DSHS Briefing Paper

State Hospital Staffing Model

JANUARY 28, 2018

WASHINGTON STATE has two adult state psychiatric hospitals for which a staffing model is being developed so both can operate safely and in compliance with federal standards. Oregon State Hospital was recommended as a comparable model for a staffing structure, having successfully met federal and Joint Commission standards after facing many of the same challenges now faced by Western State Hospital.

Differing sizes and layout of the respective hospitals needed consideration to adapt Oregon State's staffing levels to the Washington State facilities:

- Oregon State Hospital – 620 beds.
- Western State Hospital – 842 beds.
- Eastern State Hospital – 317 beds.

Features

Washington State is moving toward a Nurse Management Model to staff Eastern State Hospital and Western State Hospital. The Nurse Management Model features:

- Single hospital organizational structure that will be implemented consistently in both state hospitals.
- 24/7 model for all hospital staff accounts for vacancies, seasonality, on-call and non-clinical time.
- Incorporates acuity assessment methodology to evaluate and adjust staffing to meet patient care and safety needs.
- Allows for detailed analysis that provides information for management to make decisions related to staff deployment.
- Provides a guideline for staffing that demonstrates the full range of hospital operations as well as a break down for ward based staffing models specific to the four basic populations served: Forensic, Geriatric, Adult, and Habilitative Mental Health (for persons with developmental disabilities).

Staffing Example

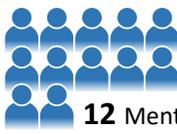**Typical Adult Civil Ward**
24-hour staffing (three shifts)

30 beds

29 staff

8 RNs

3 LPNs

12 Mental Health Technicians

6 1:1s

MATH

$29 \times 1.8\%^* =$

52.2 TOTAL FTEs

*The 1.8 conversion factor is applied for selected staff to account for weekend staffing, as well as coverage for sick leave, training, holidays, vacation time, and other approved absence.

DAY

	Ward Type	Average Beds	RN	LPN	MHT	Total Staff	1:1s	Total w/ 1:1	Total w/ 1.8% Factor
☀️	Civil Admissions	30	4.0	2.0	5.0	11.0	4.0	15.0	27.0
	Civil	30	3.0	1.0	5.0	9.0	2.0	11.0	19.8
	Forensic Admission	30	4.0	2.0	5.0	11.0	5.0	16.0	28.8
	Forensic	30	3.0	1.0	5.0	9.0	1.0	10.0	18.0
	Geriatric	30	3.0	1.0	6.0	10.0	2.0	12.0	21.6
	Habilitative MH	15	2.0	1.0	4.0	7.0	2.0	9.0	16.2

EVENING

	Ward Type	Average Beds	RN	LPN	MHT	Total Staff	1:1s	Total w/ 1:1	Total w/ 1.8% Factor
☀️	Civil Admissions	30	4.0	1.0	5.0	10.0	3.0	13.0	23.4
	Civil	30	3.0	1.0	5.0	9.0	2.0	11.0	19.8
	Forensic Admission	30	4.0	1.0	5.0	10.0	5.0	15.0	27.0
	Forensic	30	3.0	1.0	5.0	9.0	1.0	10.0	18.0
	Geriatric	30	2.0	1.0	5.0	8.0	2.0	10.0	18.0
	Habilitative MH	15	2.0	1.0	4.0	7.0	2.0	9.0	16.2

NIGHT

	Ward Type	Average Beds	RN	LPN	MHT	Total Staff	1:1s	Total w/ 1:1	Total w/ 1.8% Factor
🌙	Civil Admissions	30	4.0	1.0	5.0	10.0	3.0	13.0	23.4
	Civil	30	2.0	1.0	2.0	5.0	2.0	7.0	12.6
	Forensic Admission	30	2.0	1.0	3.0	6.0	5.0	11.0	19.8
	Forensic	30	1.0	1.0	3.0	5.0	1.0	6.0	10.8
	Geriatric	30	1.0	1.0	3.0	5.0	2.0	7.0	12.6
	Habilitative MH	15	1.0	1.0	2.0	4.0	2.0	6.0	10.8

