2013 Annual Hospital Staffing Report

Hospital Name: Kent Hospital
Number of Licensed Beds: 359
Number of Staffed Beds: 290
Number of Units in Report: 16
Time Period Reflected in Report: From:_January 2013To:January, 2014
Name of Person Completing Report: Rosa DeSousa & Jean Butler
Title of Person Completing Report: Staffing Office Supervisor & VP of PCS
CEO Signature: Date:
Sandra Coletta

Patient Care U ECCU - 2 Wes		Specialty Service (i.e. oncology): Med / Surg	•	# of Telemetry Beds: 20
		Type of Unit:		Age Group:
	(Che	eck all that apply)		(Check all that apply)
□Critical Car	e/ Intensive Care Un	it □Psychiatric Unit		√Adult
√ Step-Down/	Intermediate Care U	Jn □Rehabilitation Uni	t	□Pediatric
√General Me	dical/Surgical Unit	☐Transitional Care	Unit	□Newborn
□Obstetrical U	Unit/ Nursery	□Emergency Depart	ment	
	•	ffing plan is based (Ave number of visits per day		18 ys):
Position	Shift Length	Numb	er of Staff-Ordinaril	
		Days	Evenings	Nights
RNs	8 hours	5.00	4.00	4.00
LPNs	8 hours			
CNAs	8 hours	2.00	2.00	1.00
Other Specify):	8 hours			
	8 hours			
Total Direc	t Care Providers:	7.00	6.00	5.00
Comments: Patient mix requ	ires ratio of 1:4 or 1:5	, dependent upon acuity.		

Tatient Care of	nit Name: CCU	Specialty Service (i.e oncology): Cardiac (# of Telemetry Beds:1
	Type o			Age Group:
	(Check all 1	that apply)		(Check all that apply
□Critical Care/	/ Intensive Care Unit	□Psychiatric Unit		√Adult
√Step-Down/ Ir	ntermediate Care Unit	□Rehabilitation Un	it	□Pediatric
□General Medi	ical/Surgical Unit	□Transitional Care	Unit	□Newborn
1				
□Obstetrical U	nit/ Nursery	□Emergency Depar	tment	
Number of patie	ents upon which staffing	olan is based (Average I	Daily Census):	
Number of patie		olan is based (Average I	Daily Census):	ys):
Number of patie	ents upon which staffing	plan is based (Average I er of visits per day (Tot	Daily Census):	
Number of patie	ents upon which staffing artment = Average numb	plan is based (Average I er of visits per day (Tot	Daily Census): al Visits/365 da	
Number of patie	ents upon which staffing artment = Average numb	plan is based (Average I er of visits per day (Tot Number	Daily Census): al Visits/365 da of Staff Ordina	rily Assigned
Number of patie Emergency Departments Position	ents upon which staffing partment = Average numb Shift Length	plan is based (Average I per of visits per day (Tot Number Days	Daily Census): al Visits/365 da of Staff Ordin: Evenings	arily Assigned Nights
Number of patie Emergency Departments Position RNs	ents upon which staffing partment = Average numb Shift Length 8 bours	plan is based (Average I per of visits per day (Tot Number Days	Daily Census): al Visits/365 da of Staff Ordin: Evenings	arily Assigned Nights
Number of patie Emergency Department Position RNs LPNs	ents upon which staffing partment = Average numb Shift Length 8 hours 8 hours	Dan is based (Average I per of visits per day (Tot Number Days 4.00	Daily Census): al Visits/365 da of Staff Ordin: Evenings	arily Assigned Nights
Number of patie Emergency Dep: Position RNs LPNs CNAs	ents upon which staffing partment = Average numb Shift Length 8 hours 8 hours 8 hours	Dan is based (Average I per of visits per day (Tot Number Days 4.00	Daily Census): al Visits/365 da of Staff Ordin: Evenings	arily Assigned Nights
Number of patie Emergency Dep: Position RNs LPNs CNAs Other (Specify):	ents upon which staffing partment = Average numb Shift Length 8 hours 8 hours 8 hours 8 hours	Number Days 4.00	Daily Census): cal Visits/365 da of Staff Ordina Evenings 4.00	Nights 4.00
Number of patie Emergency Dep: Position RNs LPNs CNAs Other (Specify):	ents upon which staffing partment = Average numb Shift Length 8 hours 8 hours 8 hours	Dan is based (Average I per of visits per day (Tot Number Days 4.00	Daily Census): al Visits/365 da of Staff Ordin: Evenings	arily Assigned Nights

