

# 2014 Annual Hospital Staffing Report

**Hospital Name:** Landmark Medical Center

**Number of Licensed Beds:** 214

**Number of Staffed Beds:** 140

**Number of Units in Report:** 8

**Time Period Reflected in Report:** From: 10/1/2013 9/30/2014

**Name of Person Completing Report:** Charlene Elie, MSN, RN

**Title of Person Completing Report:** Chief Nursing Officer

**CEO Signature:**



**Date:**

1/23/14

## 2014 Annual Hospital Staffing Report

<b>Patient Care Unit Name:</b> Intensive Care Unit		<b>Specialty Service (i.e., orthopedics, oncology):</b>		<b>16 Telemetry Beds</b>
<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 type="checkbox"/> <b>Psychiatric Unit</b>		<input checked="" type="checkbox"/> <b>Adult</b>
<input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b>		<input type="checkbox"/> <b>Rehabilitation Unit</b>		<input type="checkbox"/> <b>Pediatric</b>
<input type="checkbox"/> <b>General Medical/Surgical Unit</b>		<input type="checkbox"/> <b>Transitional Care Unit</b>		<input type="checkbox"/> <b>Newborn</b>
<input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b>		<input type="checkbox"/> <b>Emergency Department</b>		
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				<b>10</b>
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				
Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)		
		Days	Evenings	Nights
RNs	8 hours	5	5	5
LPNs	8 hours			
CNAs	8 hours	1.00	0.50	0.00
Other (Specify):	8 hours			
	8 hours			
<b>Total Direct Care Providers:</b>		<b>6.00</b>	<b>5.50</b>	<b>5.00</b>
<b>Comments:</b> Staffing complement and ratio may change due to acuity and boarding of stepdown patients and patients awaiting transfer to acute rehab/ltach. Utilize Patient Safety Aides as needed for constant observation patients. Administrative CNAs also incorporate secretarial duties into role.				

**Hospital Name:** Landmark Medical Center

**Number of Licensed Beds:** 214

**Number of Staffed Beds:** 140

**Number of Units in Report:** 8

**Time Period Reflected in Report:** From: 10/1/2013 9/30/2014

**Name of Person Completing Report:** Charlene Elie, MSN, RN

**Title of Person Completing Report:** Chief Nursing Officer

**CEO Signature:**



**Date:**

1/23/14

<b>Patient Care Unit Name: Emergency Dep</b>		<b>Specialty Service (i.e., orthopedics, oncology):</b>		<b>16 Telemetry Beds</b>	
<b>Type of Unit:</b> <i>(Check all that apply)</i>				<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b>		<input type="checkbox"/> <b>Psychiatric Unit</b>		<b>X Adult</b>	
<input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b>		<input type="checkbox"/> <b>Rehabilitation Unit</b>		<b>X Pediatric</b>	
<input type="checkbox"/> <b>General Medical/Surgical Unit</b>		<input type="checkbox"/> <b>Transitional Care Unit</b>		<b>X Newborn</b>	
<input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b>		<b>X Emergency Department</b>			
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				<b>120</b>	
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>				<b>120</b>	
Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)			
		Days	Evenings	Nights	
RNs	8 hours	8	9	4.5	
LPNs	8 hours				
CNAs	8 hours	0.50	1.00	0.50	
Other (Specify):	8 hours				
Patient Safety Aides	8 hours	1.00	1.00	1.00	
<b>Total Direct Care Providers:</b>		<b>9.50</b>	<b>11.00</b>	<b>6.00</b>	
<b>Comments:</b> <b>RN shifts are varied to accommodate peak times in ED activity.</b>					

**Hospital Name:** Landmark Medical Center

**Number of Licensed Beds:** 214

**Number of Staffed Beds:** 140

**Number of Units in Report:** 8

**Time Period Reflected in Report:** From: 10/1/2013 9/30/2014

**Name of Person Completing Report:** Charlene Elie, MSN, RN

**Title of Person Completing Report:** Chief Nursing Officer

**CEO Signature:**



**Date:**

1/23/14

<b>Patient Care Unit Name: Progressive Care</b>		<b>Specialty Service: Progressive care complex medical/surgical</b>		<b>26 Telemetry Beds</b>	
<b>Type of Unit:</b> <i>(Check all that apply)</i>				<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b>		<input type="checkbox"/> <b>Psychiatric Unit</b>		<b>X Adult</b>	
<b>X Step-Down/ Intermediate Care Unit</b>		<input type="checkbox"/> <b>Rehabilitation Unit</b>		<input type="checkbox"/> <b>Pediatric</b>	
<input type="checkbox"/> <b>General Medical/Surgical Unit</b>		<input type="checkbox"/> <b>Transitional Care Unit</b>		<input type="checkbox"/> <b>Newborn</b>	
<input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b>		<input type="checkbox"/> <b>Emergency Department</b>			
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				<b>24</b>	
<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 (to care for a fixed number of patients in an 8 hour shift)</b>			
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>	
<b>RNs</b>	<b>8 hours</b>	<b>6</b>	<b>5.5</b>	<b>5</b>	
<b>LPNs</b>	<b>8 hours</b>				
<b>CNAs</b>	<b>8 hours</b>	<b>2.00</b>	<b>1.50</b>	<b>1.00</b>	
<b>Other (Specify):</b>	<b>8 hours</b>				
	<b>8 hours</b>				
<b>Total Direct Care Providers:</b>		<b>8.00</b>	<b>7.00</b>	<b>6.00</b>	
<b>Comments:</b> <b>Staffing complement and ratio may change due to acuity and boarding of Med Tele/Medical Surgical patients. Utilize Patient Safety Adies as needed for constant observation patients.</b>					

