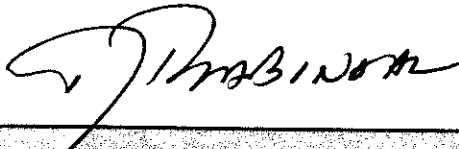
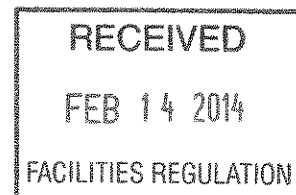


# 2014 Rhode Island Hospital Staffing Annual Report

|   |                     |
|---|---------------------|
| <b>Hospital Name:</b> Rhode Island Hospital   |                     |
| <b>Number of Licensed Beds:</b> 719   |                     |
| <b>Number of Staffed Beds:</b> 618  |                     |
| <b>Number of Units in Report:</b> 32 Inpatient Units and 2 Emergency Departments                          |                     |
| <b>Time Period Reflected in Report:</b> From: 10/1/13 To: 9/30/14   |                     |
| <b>Name of Person(s) Completing Report:</b> Christina Gomes RN  |                     |
| <b>Title of Person Completing Report:</b> Manager of Staffing Services APS                                |                     |
| <b>CEO Signature:</b>  | <b>Date:</b> 2/3/14 |



**2014 Rhode Island Hospital Staffing Annual Report**

| <b>Patient Care Unit Name:</b>  |   | <b>Specialty Service:</b> (i.e., orthopedics, oncology)   |  | <b># of Telemetry Beds:</b> |
|---|---|---|--|-----------------------------|
| JB 1 NORTH  |   | MEDICAL   |  | 8                           |
|   |   |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |   |   | <b>Age Group:</b><br><i>(Check all that apply)</i> |                             |
| <input type="checkbox"/> Critical Care/ Intensive Care Unit                             | <input type="checkbox"/> Psychiatric Unit       | <input checked="" type="checkbox"/> Adult<br><input type="checkbox"/> Pediatric<br><input type="checkbox"/> Newborn |  |                             |
| <input type="checkbox"/> Step-Down/ Intermediate Care Unit                              | <input type="checkbox"/> Rehabilitation Unit    |   |  |                             |
| <input checked="" type="checkbox"/> General Medical/Surgical Unit                       | <input type="checkbox"/> Transitional Care Unit |   |  |                             |
| <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>     |   |   |  | <b>25</b>                   |
| <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                      |
| RNs   | 8 hours   | 5   | 5  | 4                           |
| LPNs  | 8 hours   |   |  |                             |
| CNAs  | 8 hours   | 3   | 3  | 2                           |
| <b>Other (Specify):</b>   | 8 hours   |   |  |                             |
|   | 8 hours   |   |  |                             |
| <b>Total Direct Care Providers:</b>   |   | <b>8</b>  | <b>8</b>   | <b>6</b>                    |
|   |   |   |  |                             |
| <b>Comments:</b>  |   |   |  |                             |
|   |   |   |  |                             |

**2014 Rhode Island Hospital Staffing Annual Report**

| <b>Patient Care Unit Name:</b>  |   | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |   | <b># of Telemetry Beds:</b> |
|---|---|---|---|-----------------------------|
| JB 2N   |   | MEDICAL   |   | 8                           |
|   |   |   |   |                             |
| <b>Type of Unit:</b><br>(Check all that apply)  |   |   | <b>Age Group:</b><br>(Check all that apply) |                             |
| <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          |                             |
| X 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>     |   |   |   | 26                          |
| <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                      |
| RNs   | 8 hours   | 5   | 5   | 4                           |
| LPNs  | 8 hours   |   |   |                             |
| CNAs  | 8 hours   | 4   | 4   | 3                           |
| Other (Specify):  | 8 hours   |   |   |                             |
|   | 8 hours   |   |   |                             |
| <b>Total Direct Care Providers:</b>   |   | 9   | 9   | 7                           |
|   |   |   |   |                             |
| <b>Comments:</b>  |   |   |   |                             |
|   |   |   |   |                             |

**2014 Rhode Island Hospital Staffing Annual Report**

| <b>Patient Care Unit Name:</b>  |   | <b>Specialty Service:</b> (i.e., orthopedics, oncology)   |  | <b># of Telemetry Beds:</b> |
|---|---|---|--|-----------------------------|
| JB 3N   |   | MEDICAL   |  | 8                           |
|   |   |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |   |   | <b>Age Group:</b><br><i>(Check all that apply)</i> |                             |
| <input type="checkbox"/> Critical Care/ Intensive Care Unit                             | <input type="checkbox"/> Psychiatric Unit       | <input checked="" type="checkbox"/> Adult<br><br><input type="checkbox"/> Pediatric<br><br><input type="checkbox"/> Newborn |  |                             |
| <input type="checkbox"/> Step-Down/ Intermediate Care Unit                              | <input type="checkbox"/> Rehabilitation Unit    |   |  |                             |
| <input checked="" type="checkbox"/> General Medical/Surgical Unit                       | <input type="checkbox"/> Transitional Care Unit |   |  |                             |
| <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>     |   |   |  | 25                          |
| <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                      |
| RNs   | 8 hours   | 5   | 5  | 4                           |
| LPNs  | 8 hours   | 1   |  |                             |
| CNAs  | 8 hours   | 2   | 3  | 2                           |
| Other (Specify):  | 8 hours   |   |  |                             |
|   | 8 hours   |   |  |                             |
| <b>Total Direct Care Providers:</b>   |   | 8   | 8  | 6                           |
|   |   |   |  |                             |
| <b>Comments:</b>  |   |   |  |                             |
|   |   |   |  |                             |