Patient Care V	Jnit Name: 3 South	Specialty Service (i.e., or oncology): Med/Surg-Onc	•	# of Telemetry Beds: 12
	,	Type of Unit:	***	Age Group:
	(Che	eck all that apply)		(Check all that apply)
□Critical Car	e/ Intensive Care Uni	it □Psychiatric Unit		√Adult
□Step-Down/	Intermediate Care U	n: □Rehabilitation Unit		□Pediatric
√General Med	lical/Surgical Unit	☐Transitional Care Unit	İ	□Newborn
□Obstetrical \	Unit/ Nursery	□Emergency Departmen	ıt	
		ffing plan is based (Average		28
Emergency De	partment = Average	number of visits per day (T	otal Visits/365 da	ys):
Position	Shift Length	Number o	f Staff-Ordinaril	v Accianed
r Oshion	Jim Dengu	Days	Evenings	Nights
RNs	8 hours	6.00	6.00	4.00
LPNs	8 hours			
CNAs	8 hours	3.00	3.00	3.00
Other			1	*
(Specify):	8 hours			
	8 hours			
Total Direc	t Care Providers:	9.00	9.00	7.00
Comments:				

		Specialty Service (i.e. oncology): Med / Surg	· • ·	# of Telemetry Beds: 8
	T	eri :4.		
	1	ype of Unit:		Age Group:
	(Chec	k all that apply)		(Check all that apply)
□Critical Care/ I	ntensive Care Unit	□Psychiatric Unit		√Adult
□Step-Down/ Into	ermediate Care Un	∷ □Rehabilitation Unit	:	□Pediatric
√General Medica	l/Surgical Unit	□Transitional Care \	J nit	□Newborn
□Obstetrical Unit	t/ Nursery	□Emergency Depart	ment	
		ing plan is based (Aver umber of visits per day		<u>2(</u>
				J. Z
	a a martina di antima na antima a antima	dent generality and the state of the state o		
Position	Shift Length	Numb	er of Staff-Ordinaril	y Assigned
Position	Shift Length	Number Days	er of Staff Ordinaril Evenings	y Assigned Nights
Position RNs	Shift Length 8 hours	······································		· , ·
		Days	Evenings	Nights
RNs	8 hours	Days	Evenings	Nights
RNs LPNs CNAs	8 hours 8 hours	Days 5.00	Evenings 5.00	Nights 3.00
RNs LPNs CNAs Other	8 hours 8 hours	Days 5.00	Evenings 5.00	Nights 3.00
RNs LPNs	8 hours 8 hours 8 hours	Days 5.00	Evenings 5.00	Nights 3.00
RNs LPNs CNAs Other	8 hours 8 hours 8 hours 8 hours	Days 5.00	Evenings 5.00	Nights 3.00

