COVER PAGE

The following is the comprehensive hospital staffing plan for CHI Franciscan Rehabilitation Hospital submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420 for the year 2025.

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DOH 346-151 April 2024

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Hospital Staffing Form

Attestation

Date: 12/31/24

I, the undersigned with responsibility for CHI Franciscan Rehabilitation Hos attest that the attached hospital staffing plan and matrix are in

accordance with RCW 70.41.420 for 2025 , and includes all

units covered under our hospital license under RCW 70.41.

As approved by: Mary Jacobson

Hospital Information

Name of Hospital: CHI Franciscan Rehabilitation Hospital											
Hospital License #: 6083323	2										
Hospital Street Address: 815 S Vassault St											
_{City/Town:} Tacoma	_{State:} CA	4		Zip code:							
Is this hospital license affiliated with more than one location?											
If "Yes" was selected, please provide the location name and address											
Review Type:	Anr	านลl	Review Dat	4							
	Update		Next Review Date: 7/1/25								
Effective Date: 1/7/23											
Date Approved: 1/7/23											

CHI FRANCISCAN REHABILITATION HOSPITAL 2023 Staffing Plan Overview

Date: 1/7/2023

Nursing Department Overview

CHI Franciscan Rehabilitation Hospital is a freestanding rehabilitation hospital which is a joint venture between Kindred Healthcare and Catholic Health Initiatives. CHI Franciscan Rehabilitation Hospital opened as a 60-bed rehabilitation hospital in June 2018. All 60 beds are private rooms that are licensed for inpatient rehabilitation. The facility is located in Tacoma. The hospital is 62,000 square feet with 2 floors. The Hospital acquired CARF accreditation in June of 2021 and is currently Joint Commission accredited. Program Mix: Stroke: 56.5% Ortho 13.7% General 13.1% Neuro: 69.2% Cardio/pulmonary 4%

- Average daily census= 36.8 YTD
- Average number of admits= 87 Q month
- Average number of discharges= 86 Q month
- Average length of stay= 13 days

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Respiratory care available as needed to help support CPAP, BIPAP, EKG and some respiratory assessments and changing conditions

Registered Dietitian available as needed to help support nutrition.

10-12 hours of HUC use daily

Situations That May Require Possible Staffing Variations:

• Increased number of confused patients or patients in restraints requiring frequent checks.

- Increased number of mental health patients on unit that may or may not require restraints.
- Increased number of isolation patients
- Increased number of admissions and discharges during the shift
- Increased number of 1:1's needing break coverage.
- Increased number of heavy care patients (2 or more person to assist/ambulate, skin

protocol turn every 2 hours, total feeders, incontinent, multiple bed changes, total patient care)

• Increased number of patients on complex treatments (tube feedings, dressing changes,

multiple drains, central line management, chest tubes, pain management, multiple blood

draws, trach care, frequent suctioning, patients needing blood transfusions and patient's requiring frequent vitals/neuro checks for change of condition

• Increased number of Code Blue/ RRT during the shift

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

• Staffing should always be sufficient to assure safe, effective patient care delivery. Staffing may be adjusted according to acuity, type and skill of caregivers and availability of staff.

• Charge nurse is assigned to every shift and assess acuity, facilitates problem-solving and patient flow. They will also communicate the nursing department's ability to accept new patients.

• If the charge nurse determines that extra staff is needed, Charge Nurse will notify Chief Clinical Officer or Nurse Manager to request for additional staff. The need for staffing up is assessed before the beginning of the next shift and throughout the shift as needed for delivery of safe patient care.

• Administrator on call (AOC) 24 hours a day to help problem solve or emergencies.

• Staffing changes are based on acuity procedures, skill mix, census needs.

If the patient is assessed to require more acute nursing care and/or treatment than can safely be provided, the RN assigned to the patient will notify Internal Medicine or the primary attending Physician, and obtain orders to transfer the patient to nearby hospital.

Meals, Breaks, Planned and unplanned LOA

• We currently utilize our charge nurses and break nurse for meal and break relief. The break nurse also assists with admissions, discharges, etc.

• Planned and unplanned leave of absences have been covered by nurses picking up overtime and agency usage.

Committee Recommendations:

Review hiring efforts, referral bonus for open positions and work on retention efforts.

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		Chargo	Floor		Break Nurse		Chargo	Floor		Break Nurse
CENSUS		Charge Nurse	Nurses	Techs	hours		Charge Nurse	Nurses	Techs	hours
1		1	0	0	0		1	0	0	0
2		1	0	0	0		1	0	0	0
3		1	0	0	0		1	0	0	0
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11		1	2	1	0	2	1	2	1	0
12		1	2	1	0		1	2	1	0
13		1	2	1	0		1	2	1	0
14		1	2	2	0		1	2	2	0
15		1	2	2	0		1	2	2	0
16		1	2	2	0		1	2	2	0
17		1	2	2	0		1	2	2	0
18		1	3	2	0		1	3	2	0
19		1	3	2	0		1	3	2	0
20		1	3	3	6		1	3	2	6
21		1	3	3	8		1	3	2	6
22		1	3	3	8		1	3	2	6
23		1	4	3	8		1	4	2	6
24		1	4	3	8		1	4	3	6
25		1	4	3	8		1	4	3	6
26		1	5	3	8		1	4	3	6
27		1	5	3	8		1	5	3	6
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30		1	5	4	8		1	5	4	8
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33		1	6	4	8		1	6	4	8
34		1	6	4	10		1	6	4	10
35		1	6	4	10		1	6	4	10
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37		1	7	4	10		1	7	4	10
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40		1	7	5	10		1	7	5	10
41		1	8	5	10		1	7	5	10
42		1	8	5	10		1	7	5	10
43		1	8	5	10		1	8	5	10
44		1	8	6	10		1	8	5	10
45		1	8	6	10		1	8	5	10
46		1	8	6	10		1	8	6	10
47		1	9	6	10		1	8	6	10
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50		2	9	6	10		1	9	6	10
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53		2	9	7	10		1	9	7	10
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59		2	11	8	12		1	10	7	12
60		2	11	8	12		1	11	7	12