**2014 Rhode Island Hospital Staffing Annual Report**

| <b>Patient Care Unit Name:</b>  |   | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|---|---|--|-----------------------------|
| JB 4N   |   | MEDICAL   |  | 12                          |
|   |   |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |   |   | <b>Age Group:</b><br><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                 |                             |
| X 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>     |   |   |  | 25                          |
| <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                      |
| RNs   | 8 hours   | 5   | 5  | 4                           |
| LPNs  | 8 hours   |   |  |                             |
| CNAs  | 8 hours   | 3   | 3  | 2                           |
| Other (Specify):  | 8 hours   |   |  |                             |
|   | 8 hours   |   |  |                             |
| <b>Total Direct Care Providers:</b>   |   | 8   | 8  | 6                           |
|   |   |   |  |                             |
| <b>Comments:</b>  |   |   |  |                             |
|   |   |   |  |                             |

**2014 Rhode Island Hospital Staffing Annual Report**

| <b>Patient Care Unit Name:</b>  |  | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--|---|--|-----------------------------|
| JB 3 SOUTH PSYCH A/B  |  | PSYCHIATRY-ADULT/GERIATRICS                             |  | 0                           |
|   |  |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |  |   | <b>Age Group:</b><br><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>     |  |   |  | <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                     |  |                             |
|   |  | Days  | Evenings   | Nights                      |
| RNs   | 8 hours  | 4   | 4  | 3                           |
| LPNs  | 8 hours  |   |  |                             |
| CNAs  | 8 hours  | 3   | 3  | 2                           |
| Other<br>(Specify):MHW  | 8 hours  | 1   | 1  |                             |
|   | 8 hours  |   |  |                             |
| <b>Total Direct Care Providers:</b>   |  | <b>8</b>  | <b>8</b>   | <b>5</b>                    |
|   |  |   |  |                             |
| <b>Comments:</b>  |  |   |  |                             |
|   |  |   |  |                             |

**2014 Rhode Island Hospital Staffing Annual Report**

| <b>Patient Care Unit Name:</b>  |  | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--|---|--|-----------------------------|
| JB 4 SOUTH PSYCH  |  | PSYCHIATRY  |  | 0                           |
|   |  |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |  |   | <b>Age Group:</b><br><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>     |  |   |  | <b>17</b>                   |
| <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                      |
| RNs   | 8 hours  | 3   | 3  | 3                           |
| LPNs  | 8 hours  |   |  |                             |
| CNAs  | 8 hours  | 2   | 2  | 1                           |
| Other<br>(Specify):MHW  | 8 hours  | 1   | 1  |                             |
|   | 8 hours  |   |  |                             |
| <b>Total Direct Care Providers:</b>   |  | <b>6</b>  | <b>6</b>   | <b>4</b>                    |
|   |  |   |  |                             |
| <b>Comments:</b>  |  |   |  |                             |

**2014 Rhode Island Hospital Staffing Annual Report**

| <b>Patient Care Unit Name:</b>  |  | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--|---|--|-----------------------------|
| JB 5S PSYCH   |  | PSYCHIATRY  |  | 0                           |
|   |  |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |  |   | <b>Age Group:</b><br><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>     |  |   |  | <b>21</b>                   |
| <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                      |
| RNs   | 8 hours  | 4   | 4  | 3                           |
| LPNs  | 8 hours  |   |  |                             |
| CNAs  | 8 hours  | 2   | 2  | 1                           |
| Other<br>(Specify):MHW  | 8 hours  | 2   | 2  |                             |
|   | 8 hours  |   |  |                             |
| <b>Total Direct Care Providers:</b>   |  | <b>8</b>  | <b>8</b>   | <b>4</b>                    |
|   |  |   |  |                             |
| <b>Comments:</b>  |  |   |  |                             |



**2014 Rhode Island Hospital Staffing Annual Report**

|                                |   |                             |
|--------------------------------|---|-----------------------------|
| <b>Patient Care Unit Name:</b> | <b>Specialty Service:</b> (i.e., orthopedics, oncology) | <b># of Telemetry Beds:</b> |
| 10A/10B                        | MEDICAL   | 20                          |

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

|   |           |
|---|-----------|
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>     | <b>36</b> |
| <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   |
| RNs                                 | 8 hours      | 7                                   | 7         | 6        |
| LPNs                                | 8 hours      |                                     |           |          |
| CNAs                                | 8 hours      | 4                                   | 4         | 3        |
| Other (Specify):                    | 8 hours      |                                     |           |          |
|                                     | 8 hours      |                                     |           |          |
| <b>Total Direct Care Providers:</b> |              | <b>11</b>                           | <b>11</b> | <b>9</b> |

**Comments:**

**2014 Rhode Island Hospital Staffing Annual Report**

|                                |   |                             |
|--------------------------------|---|-----------------------------|
| <b>Patient Care Unit Name:</b> | <b>Specialty Service:</b> (i.e., orthopedics, oncology) | <b># of Telemetry Beds:</b> |
| MAIN 9A                        | MEDICAL   | 12                          |

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

|   |           |
|---|-----------|
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>     | <b>21</b> |
| <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   |
| RNs                                 | 8 hours      | 4                                   | 4        | 3        |
| LPNs                                | 8 hours      |                                     |          |          |
| CNAs                                | 8 hours      | 3                                   | 3        | 2        |
| Other (Specify):                    | 8 hours      |                                     |          |          |
|                                     | 8 hours      |                                     |          |          |
| <b>Total Direct Care Providers:</b> |              | <b>7</b>                            | <b>7</b> | <b>5</b> |

