



HELEN HAYES HOSPITAL CLINICAL STAFFING PLAN

Helen Hayes Hospital is an acute specialty physical medicine rehabilitation facility providing innovative, compassionate and multi-disciplinary approach to care to individuals who have experienced disabling injuries, surgeries, or illnesses, enabling them to resume their highest level of independence and achieve active, fulfilling lives.

PLAN

As defined in the New York State Public Health Law 2805-t, Helen Hayes Hospital's plan for providing clinical care is designed to support improvement and innovation in nursing practice to achieve optimal standards of nursing practice.

This plan is consistent with the needs of Helen Hayes Hospital's patient population, the Hospital's mission statement, and the philosophy of the Nursing Department. A special emphasis is placed on rehabilitation nursing.

Proposal for change whether innovative or for improvement are generated from various sources within the hospital. The forum for open discussion is conducted at various hospital committees followed by submission to the Clinical Staffing Committee.

STAFFING

A patient classification system is utilized to determine patient acuity levels and provide the appropriate number and correct mix of clinical and ancillary personnel so that patient care requirements are met. It is recognized that staffing patterns will vary according to patient acuity, workload and specialization of the unit. A centralized staffing system is utilized to ensure flexibility and coordination of personnel to meet unexpected needs. Per diem employees are used whenever necessary. This system is reviewed and updated annually and as necessary.

ANCILLARY DEPARTMENTS

Ancillary departments and non-clinical personnel provide the nursing staff with support needed to facilitate care include:

- Case Management
- Central Supply Service
- Communications
- Dietary
- Facilities and Clinical/Technical Services
- Information Technology
- Laboratory
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Radiology
- Respiratory Care
- Safety
- Speech and Hearing
- Therapeutic Recreation

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REVIEW

An annual review of the Clinical Staffing Plan will be performed by the Clinical Staffing Committee by July 1st of each year for implementation to begin on January 1st of the upcoming year, with a semiannual review conducted prior to January 1st. These reviews will consider the patient requirements for clinical care, the existing and proposed patient care programs offered by the facility and information from patient satisfaction questionnaires, physician and staff satisfaction questionnaires and comments.

If the patient care need or outcomes have changed, and this is reflected in findings from various departments, committees or staffing variance reports, the plan for the provision of clinical care will be reviewed and revised for changes that may need to be made. This review may take place at any time during the year as well as during the budget planning process.

REHABILITATION TEAM

Rehabilitation is contingent on a team approach. The collaborative rehabilitation team model facilitates care in a coordinated and cost-effective manner. The rehabilitation professional registered nurses role on the rehabilitation team is vital. Members of the rehabilitation team will vary, depending on the practice setting and the disability, but the patient and family are always essential core members of the team.

Rehabilitation is a continuous process and patients rehabilitate themselves through the influence of the comprehensive approach to care provided by the rehabilitation team. To achieve optimal effectiveness, today's rehabilitation team needs to be cognizant of patients' needs and desired outcomes, concerns about cost containment, and the service options available along the continuum of care.

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PHYSICAL MEDICINE AND REHABILITATION UNIT 2A

SCOPE

Unit 2A is a multidisciplinary, twenty-four bed unit that specializes in the delivery of intensive rehabilitation to patients with cardiopulmonary disease, spinal cord injuries, amputees, diabetes mellitus, renal failure, trauma, total hip and knee replacements, but is not limited to these disabilities, and who are tracheostomy and ventilator dependent. Close monitoring and 1:1 supervision are available. Unit 2A delivers care for patient population from age 16 through the life span.

Assignments

Assignment of patient care will be done on a modular basis with the Nurse Manager as coordinator or RN in his/her absence. Evening and night shift assignments are made by the Module Nurse. Assignments will reflect the degree of supervision needed by the individual and its availability and the patient's needs. Assignments are to follow practices outlined in the Nursing Policy and Procedure Manual. Assignments reflect the degree of supervision needed by the individual, the patient's needs, the technology used and the geography of the unit.

Staffing Plan

Average Census: 14

Nursing Staff Providing Direct Patient Care				
Care Hours per 24 Hours	Percent Care/Shift	Average Daily Staffing		Care Hours per Patient
9.2	Days 36%	RN	3	1.80
		LPN	0	0
		CNA	3	1.80
	Evenings 33%	RN	3	1.65
		LPN	0	0
		CNA	3	1.65
	Nights 31%	RN	2	1.15
		LPN	0	0
		CNA	2	1.15

Direct hours exclude Nurse Manager/Nursing Supervisor, Unit Secretary and Monitors/Sitters

The minimum amount of staff required to operate this unit in an emergency situation would depend on the acuity of the Unit. A RN would be present on all shifts.