Care Unit	Unit Name: Intensive	Specialty Service (i.e., or oncology): Medical / Surg	•	# of Telemetry Beds:
	7	ype of Unit:		Age Group:
		ck all that apply)		(Check all that apply)
√Critical Car	e/ Intensive Care Unit	□Psychiatric Unit		√Adult
□Step-Down/	Intermediate Care Ur	n: □Rehabilitation Unit		□Pediatric
□General Me	dical/Surgical Unit	□Transitional Care Unit	İ	□Newborn
□Obstetrical \	Unit/ Nursery	□Emergency Departmen	nt	
Number of nat	1 1 3 4 6			1
		fing plan is based (Average		<u> </u>
		ing plan is based (Average umber of visits per day (T		<u> </u>
Emergency De	partment = Average n	umber of visits per day (T	otal Visits/365 days):
		umber of visits per day (T Number o	otal Visits/365 days f Staff Ordinarily A): Assigned
Emergency De Position	partment = Average n Shift Length	number of visits per day (T Number o Days	otal Visits/365 days f Staff Ordinarily a Evenings	Assigned Nights
Position RNs	partment = Average n Shift Length 8 hours	umber of visits per day (T Number o	otal Visits/365 days f Staff Ordinarily A): Assigned
Position RNs LPNs	Shift Length 8 hours 8 hours	number of visits per day (T Number o Days	otal Visits/365 days f Staff Ordinarily a Evenings	Assigned Nights
Position RNs LPNs CNAs	partment = Average n Shift Length 8 hours	number of visits per day (T Number o Days	otal Visits/365 days f Staff Ordinarily a Evenings	Assigned Nights
Position RNs LPNs CNAs Other	Shift Length 8 hours 8 bours 8 hours	number of visits per day (T Number o Days	otal Visits/365 days f Staff Ordinarily a Evenings	Assigned Nights
Position RNs LPNs CNAs Other	Shift Length 8 hours 8 hours	number of visits per day (T Number o Days	otal Visits/365 days f Staff Ordinarily a Evenings	Assigned Nights
Position RNs LPNs CNAs Other (Specify):	Shift Length 8 hours 8 hours 8 hours 8 hours	number of visits per day (T Number o Days	otal Visits/365 days f Staff Ordinarily a Evenings	Assigned Nights
Position RNs LPNs CNAs Other (Specify):	Shift Length 8 hours 8 hours 8 hours 8 hours 8 hours	Number of visits per day (T Number o Days 8.00	otal Visits/365 days f Staff Ordinarily A Evenings 8.00	Assigned Nights 8.00

Patient Care U r Unit	nit Name: Intermediate Care	Specialty Service (oncology): Critical		# of Telemetry Beds: 9
	Type of U	nit:		Age Group:
	(Check all tha			(Check all that apply)
□Critical Care/	Intensive Care Unit	□Psychiatric Unit		√Adult
√Step-Down/ In	termediate Care Unit	□Rehabilitation U	nit	□Pediatric
□General Medi	cal/Surgical Unit	☐Transitional Car	e Unit	□Newborn
□Obstetrical Ui	nit/ Nursery	□Emergency Depa	rtment	
<u>-</u>	nts upon which staffing pla artment = Average number	<u> </u>		8):
Position	Shift Length	Number	of Staff Ordinar	ily Assigned
		Days	Evenings	Nights
RNs	8 hours	3.00	3.00	3.00
LPNs	8 hours			<u> </u>
CNAs	8 hours	1.00	1.00	1.00
Other	The state of the s	***************************************		
Specify):	8 hours			
	8 hours			
Total Dir	ect Care Providers:	4.00	4.00	4.00
Comments: All beds are centra	ally monitored beds.			

Patient Care U Care Unit (PCU	J nit Name: Psychiatric J)	Specialty Service (i.e. oncology): Behavioral	• •	# of Telemetry Beds:
	T	ype of Unit:		Age Group:
	(Chec	k all that apply)		(Check all that apply)
□Critical Car	e/ Intensive Care Unit	√Psychiatric Unit		√Adult
□Step-Down/	Intermediate Care Un	∷ □Rehabilitation Unit		□Pediatric
□General Med	lical/Surgical Unit	☐Transitional Care U	Jnit	□Newborn
□Obstetrical U	Jnit/ Nursery	□Emergency Depart	ment	
		ing plan is based (Ave		9
Emergency De	partment = Average n	umber of visits per day	/ (Total Visits/365 da	ys):
	CLIPAT4h	NT 1	6 C4 - 66 - O - 11 - 11	
Position	Shift Length		er of Staff Ordinaril	
RNs	8 hours	2.00	Evenings 2.00	Nights 2.00
LPNs	8 hours	2.00	2.00	2.00
CNAs	8 hours	1.00	1.00	
Other	O ROUIS	1,00	1,00	
(Specify):	8 hours			
Specify).	8 hours			
 Total Direc	t Care Providers:	3.00	3.00	2.00
TOWN DROL				
Comments:				

