


## 2014 Annual Hospital Staffing Report

<b>Hospital Name:</b> Roger Williams Medical Center	
<b>Number of Licensed Beds:</b> 220	
<b>Number of Staffed Beds:</b> 86	
<b>Number of Units in Report:</b> 11	
<b>Time Period Reflected in Report:</b> From: 10/01/2013 To: 9/30/2014	
<b>Name of Person Completing Report:</b>	Mary Elizabeth Palumbo Patient Care Analyst
<b>Title of Person Completing Report:</b>	Joanne Dooley, RN, VP Patient Care Services/CNO
<b>CEO Signature:</b> 	<b>Date:</b> January 29, 2014

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<b>Patient Care Unit Name:</b>		<b>Specialty Service</b>		<b># of Telemetry Beds:</b>	
West 4		Dual Diagnosis		0	
<b>Type of Unit:</b> <i>Check all that apply</i>				<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit		<input checked="" type="checkbox"/> Psychiatric Unit		<input checked="" type="checkbox"/> Adult	
<input type="checkbox"/> Step-Down/ Intermediate Care Unit		<input type="checkbox"/> Rehabilitation Unit		<input type="checkbox"/> Pediatric	
<input type="checkbox"/> General Medical/Surgical Unit		<input type="checkbox"/> Transitional Care Unit		<input type="checkbox"/> Newborn	
<input type="checkbox"/> Obstetrical Unit/ Nursery		<input type="checkbox"/> Emergency Department			
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				10	
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>					
<b>Position</b>	<b>Shift Length</b>	<b>Ordinarily Assigned</b>			
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>	
RN	8Hr	2	2	2	
LPN	NA				
CNA/MHW	8Hr	2	2	0-1	
<b>Total Direct Care Providers:</b>		4	4	2-3	
<b>Comments:</b>					
Unit supported by a dedicated:					
<ul style="list-style-type: none"> <li>▪ Full time Expressive Therapist</li> <li>▪ Full Time MSW</li> <li>▪ Part Time CNA / Administrative Assistant</li> </ul>					

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<b>Patient Care Unit Name:</b>	<b>Specialty Service</b>	<b># of Telemetry Beds:</b>
West 3	Geriatric Psychiatry	0

<b>Type of Unit:</b> <i>(Check all that apply)</i>	<b>Age Group:</b> <i>(Check all that apply)</i>
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input checked="" type="checkbox"/> Psychiatric Unit, Geriatric <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Newborn

<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>	9
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>	

Position	Shift Length	Number of Staff Ordinarily Assigned		
		Days	Evenings	Nights
RN	8Hr	2	2	2
LPN	NA			
CNA	8Hr	2	2	1
<b>Total Direct Care Providers:</b>		4	4	3

**Comments:**  
 Unit supported by a dedicated:

- Full-time MSW
- Part-time OT
- Full-time COTA
- Part- Time CNA/Administrative Assistant

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<b>Patient Care Unit Name:</b>			<b>Specialty Service</b>		<b># of Telemetry Beds:</b>
Center 1			Addiction Medicine- Level 4 Medical Inpatient Detoxification		0
<b>Type of Unit:</b> <i>(Check all that apply)</i>				<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit	<input type="checkbox"/> Psychiatric Unit	X Adult			
<input type="checkbox"/> Step-Down/ Intermediate Care Unit	<input type="checkbox"/> Rehabilitation Unit	<input type="checkbox"/> Pediatric			
<input type="checkbox"/> General Medical/Surgical Unit	<input type="checkbox"/> Transitional Care Unit	<input type="checkbox"/> Newborn			
<input type="checkbox"/> Obstetrical Unit/ Nursery	<input type="checkbox"/> Emergency Department				
X Level 4 Medical Inpatient Detoxification					
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>					10-11
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>					
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>			
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>	
RN	8Hr	2	2	2	
LPN	NA				
CNA/MHW	8Hr	1	1	0-1	
	NA				
<b>Total Direct Care Providers:</b>		3	3	2-3	
<b>Comments:</b>					
Unit supported by a dedicated:					
<ul style="list-style-type: none"> <li>▪ Full-time BSW</li> </ul>					