**Comments:**

**2014 Rhode Island Hospital Staffing Annual Report**

|                                |   |                             |
|--------------------------------|---|-----------------------------|
| <b>Patient Care Unit Name:</b> | <b>Specialty Service:</b> (i.e., orthopedics, oncology) | <b># of Telemetry Beds:</b> |
| MAIN 8A/8B                     | MEDICAL ONCOLOGY  | 10                          |

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

|   |           |
|---|-----------|
| <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> |           |

| Position                            | Shift Length | Number of Staff Ordinarily Assigned |          |          |
|-------------------------------------|--------------|-------------------------------------|----------|----------|
|                                     |              | Days                                | Evenings | Nights   |
| RNs                                 | 8 hours      | 6                                   | 6        | 4        |
| LPNs                                | 8 hours      |                                     |          |          |
| CNAs                                | 8 hours      | 2                                   | 2        | 2        |
| Other (Specify):                    | 8 hours      |                                     |          |          |
|                                     | 8 hours      |                                     |          |          |
| <b>Total Direct Care Providers:</b> |              | <b>8</b>                            | <b>8</b> | <b>6</b> |

**Comments:**

**2014 Rhode Island Hospital Staffing Annual Report**

| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |   | <b># of Telemetry Beds:</b> |
|---|--------------|---|---|-----------------------------|
| MAIN 7B   |              | ACUTE INPATIENT REHABILITATION                          |   | 0                           |
|   |              |   |   |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>  |                             |
| <input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit<br><input type="checkbox"/> Step-Down/ Intermediate Care Unit <input checked="" type="checkbox"/> Rehabilitation Unit<br><input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit<br><input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department |              |   | <input checked="" type="checkbox"/> Adult<br><input type="checkbox"/> Pediatric<br><input type="checkbox"/> Newborn |                             |
|   |              |   |   |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |   | <b>6</b>                    |
| <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                      |
| RNs   | 8 hours      | 1   | 1   | 1                           |
| LPNs  | 8 hours      |   |   |                             |
| CNAs  | 8 hours      | 1   | 1   | 1                           |
| Other (Specify):  | 8 hours      |   |   |                             |
|   | 8 hours      |   |   |                             |
| <b>Total Direct Care Providers:</b>   |              | <b>2</b>  | <b>2</b>  | <b>2</b>                    |
|   |              |   |   |                             |
| <b>Comments:</b>  |              |   |   |                             |

**2014 Rhode Island Hospital Staffing Annual Report**

| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |   | <b># of Telemetry Beds:</b> |
|---|--------------|---|---|-----------------------------|
| MAIN 6A/6B  |              | NEUROLOGY, NEUROSURGERY,<br>STROKE                      |   | 8                           |
|   |              |   |   |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>  |                             |
| <input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit<br><input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit<br><input checked="" type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit<br><input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department |              |   | X Adult<br><br><input type="checkbox"/> Pediatric<br><br><input type="checkbox"/> Newborn |                             |
|   |              |   |   |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |   | 31                          |
| <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                      |
| RNs   | 8 hours      | 7   | 7   | 7                           |
| LPNs  | 8 hours      | 1   |   |                             |
| CNAs  | 8 hours      | 4   | 5   | 3                           |
| Other (Specify):  | 8 hours      |   |   |                             |
|   | 8 hours      |   |   |                             |
| <b>Total Direct Care Providers:</b>   |              | 12  | 12  | 10                          |
|   |              |   |   |                             |
| <b>Comments:</b>  |              |   |   |                             |

**2014 Rhode Island Hospital Staffing Annual Report**

| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--------------|---|--|-----------------------------|
| BRIDGE 6  |              | SUGICAL/MEDICAL-IMIS                                    |  | 14                          |
|   |              |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>   |                             |
| <input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b> <input type="checkbox"/> <b>Psychiatric Unit</b><br><input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b> <input type="checkbox"/> <b>Rehabilitation Unit</b><br><input checked="" type="checkbox"/> <b>General Medical/Surgical Unit</b> <input type="checkbox"/> <b>Transitional Care Unit</b><br><input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b> <input type="checkbox"/> <b>Emergency Department</b> |              |   | <input checked="" type="checkbox"/> <b>Adult</b><br><br><input type="checkbox"/> <b>Pediatric</b><br><br><input type="checkbox"/> <b>Newborn</b> |                             |
|   |              |   |  |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |  | <b>14</b>                   |
| <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                      |
| RNs   | 8 hours      | 3   | 3  | 2                           |
| LPNs  | 8 hours      |   |  |                             |
| CNAs  | 8 hours      | 2   | 2  | 2                           |
| <b>Other (Specify):</b>   | 8 hours      |   |  |                             |
|   | 8 hours      |   |  |                             |
| <b>Total Direct Care Providers:</b>   |              | <b>5</b>  | <b>5</b>   | <b>4</b>                    |
|   |              |   |  |                             |
| <b>Comments:</b>  |              |   |  |                             |
|   |              |   |  |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--------------|---|--|-----------------------------|
| BRIDGE 7  |              | MEDICAL-IMIS  |  | 18                          |
|   |              |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>   |                             |
| <input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b> <input type="checkbox"/> <b>Psychiatric Unit</b><br><input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b> <input type="checkbox"/> <b>Rehabilitation Unit</b><br><input checked="" type="checkbox"/> <b>General Medical/Surgical Unit</b> <input type="checkbox"/> <b>Transitional Care Unit</b><br><input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b> <input type="checkbox"/> <b>Emergency Department</b> |              |   | <input checked="" type="checkbox"/> <b>Adult</b><br><br><input type="checkbox"/> <b>Pediatric</b><br><br><input type="checkbox"/> <b>Newborn</b> |                             |
|   |              |   |  |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |  | <b>38</b>                   |
| <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                      |
| RNs   | 8 hours      | 8   | 8  | 6                           |
| LPNs  | 8 hours      |   |  |                             |
| CNAs  | 8 hours      | 5   | 5  | 4                           |
| <b>Other (Specify):</b>   | 8 hours      |   |  |                             |
|   | 8 hours      |   |  |                             |
| <b>Total Direct Care Providers:</b>   |              | <b>13</b>   | <b>13</b>  | <b>10</b>                   |
|   |              |   |  |                             |
| <b>Comments:</b>  |              |   |  |                             |
|   |              |   |  |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--------------|---|--|-----------------------------|
| COOP2   |              | ORTHOPEDECS   |  | 0                           |
|   |              |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>   |                             |
| <input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b> <input type="checkbox"/> <b>Psychiatric Unit</b><br><input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b> <input type="checkbox"/> <b>Rehabilitation Unit</b><br><input checked="" type="checkbox"/> <b>General Medical/Surgical Unit</b> <input type="checkbox"/> <b>Transitional Care Unit</b><br><input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b> <input type="checkbox"/> <b>Emergency Department</b> |              |   | <input checked="" type="checkbox"/> <b>Adult</b><br><br><input type="checkbox"/> <b>Pediatric</b><br><br><input type="checkbox"/> <b>Newborn</b> |                             |
|   |              |   |  |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |  | <b>30</b>                   |
| <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                      |
| RNs   | 8 hours      | 6   | 6  | 5                           |
| LPNs  | 8 hours      |   |  |                             |
| CNAs  | 8 hours      | 4   | 4  | 2                           |
| <b>Other (Specify):</b>   | 8 hours      |   |  |                             |
|   | 8 hours      |   |  |                             |
| <b>Total Direct Care Providers:</b>   |              | <b>10</b>   | <b>10</b>  | <b>7</b>                    |
|   |              |   |  |                             |
| <b>Comments:</b>  |              |   |  |                             |
|   |              |   |  |                             |