Patient Care I	U nit Name: 4 West	Specialty Service (i.e oncology): Med / Sur	· • · · ·	# of Telemetry Beds: 9
		Type of Unit:		Age Group:
	(Che	eck all that apply)		(Check all that apply)
□Critical Car	re/ Intensive Care Un	it □Psychiatric Unit		√Adult
□Step-Down/	Intermediate Care U	n: □Rehabilitation Uni	t	$\sqrt{ ext{Pediatric}}$
√General Med	dical/Surgical Unit	☐Transitional Care	Unit	□Newborn
□Obstetrical \	Unit/ Nursery	□Emergency Depart	ment	
		ffing plan is based (Ave		25
Emergency De	partment = Average	number of visits per da	y (Total Visits/365 da	iys):
Deside	CL:24 I4L		¢Ω(¢¢ Δ 1; •;	
Position	Shift Length	·····-	er of Staff Ordinari	*
RNs	8 hours	Days 5.00	Evenings 6.00	Nights 4.00
LPNs	8 hours	3.00	0.00	4.00
CNAs	8 hours	3.00	3.00	2.00
Other	Onodis	3.00	3.00	2.00
(Specify):	8 hours			
(~p,).	8 hours			
Total Direc	et Care Providers:	8.00	9.00	6.00
Comments:				

Patient Care U	Init Name: 5 West	Specialty Service (i.e. oncology): Med / Surg	·	# of Telemetry Beds:
	Ŋ	Type of Unit:		Age Group:
	(Che	ck all that apply)		(Check all that apply)
□Critical Car	e/ Intensive Care Uni	t □Psychiatric Unit		√Adult
□Step-Down/	Intermediate Care U	n: □Rehabilitation Uni	t	□Pediatric
√General Med	ical/Surgical Unit	☐Transitional Care \	Unit	□Newborn
□Obstetrical U	Jnit/ Nursery	□Emergency Depart	ment	
	······································	fing plan is based (Ave	·····	25
Emergency Del	partment = Average 1	number of visits per day	y (Total Visits/365 da	ys):
Position	Shift Length	Nomb	er of Staff Ordinaril	v Assigned
A OSTERON	Junt Dongth	Days	Evenings	Nights
RNs	8 hours	5.00	5.00	4.00
LPNs	8 hours		2.00	
CNAs	8 hours	3.00	3.00	2.00
Other				
(Specify):	8 hours			
` ' '	8 hours			
Total Direc	t Care Providers:	8.00	8.00	6.00
Comments:				