**Hospital Name: Landmark Medical Center**

**Number of Licensed Beds: 214**

**Number of Staffed Beds: 140**

**Number of Units in Report: 8**

**Time Period Reflected in Report: From: 10/1/2013 9/30/2014**

**Name of Person Completing Report: Charlene Elie, MSN, RN**

**Title of Person Completing Report: Chief Nursing Officer**

**CEO Signature:**



**Date:**

6/23/14

<b>Patient Care Unit Name: 1st East</b>		<b>Specialty Service: oncology &amp; medical surgical</b>		<b>20 Telemetry Beds</b>	
<b>Type of Unit:</b> <i>(Check all that apply)</i>				<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b>		<input type="checkbox"/> <b>Psychiatric Unit</b>		<b>X Adult</b>	
<input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b>		<input type="checkbox"/> <b>Rehabilitation Unit</b>		<b>X Pediatric - 15+</b>	
<b>X General Medical/Surgical Unit</b>		<input type="checkbox"/> <b>Transitional Care Unit</b>		<input type="checkbox"/> <b>Newborn</b>	
<input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b>		<input type="checkbox"/> <b>Emergency Department</b>			
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				<b>18</b>	
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>					
Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)			
		Days	Evenings	Nights	
RNs	8 hours	4	4	3	
LPNs	8 hours				
CNAs	8 hours	2.00	2.00	1.00	
Other (Specify):	8 hours				
	8 hours				
<b>Total Direct Care Providers:</b>		<b>6.00</b>	<b>6.00</b>	<b>4.00</b>	
<b>Comments: Patient Safety Aides utilized as needed for constant observation patients.</b>					



**Hospital Name: Landmark Medical Center**

**Number of Licensed Beds: 214**

**Number of Staffed Beds: 140**

**Number of Units in Report: 8**

**Time Period Reflected in Report: From: -10/1/2013 9/30/2014**

**Name of Person Completing Report: Charlene Elie, MSN, RN**

**Title of Person Completing Report: Chief Nursing Officer**

**CEO Signature:**



**Date:**

1/23/14

<b>Patient Care Unit Name: 1st West</b>		<b>Specialty Service: orthopedics and Medical surgical</b>		<b>Telemetry Beds: 0</b>	
<b>Type of Unit:</b> <i>(Check all that apply)</i>				<b>Age Group:</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b>		<input type="checkbox"/> <b>Psychiatric Unit</b>		<b>X Adult</b>	
<input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b>		<input type="checkbox"/> <b>Rehabilitation Unit</b>		<b>X Pediatric 15+</b>	
<b>X General Medical/Surgical Unit</b>		<input type="checkbox"/> <b>Transitional Care Unit</b>		<input type="checkbox"/> <b>Newborn</b>	
<input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b>		<input type="checkbox"/> <b>Emergency Department</b>			
<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>				<b>18</b>	
<b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>					
Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)			
		Days	Evenings	Nights	
RNs	8 hours	4	4	3	
LPNs	8 hours				
CNAs	8 hours	2.00	2.00	1.00	
Other (Specify):	8 hours				
	8 hours				
<b>Total Direct Care Providers:</b>		<b>6.00</b>	<b>6.00</b>	<b>4.00</b>	
<b>Comments: Utilize Patient Safety Adies as needed for constant observation patients.</b>					

**Hospital Name:** Landmark Medical Center

**Number of Licensed Beds:** 214

**Number of Staffed Beds:** 140

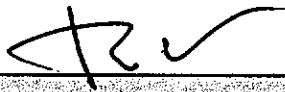
**Number of Units in Report:** 8

**Time Period Reflected in Report:** From: -10/1/2013 9/30/2014

**Name of Person Completing Report:** Charlene Elie, MSN, RN

**Title of Person Completing Report:** Chief Nursing Officer

**CEO Signature:**



**Date:**

1/25/17

<b>Patient Care Unit Name:</b> 1st Right	<b>Specialty Service:</b> Medical Telemetry	<b>19 Telemetry Beds</b>
--	---	--------------------------

<b>Type of Unit:</b> <i>(Check all that apply)</i>		<b>Age Group:</b> <i>(Check all that apply)</i>
<input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b>	<input type="checkbox"/> <b>Psychiatric Unit</b>	<b>X Adult</b>
<input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b>	<input type="checkbox"/> <b>Rehabilitation Unit</b>	<b>X Pediatric 15+</b>
<input checked="" type="checkbox"/> <b>General Medical/Surgical Unit</b>	<input type="checkbox"/> <b>Transitional Care Unit</b>	<input type="checkbox"/> <b>Newborn</b>
<input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b>	<input type="checkbox"/> <b>Emergency Department</b>	

