

COVER PAGE

The following is the comprehensive hospital staffing plan for Providence St. Luke's Rehabilitation Medical Center 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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Hospital Staffing Form

Attestation

Date: 10/15/24

I, the undersigned with responsibility for Providence St. Luke's Rehabilitation Center, 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: Nancy Webster, COO

Hospital Information

Name of Hospital: Providence St. Luke's Rehabilitation Medical Center		
Hospital License #: HAC.FS.00000157		
Hospital Street Address: 711 S Cowley Street		
City/Town: Spokane	State: WA	Zip code: 99202
Is this hospital license affiliated with more than one location?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes" was selected, please provide the location name and address		
Review Type:	<input checked="" type="checkbox"/> Annual	Review Date: 10/15/24
	<input type="checkbox"/> Update	Next Review Date: 7/1/25
Effective Date: 1/1/25		
Date Approved: 10/15/24		

Hospital Information Continued (Optional)

Factors Considered in the Development of the Hospital Staffing Plan (check all that apply):

- ☒ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations

Description:

- Compared to other acute rehabilitation with similar services offered.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.

- ☒ Terms of applicable collective bargaining agreement

Description:

The new law for HSC starting in January 2024 is not in our current collective bargaining agreement at this date. Please note that St. Luke's and WSNA are in current negotiations at this time and any language added will follow SB5236.

- ☒ Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts

Description:

Providence St. Luke's Rehabilitation Medical Center ensures staff are able to take meals and rest breaks as required by RCW.49.12.480 and those are scheduled at any points during each work period.

- ☒ Hospital finances and resources

Description:

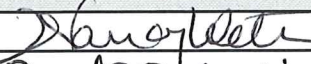


- Budget Consideration: Staffing decisions are guided by financial health and availability of resources. With the goal of balancing the need for adequate safe staffing with financial sustainability for the hospital. This ensures that we can continue provide high-quality care without compromising our financial stability.
- Resource Allocation: Goal to maintain optimal staffing levels that meet the needs of our patients while avoiding over staffing or under staffing. Using our resource allocation in an efficient way to provide patient care.

- ☒ Other

Description:

Other factors included census, patient acuity/care intensity needs, skills mix, level of experience, need for specialized or intensity equipment, availability and ease of access of resources, availability of other personnel and patient-care staff (RT, PT/OT, etc.).

Signature

CEO & Co-chairs Name:	Signature:	Date:
Nancy Webster, COO		10/16/2024
Marlo Andreoli, MSML, BSN, NEBC, RN, Co-Chair		10/15/2024
Jeff Dubrawski, BSN, CRRN, Co-Chair		10/15/2024

Total Votes	
# of Approvals	# of Denials
10	0

Access unit staffing matrices here.

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Patient Volume-based Staffing Matrix Formula Template



Unit Information

Shift Coverage

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC/Registers	X	X		X
Physical Therapist	X	X		X
Occupational Therapist	X	X		X
Rehabilitation Aide	X	X		X
Speech Therapist	X	X		X
Respiratory Therapy	X	X	X	X
Nurse Tech	PRN	PRN	PRN	PRN
Chaplin	PRN	PRN	PRN	PRN
Adminstrative House Supervisor	X	X	X	X
Wound Care Nurse				
	NEURO STROKE (CVA) UNIT			

Unit Information

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

- ☒ Activity such as patient admissions, discharges, and transfers

Activity of the unit encompasses various tasks including but not limited to: patient admissions, discharges, transfers between units, transfers to higher level of care (acute hospitals). Patients participate in up to three hours of therapy a day and may be on the unit or off the unit depending on individual needs and care planning.

- ☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Patient acuity: Level 1 Resuscitation, conditions that are considered threats to life or limb requiring immediate aggressive interventions. Example: CPR. Level 2 Emergent, conditions that are a potential threat to life, limb or function requiring rapid medical interventions. Level 3 Urgent, conditions that could potentially progress to a serious problem requiring emergency interventions. Level 4 Less Urgent, conditions that relate to a potential for deterioration that would benefit from intervention. Level 5 Non Urgent, conditions that may be acute but non-urgent and interventions can be safely delayed. Majority of St. Luke's acuity is between level 3 - 5 with patients with active seizure activity, increased intracranial pressure (ICP), blood transfusions, fluid bolus replacement requiring frequent monitoring of blood pressures, PD - Dialysis, Tracheostomy/Vent that can't maintain secretions independently, active in Autonomic Dysreflexia (AD). Care intensity in nursing refers to the level of tasks, efforts, attention or therapeutic interventions and support provided to patients during their recovery process. Common nursing interventions that may be time intensive but not high acuity include: activities of daily living, lifts/mobilization, frequent

- ☒ Skill mix

Mix of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), Health Unit Coordinators (HUCs) and Tele sitter for monitoring patients for safety.

☒ Level of experience of nursing and patient care staff

The level of experience among Providence St. Luke's nursing staff and patient attendants can vary widely, from entry level to highly experienced, reflection on different roles, responsibilities, and training requirements. CERTIFIED NURSING ASSISTANTS (CNAs): Experience level: entry-level. Training: requires a state approved education program and passing a competency exam. Responsibilities: basic patient care, such as bathing, dressing, and assisting with mobility. LICENSED PRACTICAL NURSES (LPNs): Experience level: Intermediate. Training: requires a diploma or certificate from an accredited program and passing the NCLEX-PN state exam. Responsibilities: administering medication, wound care, and monitoring patient health. REGISTERED NURSES (RNs): Experience level: varies from entry level to highly experienced. Training: requires an associate to bachelor's degree in nursing and passing the state NCLEX-RN exam. Responsibilities: Comprehensive patient care, including assessments, developing care plans, and coordinating with other healthcare professionals. PATIENT ATTENDANTS: Experience level: often entry level. Training: typically involves on-the-job training covering patient care techniques with daily activities

☒ Need for specialized or intensive equipment

Needs for specialized or intensive equipment on CVA unit include but are not limited too:
Vents
PD - Dialysis machines

☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

The CVA unit is a 38 bed, 24 room unit with two hallways of patients rooms and two primary nurses stations. Both nurses stations are semi-enclosed for privacy and confidentiality while allowing nurses to visually monitor patients and stay connected to staff members. When census is less than 24, patients are provided private rooms, whereas during high census, patients are provided with semi-private rooms. CVA average daily census is 26- 30 which allows for granting a quiet atmosphere to rest and heal. There is a family room at the end of the hallway. CVA has patient dining room for community socialization. CVA utilizes Pyxis for automated dispensing of medication to enhance availability, security, and safety. CVA unit has cameras throughout the unit and in few patient rooms for security/safety. Equipment includes but not limited too: computer on wheels, lifts, IV poles, blanket warmer, scales, adaptive devices, wheel chairs, patient alersm, medical scales, vital monitors, oxygen, pulse ox monitors, personal protective equipment, bladder scanner, and a variety of therpay/gym equipment and other equipment to meet the needs of the patient

☒ Other

St. Luke's caremodel is a care pair model with an RN or LPN (nursing staff) paired with a CNA to take care of a group of patients. At times there may be a substitutions, for example: total patient care assigned to an RN and/or LPN depending on resources available. If no RN Charge nurse is available, an LPN may serve as a resource and report to the RN Administration House Supervisor. Substitutions: Scope of practice for compliance purposes. Staff that can provide comparable or higher level of care can fill in for staff that can provide comparable or lower level of care according to their scope of practice. Example: RN can work as an LPN or NAC. LPN can work as a NAC or UAP. NAC can work as a tele sitter (UAP). Typical ratios for care pair team (Nurse/NAC team) is a 5-6 patients to a Nurse/NAC team on day shift and 6-8 patients to a Nurse/NAC team on night shift.