□Critical Care/ Intensive Care Unit □Psychiatric Unit □Step-Down/ Intermediate Care Un □Rehabilitation Unit □Pediatric √General Medical/Surgical Unit □Transitional Care Unit □Newborn □Obstetrical Unit/ Nursery □Emergency Department Number of patients upon which staffing plan is based (Average Daily Census): Emergency Department = Average number of visits per day (Total Visits/365 days): Position Shift Length Number of Staff Ordinarily Assigned □ Days □ Evenings □ Nights RNs □ 8 hours □ 5.00 □ 5.00 □ 4.00 LPNs □ 8 hours □ 3.00 □ 3.00 □ 2.00 Other □ Specify): □ 8 hours □ Specify: □ 8 hours □ Shours	Patient Care U 4 Northwest	Jnit Name:	Specialty Service (i.e. oncology): Med/Surg	*	# of Telemetry Beds: 12
(Check all that apply) (Adult (Pediatric (Newborn (Newborn (Newborn (Number of patients upon which staffing plan is based (Average Daily Census): (Emergency Department (Average Daily Census): (Emergency Department (Number of Staff Ordinarily Assigned (Days) (Days) (Evenings (Nights (Nights (Nas)					
□Critical Care/ Intensive Care Unit □Psychiatric Unit □Step-Down/ Intermediate Care Un □Rehabilitation Unit □Pediatric √General Medical/Surgical Unit □Transitional Care Unit □Newborn □Obstetrical Unit/ Nursery □Emergency Department Number of patients upon which staffing plan is based (Average Daily Census): Emergency Department = Average number of visits per day (Total Visits/365 days): Position Shift Length Number of Staff Ordinarily Assigned □ Days □ Evenings □ Nights RNs □ 8 hours □ 5.00 □ 5.00 □ 4.00 LPNs □ 8 hours □ 3.00 □ 3.00 □ 2.00 Other (Specify): □ 8 hours □ 8.00 □ 6.00 Total Direct Care Providers: □ 8.00 □ 6.00		·J	Type of Unit:		Age Group:
Step-Down/ Intermediate Care Un □Rehabilitation Unit □Pediatric √General Medical/Surgical Unit □Transitional Care Unit □Newborn □Obstetrical Unit/ Nursery □Emergency Department Number of patients upon which staffing plan is based (Average Daily Census): Emergency Department = Average number of visits per day (Total Visits/365 days): Position Shift Length Number of Staff Ordinarily Assigned □Days Evenings Nights RNs 8 hours 5.00 5.00 4.00 LPNs 8 hours CNAs 8 hours 3.00 3.00 2.00 Other (Specify): 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours ■ 8 hours		(Che	ck all that apply)		(Check all that apply)
VGeneral Medical/Surgical Unit ☐ Transitional Care Unit ☐ Newborn ☐ Obstetrical Unit/ Nursery ☐ Emergency Department ☐ Number of patients upon which staffing plan is based (Average Daily Census): ☐ Emergency Department = Average number of visits per day (Total Visits/365 days): ☐ Position ☐ Shift Length ☐ Number of Staff Ordinarily Assigned ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	□Critical Car	e/ Intensive Care Uni	t □Psychiatric Unit		√Adult
Cobstetrical Unit/ Nursery Emergency Department	□Step-Down/	Intermediate Care U	n: □Rehabilitation Unit	t	□Pediatric
Number of patients upon which staffing plan is based (Average Daily Census): Emergency Department = Average number of visits per day (Total Visits/365 days): Position Shift Length Number of Staff Ordinarily Assigned Days Evenings Nights RNs 8 hours 5.00 5.00 4.00 LPNs 8 hours CNAs 8 hours 3.00 3.00 2.00 Other (Specify): 8 hours Total Direct Care Providers: 8.00 8.00 6.00	√General Me	dical/Surgical Unit	□Transitional Care I	U nit	□Newborn
Emergency Department = Average number of visits per day (Total Visits/365 days): Position Shift Length Number of Staff Ordinarily Assigned Days Evenings Nights RNs 8 hours 5.00 5.00 4.00 LPNs 8 hours CNAs 8 hours 3.00 3.00 2.00 Other (Specify): 8 hours 8 hours 8 hours 8 hours 8 hours 9 8	□Obstetrical I	Unit/ Nursery	□Emergency Depart	ment	
Position Shift Length Number of Staff Ordinarily Assigned					
Position Shift Length Number of Staff Ordinarily Assigned Days Evenings Nights RNs 8 hours 5.00 5.00 4.00 LPNs 8 hours 3.00 3.00 2.00 Other (Specify): 8 hours 8 hours 6.00 Total Direct Care Providers: 8.00 8.00 6.00					24
Days Evenings Nights	Emergency De	partment = Average i	number of visits per day	y (Total Visits/365 da	ys):
Days Evenings Nights	Pacifian	Chift I anoth	Numh	~~ of Staff Ordinaril	* Assigned
RNs 8 hours 5.00 5.00 4.00 LPNs 8 hours 3.00 3.00 2.00 Other (Specify): 8 hours 8 hours 6.00 Total Direct Care Providers: 8.00 8.00 6.00	T USITION	Shir Dengin		··	- , -
LPNs 8 hours 3.00 3.00 2.00 Other (Specify): 8 hours 8 hours 6.00 Total Direct Care Providers: 8.00 8.00 6.00	RNs		ு படிர	TO LOS TOPINGS	
CNAs 8 hours 3.00 3.00 2.00 Other (Specify): 8 hours 8 hours 6.00 Total Direct Care Providers: 8.00 8.00 6.00		8 bours	5.00	5.00	4.00
Other (Specify): 8 hours 8 hours Total Direct Care Providers: 8.00 8.00 6.00			5.00	5.00	4.00
(Specify): 8 hours 8 hours	LPNs	8 hours			
8 hours Total Direct Care Providers: 8.00 8.00 6.00	LPNs CNAs	8 hours			
	LPNs CNAs Other	8 hours 8 hours			
Comments:	LPNs CNAs Other	8 hours 8 hours			
Comments:	LPNs CNAs Other (Specify):	8 hours 8 hours 8 hours	3.00	3.00	2.00
	LPNs CNAs Other (Specify):	8 hours 8 hours 8 hours	3.00	3.00	2.00
	LPNs CNAs Other (Specify): Total Direc	8 hours 8 hours 8 hours	3.00	3.00	2.00
	LPNs CNAs Other (Specify): Total Direc	8 hours 8 hours 8 hours	3.00	3.00	2.00
	LPNs CNAs Other (Specify): Total Direc	8 hours 8 hours 8 hours	3.00	3.00	2.00