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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--------------|---|--|-----------------------------|
| COOP3   |              | GENERAL SURGICAL  |  | 8                           |
|   |              |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>   |                             |
| <input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b> <input type="checkbox"/> <b>Psychiatric Unit</b><br><input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b> <input type="checkbox"/> <b>Rehabilitation Unit</b><br><input checked="" type="checkbox"/> <b>General Medical/Surgical Unit</b> <input type="checkbox"/> <b>Transitional Care Unit</b><br><input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b> <input type="checkbox"/> <b>Emergency Department</b> |              |   | <input checked="" type="checkbox"/> <b>Adult</b><br><br><input type="checkbox"/> <b>Pediatric</b><br><br><input type="checkbox"/> <b>Newborn</b> |                             |
|   |              |   |  |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |  | <b>30</b>                   |
| <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                      |
| RNs   | 8 hours      | 6   | 6  | 5                           |
| LPNs  | 8 hours      |   |  |                             |
| CNAs  | 8 hours      | 4   | 4  | 2                           |
| <b>Other (Specify):</b>   | 8 hours      |   |  |                             |
|   | 8 hours      |   |  |                             |
| <b>Total Direct Care Providers:</b>   |              | <b>10</b>   | <b>10</b>  | <b>7</b>                    |
|   |              |   |  |                             |
| <b>Comments:</b>  |              |   |  |                             |
|   |              |   |  |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |   | <b># of Telemetry Beds:</b> |
|---|--------------|---|---|-----------------------------|
| COOP4   |              | GENERAL SURGICAL  |   | 18                          |
|   |              |   |   |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>  |                             |
| <input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit<br><input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit<br><input checked="" type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit<br><input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department |              |   | <input checked="" type="checkbox"/> Adult<br><input type="checkbox"/> Pediatric<br><input type="checkbox"/> Newborn |                             |
|   |              |   |   |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |   | <b>30</b>                   |
| <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                      |
| RNs   | 8 hours      | 6   | 6   | 5                           |
| LPNs  | 8 hours      |   |   |                             |
| CNAs  | 8 hours      | 4   | 4   | 2                           |
| Other (Specify):  | 8 hours      |   |   |                             |
|   | 8 hours      |   |   |                             |
| <b>Total Direct Care Providers:</b>   |              | <b>10</b>   | <b>10</b>   | <b>7</b>                    |
|   |              |   |   |                             |
| <b>Comments:</b>  |              |   |   |                             |
|   |              |   |   |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--------------|---|--|-----------------------------|
| CTIC  |              | CARDIOTHORACIC  |  | 14                          |
|   |              |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>   |                             |
| <input checked="" type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b> <input type="checkbox"/> <b>Psychiatric Unit</b><br><input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b> <input type="checkbox"/> <b>Rehabilitation Unit</b><br><input type="checkbox"/> <b>General Medical/Surgical Unit</b> <input type="checkbox"/> <b>Transitional Care Unit</b><br><input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b> <input type="checkbox"/> <b>Emergency Department</b> |              |   | <input checked="" type="checkbox"/> <b>Adult</b><br><br><input type="checkbox"/> <b>Pediatric</b><br><br><input type="checkbox"/> <b>Newborn</b> |                             |
|   |              |   |  |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |  | 14                          |
| <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                      |
| RNs   | 8 hours      | 8-9   | 8-9  | 8                           |
| LPNs  | 8 hours      |   |  |                             |
| CNAs  | 8 hours      |   |  |                             |
| <b>Other (Specify):</b>   | 8 hours      |   |  |                             |
|   | 8 hours      |   |  |                             |
| <b>Total Direct Care Providers:</b>   |              | 8-9   | 8-9  | 8                           |
|   |              |   |  |                             |
| <b>Comments:</b>  |              |   |  |                             |
|   |              |   |  |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--------------|---|--|-----------------------------|
| ICTU  |              | CARDIOTHORACIC  |  | 10                          |
|   |              |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>     |                             |
| <input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b>                      |              |   | <input type="checkbox"/> <b>Psychiatric Unit</b>       |                             |
| <input checked="" type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b>            |              |   | <input type="checkbox"/> <b>Rehabilitation Unit</b>    |                             |
| <input type="checkbox"/> <b>General Medical/Surgical Unit</b>                           |              |   | <input type="checkbox"/> <b>Transitional Care Unit</b> |                             |
| <input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b>                               |              |   | <input type="checkbox"/> <b>Emergency Department</b>   |                             |
|   |              |   | <input checked="" type="checkbox"/> <b>Adult</b>       |                             |
|   |              |   | <input type="checkbox"/> <b>Pediatric</b>              |                             |
|   |              |   | <input type="checkbox"/> <b>Newborn</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                     |  |                             |
|   |              | Days  | Evenings   | Nights                      |
| RNs   | 8 hours      | 4   | 4  | 4                           |
| LPNs  | 8 hours      |   |  |                             |
| CNAs  | 8 hours      |   |  |                             |
| Other (Specify):  | 8 hours      |   |  |                             |
|   | 8 hours      |   |  |                             |
| <b>Total Direct Care Providers:</b>   |              | 4   | 4  | 4                           |
|   |              |   |  |                             |
| <b>Comments:</b>  |              |   |  |                             |
|   |              |   |  |                             |