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<b>Patient Care Unit Name:</b>		<b>Specialty Service</b>		<b># of Telemetry Beds:</b>
Emergency Department				14
<b>Type of Unit:</b> <i>(Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input checked="" type="checkbox"/> Emergency Department			X Adult  <input type="checkbox"/> Pediatric  <input type="checkbox"/> Newborn	
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				67
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
Position	Shift Length	Number of Staff Ordinarily Assigned		
		Days	Evenings	Nights
RN	8Hr /10Hr /12 Hr	6.5	7	3.5
LPN	NA			
CNA	8Hr	1	1	1
*MHW/CNA	8Hr	1	1	1
	NA			
<b>Total Direct Care Providers:</b>		<b>8.5</b>	<b>9</b>	<b>5.5</b>
<b>Comments:</b>				
<b>Unit supported by a dedicated:</b>				
<ul style="list-style-type: none"> <li>•Administrative Assistant</li> <li>•Behavioral Health Intake Clinicians 24/7</li> <li>•Full time MSW</li> </ul>				

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<b>Patient Care Unit Name:</b>		<b>Specialty Service -</b>		<b># of Telemetry Beds:</b>
Center 4		Surgery Surgical Oncology Bariatric COE		8
<b>Type of Unit:</b> <i>(Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit <input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department			X Adult  <input type="checkbox"/> Pediatric  <input type="checkbox"/> Newborn	
X Surgical Oncology Bariatric COE				
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				9
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RN	8hr / 12 Hr	2	2	2
LPNs	NA			
CNA	8Hr	1	1	1
<b>Other (Specify):</b>	NA			
	NA			
<b>Total Direct Care Providers:</b>		3	3	3
<b>Comments:</b>				
Unit supported by a dedicated:				
<ul style="list-style-type: none"> <li>▪ CNA/Administrative Assistant</li> </ul>				

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<b>Patient Care Unit Name:</b>		<b>Specialty Service - Surgery</b>		<b># of Telemetry Beds:</b>	
East 4		Orthopedics and Neurospine Center		8	
<b>Type of Unit:</b> <i>(Check all that apply)</i>				<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit		<input type="checkbox"/> Psychiatric Unit		X Adult	
<input type="checkbox"/> Step-Down/ Intermediate Care Unit		<input type="checkbox"/> Rehabilitation Unit		<input type="checkbox"/> Pediatric	
<input type="checkbox"/> General Medical/Surgical Unit		<input type="checkbox"/> Transitional Care Unit		<input type="checkbox"/> Newborn	
<input type="checkbox"/> Obstetrical Unit/ Nursery		<input type="checkbox"/> Emergency Department			
X Orthopedics and Neurospine Center					
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				8-10	
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>					
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>			
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>	
RN	8Hr /12Hr	2	2	2	
LPN	NA				
CNA	8Hr	1	1	1	
Other (Specify):	NA				
	NA				
<b>Total Direct Care Providers:</b>		3	3	3	
<b>Comments:</b>					
Unit supported by a dedicated:					
▪ CNA/Administrative Assistant					

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<b>Patient Care Unit Name:</b>		<b>Specialty Service</b>		<b># of Telemetry Beds:</b>
East 1				4
<b>Type of Unit:</b> <i>(Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit	<input type="checkbox"/> Psychiatric Unit	X Adult		
<input type="checkbox"/> Step-Down/ Intermediate Care Unit	<input type="checkbox"/> Rehabilitation Unit	<input type="checkbox"/> Pediatric		
<input type="checkbox"/> General Medical/Surgical Unit	<input type="checkbox"/> Transitional Care Unit	<input type="checkbox"/> Newborn		
<input type="checkbox"/> Obstetrical Unit/ Nursery	<input type="checkbox"/> Emergency Department			
X Hematology/Oncology				
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				5
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RN	12Hr	2	2	2
LPN	NA			
CNA	8Hr			
<b>Other (Specify):</b>	NA			
	NA			
<b>Total Direct Care Providers:</b>		2	2	2
<b>Comments:</b>				



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<b>Patient Care Unit Name:</b>		<b>Specialty Service</b>		<b># of Telemetry Beds:</b>
East 3		NICHE / Geriatric		20
Medical / Telemetry				
<b>Type of Unit:</b> <i>(Check all that apply)</i>				<b>Age Group:</b> <i>(Check all that apply)</i>
<input type="checkbox"/> Critical Care/ Intensive Care Unit		<input type="checkbox"/> Psychiatric Unit		X Adult
<input type="checkbox"/> Step-Down/ Intermediate Care Unit		<input type="checkbox"/> Rehabilitation Unit		<input type="checkbox"/> Pediatric
<input type="checkbox"/> General Medical/Surgical Unit		<input type="checkbox"/> Transitional Care Unit		<input type="checkbox"/> Newborn
<input type="checkbox"/> Obstetrical Unit/ Nursery		<input type="checkbox"/> Emergency Department		
X NICHE/Geriatric/Medical/Telemetry				
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				15
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RN	8Hr	3	3	3
LPN	NA			
CNA	8Hr	2	2	2
Delirium Room /Constant Observation	8Hr	1	1	1
	NA			
<b>Total Direct Care Providers:</b>		6	6	6
<b>Comments:</b>				
Unit supported by a dedicated:				
<ul style="list-style-type: none"> <li>▪ Administrative Assistant</li> </ul>				