Patient Care U 4 North	Jnit Name:	Specialty Service (i.e oncology): Med/Surg	., orthopedics,	# of Telemetry Beds
		Type of Unit:		Age Group:
	(Ch	eck all that apply)		(Check all that apply
□Critical Car	e/ Intensive Care Un	nit □Psychiatric Unit		√Adult
□Step-Down/	Intermediate Care (Jn: Rehabilitation Uni	t	□Pediatric
√General Me	dical/Surgical Unit	☐Transitional Care	Unit	□Newborn
□Obstetrical U	Jnit/ Nursery	□Emergency Depart	ment	
•		ffing plan is based (Ave		
		iffing plan is based (Ave number of visits per da		
Emergency De	partment = Average	number of visits per da	y (Total Visits/365 da	ys):
		number of visits per da Numb	y (Total Visits/365 da er of Staff-Ordinaril	ys):
Imergency De	partment = Average	number of visits per da	y (Total Visits/365 da	ys): y Assigned
Position	partment = Average Shift Length	number of visits per da Numb Days	y (Total Visits/365 da er of Staff Ordinaril Evenings	ys): y Assigned Nights
Emergency De Position RNs	partment = Average Shift Length 8 hours	number of visits per da Numb Days	y (Total Visits/365 da er of Staff Ordinaril Evenings	ys): y Assigned Nights
Position RNs LPNs CNAs	Shift Length 8 hours 8 hours	Numb Days 2.00	er of Staff Ordinaril Evenings 2.00	y Assigned Nights 2.00
Position RNs LPNs CNAs Other	Shift Length 8 hours 8 hours	Numb Days 2.00	er of Staff Ordinaril Evenings 2.00	y Assigned Nights 2.00
Position RNs LPNs CNAs Other	Shift Length 8 hours 8 hours 8 hours	Numb Days 2.00	er of Staff Ordinaril Evenings 2.00	y Assigned Nights 2.00
Position RNs LPNs CNAs Other Specify):	Shift Length 8 hours 8 hours 8 hours 8 hours	Numb Days 2.00	er of Staff Ordinaril Evenings 2.00	y Assigned Nights 2.00