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|                                |   |                             |
|--------------------------------|---|-----------------------------|
| <b>Patient Care Unit Name:</b> | <b>Specialty Service:</b> (i.e., orthopedics, oncology) | <b># of Telemetry Beds:</b> |
| 5 ICCU                         | CORONARY CARE   | 24                          |

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

|   |           |
|---|-----------|
| <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> |           |

| Position                            | Shift Length | Number of Staff Ordinarily Assigned |          |          |
|-------------------------------------|--------------|-------------------------------------|----------|----------|
|                                     |              | Days                                | Evenings | Nights   |
| RNs                                 | 8 hours      | 6                                   | 6        | 5        |
| LPNs                                | 8 hours      |                                     |          |          |
| CNAs                                | 8 hours      | 3                                   | 3        | 3        |
| Other (Specify):                    | 8 hours      |                                     |          |          |
|                                     | 8 hours      |                                     |          |          |
| <b>Total Direct Care Providers:</b> |              | <b>9</b>                            | <b>9</b> | <b>8</b> |

**Comments:**

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|   |                     |   |  |                             |
|---|---------------------|---|--|-----------------------------|
|   |                     |   |  |                             |
| <b>Patient Care Unit Name:</b>  |                     | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
| 5 CCU   |                     | CORONARY CARE UNIT                                      |  | 10                          |
|   |                     |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |                     |   | <b>Age Group:</b><br><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 type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b>                       |                     |   | <input type="checkbox"/> <b>Rehabilitation Unit</b>    |                             |
| <input type="checkbox"/> <b>General Medical/Surgical Unit</b>                           |                     |   | <input type="checkbox"/> <b>Transitional Care Unit</b> |                             |
| <input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b>                               |                     |   | <input type="checkbox"/> <b>Emergency Department</b>   |                             |
|   |                     |   | <input checked="" type="checkbox"/> <b>Adult</b>       |                             |
|   |                     |   | <input type="checkbox"/> <b>Pediatric</b>              |                             |
|   |                     |   | <input type="checkbox"/> <b>Newborn</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> |                     |   |  |                             |
|   |                     |   |  |                             |
| <b>Position</b>   | <b>Shift Length</b> | <b>Number of Staff Ordinarily Assigned</b>              |  |                             |
|   |                     | <b>Days</b>   | <b>Evenings</b>  | <b>Nights</b>               |
| RNs   | 8 hours             | 5   | 5  | 5                           |
| LPNs  | 8 hours             |   |  |                             |
| CNAs  | 8 hours             |   |  |                             |
| <b>Other (Specify):</b>   | 8 hours             |   |  |                             |
|   | 8 hours             |   |  |                             |
| <b>Total Direct Care Providers:</b>   |                     | 5   | 5  | 5                           |
|   |                     |   |  |                             |
| <b>Comments:</b>  |                     |   |  |                             |
|   |                     |   |  |                             |

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|   |                     |   |  |                             |
|---|---------------------|---|--|-----------------------------|
|   |                     |   |  |                             |
| <b>Patient Care Unit Name:</b>  |                     | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
| SICS  |                     | SURGICAL ICU  |  | 8                           |
|   |                     |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |                     |   | <b>Age Group:</b><br><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>               |
| RNs   | 8 hours             | 5   | 5  | 5                           |
| LPNs  | 8 hours             |   |  |                             |
| CNAs  | 8 hours             |   |  |                             |
| <b>Other (Specify):</b>   | 8 hours             |   |  |                             |
|   | 8 hours             |   |  |                             |
| <b>Total Direct Care Providers:</b>   |                     | 5   | 5  | 5                           |
|   |                     |   |  |                             |
| <b>Comments:</b>  |                     |   |  |                             |
|   |                     |   |  |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |   | <b># of Telemetry Beds:</b> |
|---|--------------|---|---|-----------------------------|
| ISCU  |              | INTERMEDIATE SURGICAL CARE                              |   | 16                          |
|   |              |   |   |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>  |                             |
| <input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit<br><input checked="" type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit<br><input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit<br><input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department |              |   | X Adult<br><br><input type="checkbox"/> Pediatric<br><br><input type="checkbox"/> Newborn |                             |
|   |              |   |   |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |   | 16                          |
| <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                      |
| RNs   | 8 hours      | 6-7   | 6-7   | 6-7                         |
| LPNs  | 8 hours      |   |   |                             |
| CNAs  | 8 hours      |   |   |                             |
| Other (Specify):  | 8 hours      |   |   |                             |
|   | 8 hours      |   |   |                             |
| <b>Total Direct Care Providers:</b>   |              | 6-7   | 6-7   | 6-7                         |
|   |              |   |   |                             |
| <b>Comments:</b>  |              |   |   |                             |
|   |              |   |   |                             |