Frontline Ancillary Team		
Shift	Average Daily Staffing	Total Hours
Days	Respiratory Therapist	1
	Phlebotomist	1
	Pharmacist	1
	Case Manager	2
Evenings	Respiratory Therapist	1
Nights	Respiratory Therapist	1
		8
		3
		2

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**PHYSICAL MEDICINE AND REHABILITATION, COMA RECOVERY AND
TRAUMATIC BRAIN INJURY UNIT 3A**

SCOPE

Unit 3A is a multidisciplinary, twenty-four bed unit that specializes in the delivery of intensive rehabilitation to patients with traumatic and non-traumatic head injuries, CVA, aneurysm, subdural hematoma and who are tracheostomy and/or ventilator dependent. Close monitoring and 1:1 supervision are available. Unit 3A delivers care for patient population from age 16 through the life span.

Assignments

Assignment of patient care will be done on a modular basis with the Nurse Manager as coordinator or RN in his/her absence. Evening and night shift assignments are made by the Module Nurse. Assignments will reflect the degree of supervision needed by the individual and its availability and the patient's needs. Assignments are to follow practices outlined in the Nursing Policy and Procedure Manual. Assignments reflect the degree of supervision needed by the individual, the patient's needs, the technology used and the geography of the unit.

Staffing Plan

Average Census: **15**

Nursing Staff Providing Direct Patient Care				
Care Hours per 24 Hours	Percent Care/Shift	Average Daily Staffing		Care Hours per Patient
9.79	Days 34%	RN	3	1.63
		LPN	0	0
		CNA	4	2.18
	Evenings 34%	RN	3	1.54
		LPN	0	0
		CNA	4	2.06
	Nights 32%	RN	2	1.19
		LPN	0	0
		CNA	2	1.19

Direct hours exclude Nurse Manager/Nursing Supervisor, Unit Secretary and Monitors/Sitters

The minimum amount of staff required to operate this unit in an emergency situation would depend on the acuity of the Unit. A RN would be present on all shifts.

Frontline Ancillary Team			
Shift	Average Daily Staffing		Total Hours
Days	Respiratory Therapist	1	10
	Phlebotomist	1	
	Pharmacist	1	
	Case Manager	2	
Evenings	Respiratory Therapist	1	4
Nights	Respiratory Therapist	1	2

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**PHYSICAL MEDICINE AND REHABILITATION, COMA RECOVERY AND
TRAUMATIC BRAIN INJURY UNIT 3B**

SCOPE

Unit 3B is a multidisciplinary, twenty-four bed unit that specializes in the delivery of intensive rehabilitation to patients with traumatic and non-traumatic head injuries, CVA, aneurysm, subdural hematoma and who are tracheostomy and/or ventilator dependent. Close monitoring and 1:1 supervision are available. Unit 3B delivers care for patient population from age 16 through the life span.

Assignments

Assignment of patient care will be done on a modular basis with the Nurse Manager as coordinator or RN in his/her absence. Evening and night shift assignments are made by the Module Nurse. Assignments will reflect the degree of supervision needed by the individual and its availability and the patient's needs. Assignments are to follow practices outlined in the Nursing Policy and Procedure Manual. Assignments reflect the degree of supervision needed by the individual, the patient's needs, the technology used and the geography of the unit.

Staffing Plan

Average Census: 15

Nursing Staff Providing Direct Patient Care				
Care Hours per 24 Hours	Percent Care/Shift	Average Daily Staffing		Care Hours per Patient
9.79	Days 34%	RN	3	1.63
		LPN	0	0
		CNA	4	2.18
	Evenings 34%	RN	3	1.54
		LPN	0	0
		CNA	4	2.06
	Nights 32%	RN	2	1.19
		LPN	0	0
		CNA	2	1.19

Direct hours exclude Nurse Manager/Nursing Supervisor, Unit Secretary and Monitors/Sitters

The minimum amount of staff required to operate this unit in an emergency situation would depend on the acuity of the Unit. A RN would be present on all shifts.

Frontline Ancillary Team		
Shift	Average Daily Staffing	Total Hours
Days	Respiratory Therapist	1
	Phlebotomist	1
	Pharmacist	1
	Case Manager	2
Evenings	Respiratory Therapist	1
Nights	Respiratory Therapist	1
		10
		4
		2