clerks for the perioperative units will be assigned 1 unit clerk per unit.

Additional personnel supporting the RNs on the units include a dedicated transporter, scheduler, unit manager and RN leadership.

Staffing levels that are presented per shift are not intended to be at all times.