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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--------------|---|--|-----------------------------|
| TICU  |              | TRAUMA  |  | 11                          |
|   |              |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>   |                             |
| <input checked="" type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b> <input type="checkbox"/> <b>Psychiatric Unit</b><br><input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b> <input type="checkbox"/> <b>Rehabilitation Unit</b><br><input type="checkbox"/> <b>General Medical/Surgical Unit</b> <input type="checkbox"/> <b>Transitional Care Unit</b><br><input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b> <input type="checkbox"/> <b>Emergency Department</b> |              |   | <input checked="" type="checkbox"/> <b>Adult</b><br><input type="checkbox"/> <b>Pediatric</b><br><input type="checkbox"/> <b>Newborn</b> |                             |
|   |              |   |  |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |  | <b>11</b>                   |
| <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                      |
| RNs   | 8 hours      | 6   | 6  | 6                           |
| LPNs  | 8 hours      |   |  |                             |
| CNAs  | 8 hours      |   |  |                             |
| Other (Specify):  | 8 hours      |   |  |                             |
|   | 8 hours      |   |  |                             |
| <b>Total Direct Care Providers:</b>   |              | <b>6</b>  | <b>6</b>   | <b>6</b>                    |
|   |              |   |  |                             |
| <b>Comments:</b>  |              |   |  |                             |
|   |              |   |  |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--------------|---|--|-----------------------------|
| INCU  |              | NEUROLOGY/NEUROSURGERY ICU                              |  | 12                          |
|   |              |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>   |                             |
| <input checked="" type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b> <input type="checkbox"/> <b>Psychiatric Unit</b><br><input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b> <input type="checkbox"/> <b>Rehabilitation Unit</b><br><input type="checkbox"/> <b>General Medical/Surgical Unit</b> <input type="checkbox"/> <b>Transitional Care Unit</b><br><input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b> <input type="checkbox"/> <b>Emergency Department</b> |              |   | <input checked="" type="checkbox"/> <b>Adult</b><br><input type="checkbox"/> <b>Pediatric</b><br><input type="checkbox"/> <b>Newborn</b> |                             |
|   |              |   |  |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |  | 12                          |
| <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                      |
| RNs   | 8 hours      | 6-7   | 6-7  | 6                           |
| LPNs  | 8 hours      |   |  |                             |
| CNAs  | 8 hours      |   |  |                             |
| Other (Specify):  | 8 hours      |   |  |                             |
|   | 8 hours      |   |  |                             |
| <b>Total Direct Care Providers:</b>   |              | 6-7   | 6-7  | 6                           |
|   |              |   |  |                             |
| <b>Comments:</b>  |              |   |  |                             |
| Staffing par 6-7 is Monday through Friday   |              |   |  |                             |
| Staffing par 6 is nights and weekends   |              |   |  |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |   | <b># of Telemetry Beds:</b> |
|---|--------------|---|---|-----------------------------|
| RICU  |              | INTERMEDIATE RESPIRATORY CARE                           |   | 18                          |
|   |              |   |   |                             |
| <b>Type of Unit:</b><br>(Check all that apply)  |              |   | <b>Age Group:</b><br>(Check all that apply)   |                             |
| <input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit<br><input checked="" type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit<br><input type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit<br><input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department |              |   | <input checked="" type="checkbox"/> Adult<br><input type="checkbox"/> Pediatric<br><input type="checkbox"/> Newborn |                             |
|   |              |   |   |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>   |              |   |   | 18                          |
| <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                      |
| RNs   | 8 hours      | 7   | 7   | 6                           |
| LPNs  | 8 hours      |   |   |                             |
| CNAs  | 8 hours      | 2   | 2   | 2                           |
| <b>Other (Specify):</b>   | 8 hours      |   |   |                             |
|   | 8 hours      |   |   |                             |
| <b>Total Direct Care Providers:</b>   |              | 9   | 9   | 8                           |
|   |              |   |   |                             |
| <b>Comments:</b>  |              |   |   |                             |
|   |              |   |   |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--------------|---|--|-----------------------------|
| MICU  |              | MEDICAL ICU   |  | 18                          |
|   |              |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |              |   | <b>Age Group:</b><br><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 type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b>                       |              |   | <input type="checkbox"/> <b>Rehabilitation Unit</b>    |                             |
| <input type="checkbox"/> <b>General Medical/Surgical Unit</b>                           |              |   | <input type="checkbox"/> <b>Transitional Care Unit</b> |                             |
| <input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b>                               |              |   | <input type="checkbox"/> <b>Emergency Department</b>   |                             |
|   |              |   | <input checked="" type="checkbox"/> <b>Adult</b>       |                             |
|   |              |   | <input type="checkbox"/> <b>Pediatric</b>              |                             |
|   |              |   | <input type="checkbox"/> <b>Newborn</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                     |  |                             |
|   |              | Days  | Evenings   | Nights                      |
| RNs   | 8 hours      | 9   | 9  | 9                           |
| LPNs  | 8 hours      |   |  |                             |
| CNAs  | 8 hours      |   |  |                             |
| <b>Other (Specify):</b>   | 8 hours      |   |  |                             |
|   | 8 hours      |   |  |                             |
| <b>Total Direct Care Providers:</b>   |              | <b>9</b>  | <b>9</b>   | <b>9</b>                    |
|   |              |   |  |                             |
| <b>Comments:</b>  |              |   |  |                             |
|   |              |   |  |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|---|--------------|---|--|-----------------------------|
| C2 ICU-PEDI   |              | PEDIATRIC ICU   |  | 0                           |
|   |              |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>   |                             |
| <input checked="" type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b> <input type="checkbox"/> <b>Psychiatric Unit</b><br><input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b> <input type="checkbox"/> <b>Rehabilitation Unit</b><br><input type="checkbox"/> <b>General Medical/Surgical Unit</b> <input type="checkbox"/> <b>Transitional Care Unit</b><br><input type="checkbox"/> <b>Obstetrical Unit/ Nursery</b> <input type="checkbox"/> <b>Emergency Department</b> |              |   | <input type="checkbox"/> <b>Adult</b><br><input checked="" type="checkbox"/> <b>Pediatric</b><br><input type="checkbox"/> <b>Newborn</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                     |  |                             |
|   |              | Days  | Evenings   | Nights                      |
| RNs   | 8 hours      | 7-8   | 7-8  | 7-8                         |
| LPNs  | 8 hours      |   |  |                             |
| CNAs  | 8 hours      |   |  |                             |
| <b>Other (Specify):</b>   | 8 hours      |   |  |                             |
|   | 8 hours      |   |  |                             |
| <b>Total Direct Care Providers:</b>   |              | 7-8   | 7-8  | 7-8                         |
|   |              |   |  |                             |
| <b>Comments:</b> 15 Cardiac Monitored Beds  |              |   |  |                             |