Neuro Stroke Unit Info expanded cells

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Patient acuity: Level 1 Resuscitation, conditions that are considered threats to life or limb requiring immediate aggressive interventions. Example: CPR. Level 2 Emergent, conditions that are a potential threat to life, limb or function requiring rapid medical interventions. Level 3 Urgent, conditions that could potentially progress to a serious problem requiring emergency interventions. Level 4 Less Urgent, conditions that relate to a potential for deterioration that would benefit from intervention. Level 5 Non Urgent, conditions that may be acute but non-urgent and interventions can be safely delayed. Majority of St. Luke's acuity is between level 3 - 5 with patients with active seizure activity, increased intracranial pressure (ICP), blood transfusions, fluid bolus replacement requiring frequent monitoring of blood pressures, PD - Dialysis, Tracheostomy/Vent that can't maintain secretions independently, active in Autonomic Dysreflexia (AD). Care intensity in nursing refers to the level of tasks, efforts, attention or therapeutic interventions and support provided to patients during their recovery process. Common nursing interventions that may be time intensive but not high acuity include: activities of daily living, lifts/mobilization, frequent

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

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☒ Level of experience of nursing and patient care staff

The level of experience among Providence St. Luke's nursing staff and patient attendants can vary widely, from entry level to highly experienced, reflection on different roles, responsibilities, and training requirements. **CERTIFIED NURSING ASSISTANTS (CNAs):** Experience level: entry-level. Training: requires a state approved education program and passing a competency exam. Responsibilities: basic patient care, such as bathing, dressing, and assisting with mobility. **LICENSED PRACTICAL NURSES (LPNs):** Experience level: Intermediate. Training: requires a diploma or certificate from an accredited program and passing the NCLEX-PN state exam. Responsibilities: administering medication, wound care, and monitoring patient health. **REGISTERED NURSES (RNs):** Experience level: varies from entry level to highly experienced. Training: requires an associate to bachelor's degree in nursing and passing the state NCLEX-RN exam. Responsibilities: Comprehensive patient care, including assessments, developing care plans, and coordinating with other healthcare professionals. **PATIENT ATTENDANTS:** Experience level: often entry level. Training: typically involves on-the-job training, covering patient care techniques with daily activities

☒ Level of experience of nursing and patient care staff

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- ☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

The CVA unit is a 38 bed, 24 room unit with two hallways of patients rooms and two primary nurses stations. Both nurses stations are semi-enclosed for privacy and confidentiality while allowing nurses to visually monitor patients and stay connected to staff members. When census is less than 24, patients are provided private rooms, whereas during high census, patients are provided with semi-private rooms. CVA average daily census is 26 - 30 which allows for granting a quiet atmosphere to rest and heal. There is a family room at the end of the hallway. CVA has patient dining room for community socialization. CVA utilizes Pyxis for automated dispensing of medication to enhance availability, security, and safety. CVA unit has cameras throughout the unit and in few patient rooms for security/safety. Equipment includes but not limited too: computer on wheels, lifts, IV poles, blanket warmer, scales, adaptive devices, wheel chairs, patient alersm, medical scales, vital monitors, oxygen, pulse ox monitors, personal protective equipment, bladder scanner, and a variety of therpay/gym equipment and other equipment to meet the needs of the patient

- ☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

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Patient Volume-based Staffing Matrix Formula Template



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Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC/Registers	X	X		X
Physical Therapist	X	X		X
Occupational Therapist	X	X		X
Rehabilitation Aide	X	X		X
Speech Therapist	X	X		X
Respiratory Therapy	X	X	X	X
Nurse Tech	PRN	PRN	PRN	PRN
Chaplin	PRN	PRN	PRN	PRN
Adminstrative House Supervisor	X	X	X	X
Wound Care Nurse				
Charge Nurse	x	x	x	x
	SPINAL CORD INJURY UNIT			

Unit Information

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

- ☒ Activity such as patient admissions, discharges, and transfers

Activity of the unit encompass various tasks including but not limited to: patient admissions, discharges, transfers between units, transfers to higher level of care (acute hospitals). Patients participate minimum of three hours of therapy a day and may be on the unit or off the unit depending on individual needs and care planning.

- ☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Patient acuity: Level 1 Resuscitation, conditions that are considered threats to life or limb requiring immediate aggressive interventions. Example: CPR. Level 2 Emergent, conditions that are a potential threat to life, limb or function requiring rapid medical interventions. Level 3 Urgent, conditions that could potentially progress to a serious problem requiring emergency interventions. Level 4 Less Urgent, conditions that relate to a potential for deterioration that would benefit from intervention. Level 5 Non Urgent, conditions that may be acute but non-urgent and interventions can be safely delayed. Majority of St. Luke's acuity is between level 3 - 5 with patients with active seizure activity, increased intracranial pressure (ICP), blood transfusions, fluid bolus replacement requiring frequent monitoring of blood pressures, PD - Dialysis, Tracheostomy/Vent that can't maintain secretions independently, active in Autonomic Dysreflexia (AD). Care intensity in nursing refers to the level of tasks, efforts, attention or therapeutic interventions and support provided to patients during their recovery process. Common nursing interventions that may be time intensive but not high acuity include: activities of daily living, lifts/mobilization, frequent turn/reposition, feeding, sitters,

- ☒ Skill mix

Mix of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), Heath Unit Coordinators (HUCs) and Tele sitter for monitoring patients for safety. Mix of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), Heath Unit Coordinators HUCs) and Tele sitter for monitoring patients for safety.

- ☒ Level of experience of nursing and patient care staff

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☒ Need for specialized or intensive equipment

Needs for specialized or intensive equipment on Spinal Cord Injury unit include but are not limited too:

Vents

PD - Dialysis machines

Power wheel chairs

Specialized slings and repositioning turning equipment

Specialized call lights

Independent Living Apartment

☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

The Spinal Cord Injury unit is a 15 bed, 12 room + Independent Living Apartment unit with two hallways of patients rooms and one primary nurses stations. The nurses station is semi-enclosed for privacy and confidentiality while allowing nurses to visually monitor patients and stay connected to staff members. When census is less than 12, patients are provided private rooms, whereas during high census, patients are provided with semi-private rooms. Spinal Cord Injury Unit average daily census is 12 which allows for granting a quite atmosphere to rest and heal. SCI utilizes Pyxis for automated dispensing of medication to enhance availability, security, and safety. SCI unit has cameras throughout the unit and some patient rooms for security/safety. Equipment includes but not limited too: computer on wheels, lifts, IV poles, blanket warmer, scales, adaptive devices, wheel chairs, patient alarms, medical scales, vital monitors, oxygen, pulse ox monitors, personal protective equipment, bladder scanner, and a variety of they/gym equipment and other equipment to meet the needs of the patient.

☒ Other

St. Luke's caremodel is a care pair model with an RN or LPN (nursing staff) paired with a CNA to take care of a group of patients. At times there may be a substitutions, for example: total patient care assigned to an RN and/or LPN depending on resources available. If no RN Charge nurse is available, an LPN may serve as a resource and report to the RN Administration House Supervisor. Substitutions: Scope of practice for compliance purposes. Staff that can provide comparable or higher level of care can fill in for staff that can provide comparable or lower level of care according to their scope of practice. Example: RN can work as an LPN or NAC. LPN can work as a NAC or UAP. NAC can work as a tele sitter (UAP). Typical ratios for a care pair team (Nurse/NAC team) is 5-6 patients to a Nurse/NAC team on day shift and 6-8 patients to a Nurse/NAC team on night shift. Charge nurse is shared between SCI and BI unit.