Patient Care I	Specialty Service (i.e., orthopedics, oncology): Rehab			# of Telemetry Beds:	
		Type of Unit:		Age Group:	
	(Check all that apply)				
□Critical Car	re/ Intensive Care Un	it □Psychiatric Unit		√Adult	
□Step-Down/	Intermediate Care U	n: √Rehabilitation Uni	t	□Pediatric	
□General Me	☐General Medical/Surgical Unit ☐Transitional Care Unit				
□Obstetrical \	Unit/ Nursery	□Emergency Depart	ment		
		ffing plan is based (Ave number of visits per da		14 ys):	
Emergency De	partment = Average	number of visits per da	y (Total Visits/365 da	ys):	
		number of visits per da Numb	y (Total Visits/365 da er of Staff Ordinaril	ys): / Assigned	
Emergency De Position	partment = Average Shift Length	number of visits per da Numb Days	y (Total Visits/365 da er of Staff Ordinarily Evenings	ys): v Assigned Nights	
Emergency De Position RNs	partment = Average Shift Length 8 hours	number of visits per da Numb	y (Total Visits/365 da er of Staff Ordinaril	ys): / Assigned	
Position RNs LPNs	Shift Length 8 hours 8 hours	Numb Days 3.00	er of Staff Ordinarily Evenings 3.00	ys): y Assigned Nights 2.00	
Position RNs LPNs CNAs	partment = Average Shift Length 8 hours	number of visits per da Numb Days	y (Total Visits/365 da er of Staff Ordinarily Evenings	ys): v Assigned Nights	
Position RNs LPNs CNAs Other	Shift Length 8 hours 8 hours 8 hours	Numb Days 3.00	er of Staff Ordinarily Evenings 3.00	ys): y Assigned Nights 2.00	
Position RNs LPNs CNAs Other	Shift Length 8 hours 8 hours 8 hours 8 hours	Numb Days 3.00	er of Staff Ordinarily Evenings 3.00	ys): y Assigned Nights 2.00	
Position RNs LPNs CNAs Other Specify):	Shift Length 8 hours 8 hours 8 hours 8 hours 8 hours	Numb Days 3.00	er of Staff Ordinarily Evenings 3.00	ys): y Assigned Nights 2.00 1.00	
Position RNs LPNs CNAs Other Specify):	Shift Length 8 hours 8 hours 8 hours 8 hours	Numb Days 3.00	er of Staff Ordinarily Evenings 3.00	ys): y Assigned Nights 2.00	

		Specialty Service (i.e., orthopedics, oncology): Med/Surg - Antepartum		
T	vpe of Unit:		Age Group:	
(Check all that apply)				
□Critical Care/ Intensive Care Unit □Psychiatric Unit				
nediate Care Un	☐ Rehabilitation Unit	t	□Pediatric	
√General Medical/Surgical Unit □Transitional Care Unit			□Newborn	
√Obstetrical Unit/ Nursery □Emergency Department				
			9	
ent = Average n	umber of visits per day	y (Total Visits/365 day	ys):	
ift Length				
			Nights	
	3.00	3.00	2.00	
8 hours	***************************************			
8 hours	0.60	0.20		
8 hours				
Providers:	3.60	3.20	2.00	
	CORUCTOR SALES AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION AD			
	checonsive Care Unit mediate C	nsive Care Unit	(Check all that apply) Insive Care Unit	