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| <b>Patient Care Unit Name:</b>  |              | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |   | <b># of Telemetry Beds:</b> |
|---|--------------|---|---|-----------------------------|
| C4 INFANT PEDI  |              | PEDIATRICS  |   | 0                           |
|   |              |   |   |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>   |              |   | <b>Age Group:</b><br><i>(Check all that apply)</i>  |                             |
| <input type="checkbox"/> Critical Care/ Intensive Care Unit <input type="checkbox"/> Psychiatric Unit<br><input type="checkbox"/> Step-Down/ Intermediate Care Unit <input type="checkbox"/> Rehabilitation Unit<br><input checked="" type="checkbox"/> General Medical/Surgical Unit <input type="checkbox"/> Transitional Care Unit<br><input type="checkbox"/> Obstetrical Unit/ Nursery <input type="checkbox"/> Emergency Department |              |   | <input type="checkbox"/> Adult<br><br><input checked="" type="checkbox"/> Pediatric<br><br><input type="checkbox"/> Newborn |                             |
|   |              |   |   |                             |
| <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                     |   |                             |
|   |              | Days  | Evenings  | Nights                      |
| RNs   | 8 hours      | 6-7   | 6-7   | 5-6                         |
| LPNs  | 8 hours      |   |   |                             |
| CNAs  | 8 hours      | 0-1   | 0-1   |                             |
| <b>Other (Specify):</b>   | 8 hours      |   |   |                             |
|   | 8 hours      |   |   |                             |
| <b>Total Direct Care Providers:</b>   |              | <b>6-8</b>  | <b>6-8</b>  | <b>5-6</b>                  |
|   |              |   |   |                             |
| <b>Comments:</b> Cardiac Monitors at each bedside   |              |   |   |                             |

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|   |                     |   |  |                             |
|---|---------------------|---|--|-----------------------------|
|   |                     |   |  |                             |
| <b>Patient Care Unit Name:</b>  |                     | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
| C5 TODDLER  |                     | PEDIATRICS  |  | 0                           |
|   |                     |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>                                   |                     |   | <b>Age Group:</b><br><i>(Check all that apply)</i>   |                             |
| <input type="checkbox"/> <b>Critical Care/ Intensive Care Unit</b>                      |                     |   | <input type="checkbox"/> <b>Adult</b>                |                             |
| <input type="checkbox"/> <b>Step-Down/ Intermediate Care Unit</b>                       |                     |   | <input checked="" type="checkbox"/> <b>Pediatric</b> |                             |
| <input checked="" 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>     |                     |   |  | <b>18</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</b>              |  |                             |
|   |                     | <b>Days</b>   | <b>Evenings</b>                                      | <b>Nights</b>               |
| RNs   | 8 hours             | 6-7   | 6-7  | 5-6                         |
| LPNs  | 8 hours             |   |  |                             |
| CNAs  | 8 hours             | 0-1   | 0-1  | 0                           |
| <b>Other (Specify):</b>   | 8 hours             |   |  |                             |
|   | 8 hours             |   |  |                             |
| <b>Total Direct Care Providers:</b>   |                     | <b>6-8</b>  | <b>6-8</b>   | <b>5-6</b>                  |
|   |                     |   |  |                             |
| <b>Comments: Cardiac Monitors at each bedside.</b>                                      |                     |   |  |                             |

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|                                |   |                             |
|--------------------------------|---|-----------------------------|
| <b>Patient Care Unit Name:</b> | <b>Specialty Service:</b> (i.e., orthopedics, oncology) | <b># of Telemetry Beds:</b> |
| C6 ADOLESCENT                  | PEDIATRICS  | 0                           |

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

|   |           |
|---|-----------|
| <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 |            |            |
|-------------------------------------|--------------|-------------------------------------|------------|------------|
|                                     |              | Days                                | Evenings   | Nights     |
| RNs                                 | 8 hours      | 3                                   | 3          | 3          |
| LPNs                                | 8 hours      |                                     |            |            |
| CNAs                                | 8 hours      | 1                                   | 0-1        | 0-1        |
| Other (Specify):                    | 8 hours      |                                     |            |            |
|                                     | 8 hours      |                                     |            |            |
| <b>Total Direct Care Providers:</b> |              | <b>4</b>                            | <b>3-4</b> | <b>3-4</b> |