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<b>Patient Care Unit Name:</b>		<b>Specialty Service</b>		<b># of Telemetry Beds:</b>
Critical Care				14
<b>Type of Unit:</b> <i>(Check all that apply)</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input checked="" type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b>			<input checked="" type="checkbox"/> <b>Adult</b>	
<input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b>			<input type="checkbox"/> <b>Pediatric</b>	
<input type="checkbox"/> <b>General Medical/Surgical Unit</b>			<input type="checkbox"/> <b>Newborn</b>	
<input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b>				
<input type="checkbox"/> <b>Psychiatric Unit</b>				
<input type="checkbox"/> <b>Rehabilitation Unit</b>				
<input type="checkbox"/> <b>Transitional Care Unit</b>				
<input type="checkbox"/> <b>Emergency Department</b>				
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				8
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RN	8Hr / 12 Hr	4	4	4
LPN	NA			
CNA/AA	8 Hr	0-1	0-1	0-1
<b>Total Direct Care Providers:</b>		4-5	4-5	4-5
<b>Comments:</b>				
Unit supported by a dedicated:				
<ul style="list-style-type: none"> <li>• Rapid Response Nurse</li> </ul>				

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<b>Patient Care Unit Name:</b>		<b>Specialty Service</b>		<b># of Telemetry Beds:</b>	
East 2		ICU Step-Down Unit		20	
<b>Type of Unit:</b> <i>Check all that apply</i>				<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit		<input type="checkbox"/> Psychiatric Unit		X Adult	
X Step-Down/ Intermediate Care Unit		<input type="checkbox"/> Rehabilitation Unit		<input type="checkbox"/> Pediatric	
<input type="checkbox"/> General Medical/Surgical Unit		<input type="checkbox"/> Transitional Care Unit		<input type="checkbox"/> Newborn	
<input type="checkbox"/> Obstetrical Unit/ Nursery		<input type="checkbox"/> Emergency Department			
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				8	
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>					
<b>Position</b>	<b>Shift Length</b>	<b>Ordinarily Assigned</b>			
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>	
RN	8Hr / 12 Hr	2	2	2	
LPN	NA				
CNA	8 Hr	1	1	1	
<b>Other (Specify):</b>	NA				
	NA				
<b>Direct Care Providers:</b>		3	3	3	
<b>Comments:</b>					
Unit supported by a dedicated:					
<ul style="list-style-type: none"> <li>▪ CNA/Administrative Assistant</li> </ul>					

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<b>Patient Care Unit Name:</b>		<b>Specialty Service</b>		<b># of Telemetry Beds:</b>
Bone Marrow Transplant		BMT		7
<b>Type of Unit:</b> <i>Check all that apply</i>			<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Critical Care/ Intensive Care Unit	<input type="checkbox"/> Psychiatric Unit	X Adult		
<input type="checkbox"/> Step-Down/ Intermediate Care Unit	<input type="checkbox"/> Rehabilitation Unit	<input type="checkbox"/> Pediatric		
<input type="checkbox"/> General Medical/Surgical Unit	<input type="checkbox"/> Transitional Care Unit	<input type="checkbox"/> Newborn		
<input type="checkbox"/> Obstetrical Unit/ Nursery	<input type="checkbox"/> Emergency Department			
X Bone Marrow Transplantation				
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				5
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
<b>Position</b>	<b>Shift Length</b>	<b>Ordinarily Assigned</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
RN	12 Hr	2	2	2
LPN	NA			
CNA	8 Hr	1	1	
<b>Other (Specify):</b>	NA			
	NA			
<b>1 Direct Care Providers:</b>		3	3	2
<b>Comments:</b>				
Unit supported by a dedicated:				
<ul style="list-style-type: none"> <li>▪ Administrative Assistant</li> </ul>				