	Jnit Name: Nursery	Specialty Service (i.e., orthopedics, oncology): Nursery/Level II		# of Telemetry Beds:	
mara ingga mangga pagalangan Mga keratangga paganangan					
	Т	ype of Unit:		Age Group:	
	(Check all that apply)				
☐Critical Car	□Adult				
□Step-Down/	□Step-Down/ Intermediate Care Un: □Rehabilitation Unit				
□General Med	dical/Surgical Unit	☐Transitional Care	□Transitional Care Unit		
$\sqrt{ m Obstetrical}$ (Jnit/ Nursery	□Emergency Department			
	·········	fing plan is based (Ave number of visits per da		ys):	
				and the second s	
Dogition	Chift I anath		an of Ctoff Ondinoril	A colonial	
Position	Shift Length	-	er of Staff Ordinaril		
		Days	Evenings	Nights	
RNs	8 hours	-			
		Days	Evenings	Nights	
RNs LPNs CNAs	8 hours 8 hours	Days	Evenings	Nights	
RNs LPNs CNAs Other	8 hours 8 hours	Days	Evenings	Nights	
RNs LPNs CNAs Other	8 hours 8 hours 8 hours	Days	Evenings	Nights	
RNs LPNs CNAs Other Specify):	8 hours 8 hours 8 hours	Days	Evenings	Nights	
RNs LPNs CNAs Other (Specify):	8 hours 8 hours 8 hours 8 hours	Days 3.00	Evenings 3.00	Nights 3.00	
RNs LPNs CNAs Other (Specify): Total Direct	8 hours 8 hours 8 hours 8 hours	Days 3.00	Evenings 3.00	Nights 3.00	
RNs LPNs CNAs Other (Specify): Total Direct	8 hours 8 hours 8 hours 8 hours	Days 3.00	Evenings 3.00	Nights 3.00	
RNs LPNs CNAs Other (Specify):	8 hours 8 hours 8 hours 8 hours	Days 3.00	Evenings 3.00	Nights 3.00	

Patient Care U Delivery	Unit Name: Labor and	Specialty Service (i.e., oncology):	# of Telemetry Beds:	
	T	ype of Unit:		Age Group:
	(Chec	k all that apply)		(Check all that apply)
□Critical Car	re/ Intensive Care Unit	□Psychiatric Unit		√Adult
□Step-Down/	Intermediate Care Un	☐Rehabilitation Unit		□Pediatric
□General Me	dical/Surgical Unit	□Transitional Care U	nit	□Newborn
□Obstetrical \	Unit/ Nursery	□Emergency Departm	nent	
Number of pat	ients upon which staff	ing plan is based (Aver	age Daily Census):	3.1 avg del / day
Emergency De	partment = Average n	amber of visits per day	(Total Visits/365 day	/s):
T				
Position	Shift Length		Assigned	
April 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Days	Evenings	Nights
RNs	8 bours	5.00	4.00	4.00
LPNs	8 hours			
CNAs	8 hours			
Other Specify):	8 hours			
	8 hours		** * * ****	
Total Direc	ct Care Providers:	5.00	4.00	4.00
Comments:				landen til sakkina kana 2000 kana katalan maka a

Patient Care U Department	tient Care Unit Name: Emergency Specialty Service (i.e., orthopedics, partment oncology): Emergency Services			# of Telemetry Beds:	
		ETILLA		A C	
	1	ype of Unit:		Age Group:	
	(Chec	k all that apply)		(Check all that apply)	
□Critical Care	/ Intensive Care Unit	□Psychiatric Unit		√Adult	
□Step-Down/ Intermediate Care Un: □Rehabilitation Unit				√Pediatric	
□General Med	□General Medical/Surgical Unit □Transitional Care Unit				
□Obstetrical U	nit/Nursery	√Emergency Depart	ment		
·-··		ing plan is based (Aver	<u> </u>		
Emergency Dep	artment = Average n	umber of visits per day	/ (Total Visits/365 day	^[28] 187	
10.00	CL-264 F41				
Position	Shift Length		er of Staff Ordinarily		
RNs	1st 4 hrs	Days 10.00	Evenings 16.00	Nights 14.00	
RINS	2nd 4 hrs	16.00	16.00	10.00	
LPNs	8 hours	10.00	10.00	10.00	
CNAs	8 hours	6.50	8.00	5.50	
Other	o nours	0.30	3.00	3.30	
(Specify):	8 hours				
Specify).	8 hours		}		
Total Direct	Care Providers:	32.50	40.00	29.50	
C omments: Staff are schedule	ed on staggered shifts t	o accommodate volume	at peak times.		