Spinal Cord Injury Unit Info expanded cells

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Patient acuity: Level 1 Resuscitation, conditions that are considered threats to life or limb requiring immediate aggressive interventions. Example: CPR. Level 2 Emergent, conditions that are a potential threat to life, limb or function requiring rapid medical interventions. Level 3 Urgent, conditions that could potentially progress to a serious problem requiring emergency interventions. Level 4 Less Urgent, conditions that relate to a potential for deterioration that would benefit from intervention. Level 5 Non Urgent, conditions that may be acute but non-urgent and interventions can be safely delayed. Majority of St. Luke's acuity is between level 3 - 5 with patients with active seizure activity, increased intracranial pressure (ICP), blood transfusions, fluid bolus replacement requiring frequent monitoring of blood pressures, PD - Dialysis, Tracheostomy/Vent that can't maintain secretions independently, active in Autonomic Dysreflexia (AD). Care intensity in nursing refers to the level of tasks, efforts, attention or therapeutic interventions and support provided to patients during their recovery process. Common nursing interventions that may be time intensive but not high acuity include: activities of daily living, lifts/mobilization, frequent

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

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☒ Level of experience of nursing and patient care staff

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☒ Level of experience of nursing and patient care staff

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Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC/Registers	X	X		X
Physical Therapist	X	X		X
Occupational Therapist	X	X		X
Rehabilitation Aide	X	X		X
Speech Therapist	X	X		X
Respiratory Therapy	X	X	X	X
Nurse Tech	PRN	PRN	PRN	PRN
Chaplin	PRN	PRN	PRN	PRN
Adminstrative House Supervisor	X	X	X	X
Wound Care Nurse	X			
Charge Nurse	x	x	x	x
	BRAIN INJURY UNIT			

Unit Information

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

- ☒ Activity such as patient admissions, discharges, and transfers

Activity of the unit encompass various tasks including but not limited to: patient admissions, discharges, transfers between units, transfers to higher level of care (acute hospitals). Patients participate in a minimum of three hours of therapy a day and may be on the unit or off the unit depending on individual needs and care planning.

- ☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Patient acuity: Level 1 Resuscitation, conditions that are considered threats to life or limb requiring immediate aggressive interventions. Example: CPR. Level 2 Emergent, conditions that are a potential threat to life, limb or function requiring rapid medical interventions. Level 3 Urgent, conditions that could potentially progress to a serious problem requiring emergency interventions. Level 4 Less Urgent, conditions that relate to a potential for deterioration that would benefit from intervention. Level 5 Non Urgent, conditions that may be acute but non urgent and interventions can be safely delayed. Majority of St. Luke's acuity is between level 3 - 5 with patients with active seizure activity, increased intracranial pressure (ICP), blood transfusions, fluid bolus replacement requiring frequent monitoring of blood pressures, PD - Dialysis, Tracheostomy/Vent that cannot maintain secretions independently, and active in Autonomic Dysreflexia (AD). Care intensity in nursing refers to the level of tasks, efforts, attention or therapeutic interventions and support provided to patients during their recovery process. Common nursing interventions that may be time intensive but not high acuity include: activities of daily living, lifts/mobilization, frequent turn/reposition, feeding, sitters,

- ☒ Skill mix

Mix of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), Health Unit Coordinators (HUCs) and Tele sitter for monitoring patients for safety.

- ☒ Level of experience of nursing and patient care staff

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- ☒ Need for specialized or intensive equipment

Needs for specialized or intensive equipment on Brain Injury unit include but are not limited to:

Vents
PD - Dialysis machines
Tele sitter monitoring station
Enclosure beds for safety PRN