<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>	<b>15</b>
---	-----------

**Emergency Department = Average number of visits per day (Total Visits/365 days):**

Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)		
		Days	Evenings	Nights
<b>RNs</b>	<b>8 hours</b>	<b>4</b>	<b>3.5</b>	<b>3</b>
<b>LPNs</b>	<b>8 hours</b>			
<b>CNAs</b>	<b>8 hours</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>
<b>Other (Specify):</b>	<b>8 hours</b>			
	<b>8 hours</b>			
<b>Total Direct Care Providers:</b>		<b>5.00</b>	<b>4.50</b>	<b>4.00</b>

**Comments:** Utilize Patient Safety Aides as needed for constant observation patients.

**Hospital Name:** Landmark Medical Center

**Number of Licensed Beds:** 214

**Number of Staffed Beds:** 140

**Number of Units in Report:** 8

**Time Period Reflected in Report:** From: 10/1/2013 To: 9/30/2014

**Name of Person Completing Report:** Charlene Elie, MSN, RN

**Title of Person Completing Report:** Chief Nursing Officer

**CEO Signature:**



**Date:**

1/23/17

<b>Patient Care Unit Name:</b> Labor & Delivery	<b>Specialty Service:</b> Full range women's health	<b>Telemetry Beds:</b> 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	<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 checked="" type="checkbox"/> Newborn
<input checked="" type="checkbox"/> Obstetrical Unit/ Nursery	<input type="checkbox"/> Emergency Department	

<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>	<b>Variable</b>
---	-----------------

**Emergency Department = Average number of visits per day (Total Visits/365 days):**

Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)		
		Days	Evenings	Nights
RNs	8 hours	3	3	3
LPNs	8 hours			
CNAs	8 hours			
Other (Specify):	8 hours			
	8 hours			
<b>Total Direct Care Providers:</b>		<b>3.00</b>	<b>3.00</b>	<b>3.00</b>

**Comments:** Staff complement adjusts according to ACOG and AWHONN guidelines.

**Hospital Name:** Landmark Medical Center

**Number of Licensed Beds:** 214

**Number of Staffed Beds:** 140

**Number of Units in Report:** 8

**Time Period Reflected in Report:** From: 10/1/2013 To: 9/30/2014

**Name of Person Completing Report:** Charlene Elie, MSN, RN

**Title of Person Completing Report:** Chief Nursing Officer

**CEO Signature:**



**Date:**

1/23/17

<b>Patient Care Unit Name: Mental Health</b>	<b>Specialty Service: Adult psychiatric services</b>	<b>Telemetry Beds: 0</b>
--	--	--------------------------

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

<b>Number of patients upon which staffing plan is based (Average Daily Census):</b>	<b>15</b>
---	-----------

**Emergency Department = Average number of visits per day (Total Visits/365 days):**

<b>Position</b>	<b>Shift Length</b>	<b>Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)</b>		
		<b>Days</b>	<b>Evenings</b>	<b>Nights</b>
<b>RNs</b>	<b>8 hours</b>	<b>3</b>	<b>2</b>	<b>2</b>
<b>LPNs</b>	<b>8 hours</b>		<b>1</b>	
<b>CNAs</b>	<b>8 hours</b>	<b>2.00</b>	<b>2.00</b>	<b>1.00</b>
<b>Other (Specify):</b>	<b>8 hours</b>			
	<b>8 hours</b>			
<b>Total Direct Care Providers:</b>		<b>5.00</b>	<b>5.00</b>	<b>3.00</b>

**Comments:**



**Hospital Name:**                    **Rehabilitation Hospital of Rhode Island**

**Number of Licensed Beds:**    **82**

**Number of Staffed Beds:**     **40**

**Number of Units in Report:**   **1**

**Time Period Reflected in Report:**   **From: 10/1/2013    To: 9/30/2014**

**Name of Person Completing Report:**   **Kathy Keeling, RN, CRRN**

**Title of Person Completing Report:**   **Director of Nursing Services**

**CEO Signature:**



**Date:**

*1/23/13*

<b>Patient Care Unit Name:</b> Rehab	<b>Specialty Service:</b> Acute Rehabilitation	<b>Telemetry Beds:</b> 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 <input type="checkbox"/> Step-Down/ Intermediate Care Unit <input checked="" 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  X Pediatric 17+  <input type="checkbox"/> Newborn

**Number of patients upon which staffing plan is based (Average Daily Census):** 14-18

**Emergency Department = Average number of visits per day (Total Visits/365 days):**

Position	Shift Length	Number of Staff Ordinarily Assigned (to care for a fixed number of patients in an 8 hour shift)		
		Days	Evenings	Nights
RNs	8 hours	3	3	2
LPNs	8 hours			
CNAs	8 hours	2.00	2.00	2.00
Other (Specify):	8 hours			
	8 hours			
<b>Total Direct Care Providers:</b>		<b>5.00</b>	<b>5.00</b>	<b>4.00</b>

**Comments:** Patient Safety Aides are utilized as needed for cognitively impaired pts.