**Comments:** Cardiac Monitors at each bedside



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|                                |   |                             |
|--------------------------------|---|-----------------------------|
| <b>Patient Care Unit Name:</b> | <b>Specialty Service:</b> (i.e., orthopedics, oncology) | <b># of Telemetry Beds:</b> |
| C6 PSYCH                       | PEDIATRICS-PSYCHIATRY                                   | 0                           |

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

|   |   |
|---|---|
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>     | 6 |
| <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 |
| RNs                                 | 8 hours      | 2                                   | 1-2      | 1      |
| LPNs                                | 8 hours      |                                     |          |        |
| CNAs                                | 8 hours      |                                     |          |        |
| Other (Specify):<br>MHW             | 8 hours      | 2                                   | 2        | 1      |
|                                     | 8 hours      |                                     |          |        |
| <b>Total Direct Care Providers:</b> |              | 4                                   | 3-4      | 2      |

**Comments:**

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| <b>Patient Care Unit Name:</b>   |  | <b>Specialty Service:</b> (i.e., orthopedics, oncology) |  | <b># of Telemetry Beds:</b> |
|--|--|---|--|-----------------------------|
| HASBRO ED  |  | EMERGENCY DEPT  |  | 0                           |
|  |  |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>  |  |   | <b>Age Group:</b><br><i>(Check all that apply)</i> |                             |
| <input type="checkbox"/> Critical Care/ Intensive Care Unit  | <input type="checkbox"/> Psychiatric Unit                | <input type="checkbox"/> Adult                          |  |                             |
| <input type="checkbox"/> Step-Down/ Intermediate Care Unit   | <input type="checkbox"/> Rehabilitation Unit             | <input checked="" 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 checked="" type="checkbox"/> Emergency Department |   |  |                             |
|  |  |   |  |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>  |  |   |  |                             |
| <b>Emergency Department = Average number of visits per day (Total Visits/365 days):</b>  |  |   |  | 132                         |
|  |  |   |  |                             |
| Position   | Shift Length   | Number of Staff Ordinarily Assigned                     |  |                             |
|  |  | Days  | Evenings   | Nights                      |
| RNs  | 8 hours  | 6-14  | 12-14  | 6-10                        |
| LPNs   | 8 hours  |   |  |                             |
| CNAs   | 8 hours  | 2-4   | 6  | 2-3                         |
| <b>Other (Specify):</b>  | 8 hours  |   |  |                             |
|  | 8 hours  |   |  |                             |
| <b>Total Direct Care Providers:</b>  |  | 8-18  | 18-20  | 8-13                        |
|  |  |   |  |                             |
| <b>Comments: 30 Beds (2 Trauma, 4 Holding, 24 Urgent Beds)</b><br>23 beds are centrally monitored<br>* Ranges of staffing levels at each shift is based on the flow of patients into the Emergency Department by hour of the day and/or day of the week. |  |   |  |                             |

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|  |  |   |  |                             |
|--|--|---|--|-----------------------------|
|  |  |   |  |                             |
| <b>Patient Care Unit Name:</b>   |  | <b>Specialty Service:</b> (i.e., orthopedics, oncology)   |  | <b># of Telemetry Beds:</b> |
| Anderson ED  |  | Emergency Department  |  | 0                           |
|  |  |   |  |                             |
| <b>Type of Unit:</b><br><i>(Check all that apply)</i>  |  |   | <b>Age Group:</b><br><i>(Check all that apply)</i> |                             |
| <input type="checkbox"/> Critical Care/ Intensive Care Unit  | <input type="checkbox"/> Psychiatric Unit                | <input checked="" type="checkbox"/> Adult<br><br><input type="checkbox"/> Pediatric<br><br><input type="checkbox"/> Newborn |  |                             |
| <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 |   |  |                             |
|  |  |   |  |                             |
| <b>Number of patients upon which staffing plan is based (Average Daily Census):</b>  |  |   |  |                             |
| <b>Emergency Department = Average number of visits per day (Total Visits/365 days)</b>   |  |   |  | 284                         |
|  |  |   |  |                             |
| <b>Position</b>  | <b>Shift Length</b>                                      | <b>Number of Staff Ordinarily Assigned</b>  |  |                             |
|  |  | <b>Days</b>   | <b>Evenings</b>                                    | <b>Nights</b>               |
| RNs  | 8 hours  | 27-28   | 31-32  | 28                          |
| LPNs   | 8 hours  | 1   | 2  | 1                           |
| CNAs   | 8 hours  |   |  |                             |
| Other (Specify):Pt<br>Care Tech/MA's   | 8 hours  | 10-12   | 11-12  | 9-11                        |
|  | 8 hours  |   |  |                             |
| <b>Total Direct Care Providers:</b>  |  | <b>38-41</b>  | <b>44-46</b>                                       | <b>38-40</b>                |
|  |  |   |  |                             |
| <b>Comments:</b>   |  |   |  |                             |
| Critical care: 12 beds, Chest Pain Unit: 7 beds, Urgent A: 16 beds, Urgent B: 16 beds, Urgent C: 14 beds, Urgent D:24 beds (20 adult, 4 pediatric), Urgent E: 10 beds, Urgent G: 4 beds<br>60 beds are centrally monitored<br>*Ranges of staffing levels at each shift is based on the flow of patients into the Emergency Department by hour of the day and/or day of the week. |  |   |  |                             |