Communication devices

- ☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

The Brain Injury unit is an 18 bed, 11 room locked unit with two hallways of patient's rooms and two primary nurse's stations. Both nurse's stations are semi-enclosed for privacy and confidentiality while allowing nurses to visually monitor patients and stay connected to staff members. When census is less than 11, patients are provided private rooms, whereas during high census, patients are provided with semi-private rooms. Brain Injury unit average daily census is 12, which allows for granting a quiet atmosphere to rest and heal. There is a family room at the end of the hallway and a dining room for patient community socialization. Brain Injury unit utilizes Pyxis for automated dispensing of medication to enhance availability, security, and safety. Brain Injury unit has cameras throughout the unit and patient rooms for security/safety. Equipment includes but not limited to: computer on wheels, lifts, IV poles, blanket warmer, scales, adaptive devices, wheel chairs, patient alarms, medical scales, vital monitors, oxygen, pulse ox monitors, personal protective equipment, bladder scanner, and a variety of therapy/gym equipment and other equipment to meet the needs of the patient.

- ☒ Other

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Brain Injury Unit Info expanded cells

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Patient acuity: Level 1 Resuscitation, conditions that are considered threats to life or limb requiring immediate aggressive interventions. Example: CPR. Level 2 Emergent, conditions that are a potential threat to life, limb or function requiring rapid medical interventions. Level 3 Urgent, conditions that could potentially progress to a serious problem requiring emergency interventions. Level 4 Less Urgent, conditions that relate to a potential for deterioration that would benefit from intervention. Level 5 Non Urgent, conditions that may be acute but non urgent and interventions can be safely delayed. Majority of St. Luke's acuity is between level 3 - 5 with patients with active seizure activity, increased intracranial pressure (ICP), blood transfusions, fluid bolus replacement requiring frequent monitoring of blood pressures, PD - Dialysis, Tracheostomy/Vent that cannot maintain secretions independently, and active in Autonomic Dysreflexia (AD). Care intensity in nursing refers to the level of tasks, efforts, attention or therapeutic interventions and support provided to patients during their recovery process. Common nursing interventions that may be time intensive but not high acuity include: activities of daily living, lifts/mobilization, frequent

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☒ Level of experience of nursing and patient care staff

The level of experience among Providence St. Luke's nursing staff and patient attendants can vary widely, from entry level to highly experienced, reflection on different roles, responsibilities, and training requirements. **CERTIFIED NURSING ASSISTANTS (CNAs):** Experience level: entry level. Training: requires a state approved education program and passing a competency exam. Responsibilities: basic patient care, such as bathing, dressing, and assisting with mobility. **LICENSED PRACTICAL NURSES (LPNs):** Experience level: varies from entry level to highly experienced. Training: requires a diploma or certificate from an accredited program and passing the NCLEX-PN state exam. Responsibilities: administering medication care and monitoring patient health. **REGISTERED NURSES (RNs):** Experience level: varies from entry level to highly experienced to include some RNs with specialty in REHAB (CRRN). Training: requires an associate to bachelor's degree in nursing and passing the state NCLEX-RN exam. Responsibilities: comprehensive patient care, including assessments, developing care plans, and coordinating with other healthcare professionals. **PATIENT ATTENDANTS:** Experience level: often entry level. Training: typically involves on-the-job

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- ☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

The Brain Injury unit is an 18 bed, 11 room locked unit with two hallways of patient's rooms and two primary nurse's stations. Both nurse's stations are semi-enclosed for privacy and confidentiality while allowing nurses to visually monitor patients and stay connected to staff members. When census is less than 11, patients are provided private rooms, whereas during high census, patients are provided with semi-private rooms. Brain Injury unit average daily census is 12, which allows for granting a quiet atmosphere to rest and heal. There is a family room at the end of the hallway and a dining room for patient community socialization. Brain Injury unit utilizes Pyxis for automated dispensing of medication to enhance availability, security, and safety. Brain Injury unit has cameras throughout the unit and patient rooms for security/safety. Equipment includes but not limited to: computer on wheels, lifts, IV poles, blanket warmer, scales, adaptive devices, wheel chairs, patient alarms, medical scales, vital monitors, oxygen, pulse ox monitors, personal protective equipment, bladder scanner, and a variety of therapy/gym equipment and other equipment to meet the needs of the patient.

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