Forensic wards are staffed with Psychiatric Security Nurses (PSN) instead of LPNs, and Psychiatric Security Attendants (PSA) for Mental Health Technicians.
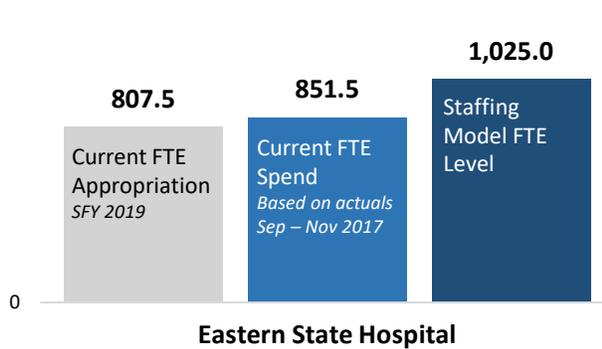
Costs

The model drives a new staffing level and staff mix that will require additional funding and FTEs at both state hospitals. The following charts depict the differences between current allotments for FTEs and salaries and benefits, where the two state hospitals are tracking in their current spending in FY 2018 (annualized), and finally how much additional resource – funding and FTE – are required to support the estimated staffing levels driven by the model.

The Governor's FY 2018 supplemental budget added $42.9 million for the state hospital staffing model in FY 2019, mostly for WSH, as ESH has a longer way to go towards attaining the recommended staff and funding driven by the model.
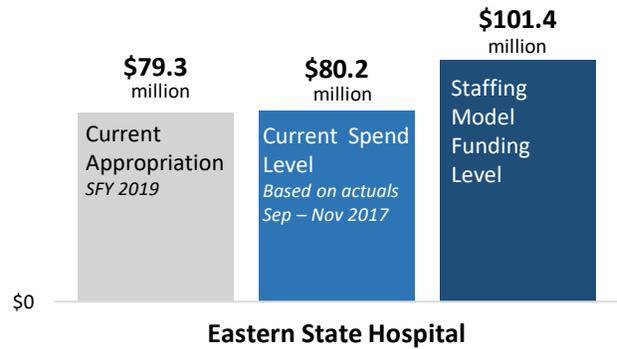
EASTERN STATE HOSPITAL

FTE Increase
Over Current Appropriation = **217.5** FTEs
Over Current Spend = **173.5** FTEs

807.5
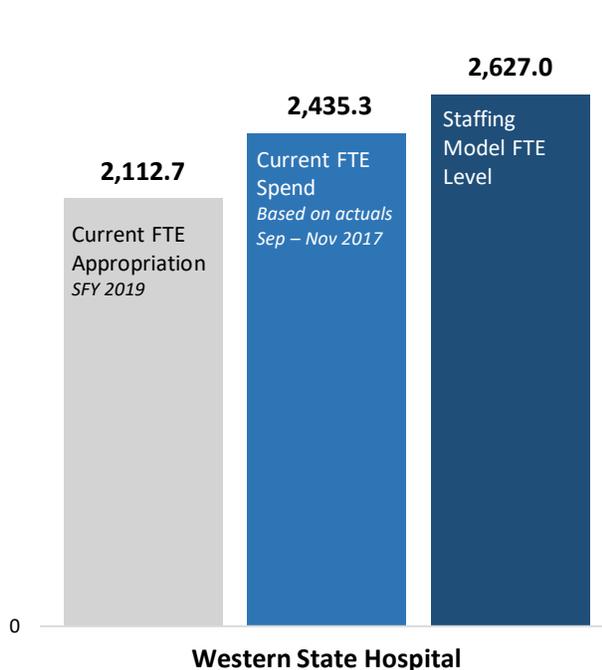Current FTE Appropriation
SFY 2019

851.5
Current FTE Spend
Based on actuals Sep – Nov 2017

1,025.0
Staffing Model FTE Level

Eastern State Hospital

Dollar Increase
Over Current Appropriation = $**22.1** million
Over Current Spend = $**21.2** million

$79.3 million
Current Appropriation
SFY 2019

$80.2 million
Current Spend Level
Based on actuals Sep – Nov 2017

$101.4 million
Staffing Model Funding Level

Eastern State Hospital

WESTERN STATE HOSPITAL

FTE Increase
Over Current Appropriation = **514.3** FTEs
Over Current Spend = **191.7** FTEs

2,112.7
Current FTE Appropriation
SFY 2019

2,435.3
Current FTE Spend
Based on actuals Sep – Nov 2017

2,627.0
Staffing Model FTE Level

Western State Hospital

Dollar Increase
Over Current Appropriation = $**55.5** million
Over Current Spend = $**34.1** million

$207.1 million
Current Appropriation
SFY 2019

$228.1 million
Current Spend Level
Based on actuals Sep – Nov 2017

$262.6 million
Staffing Model Funding Level

Western State Hospital
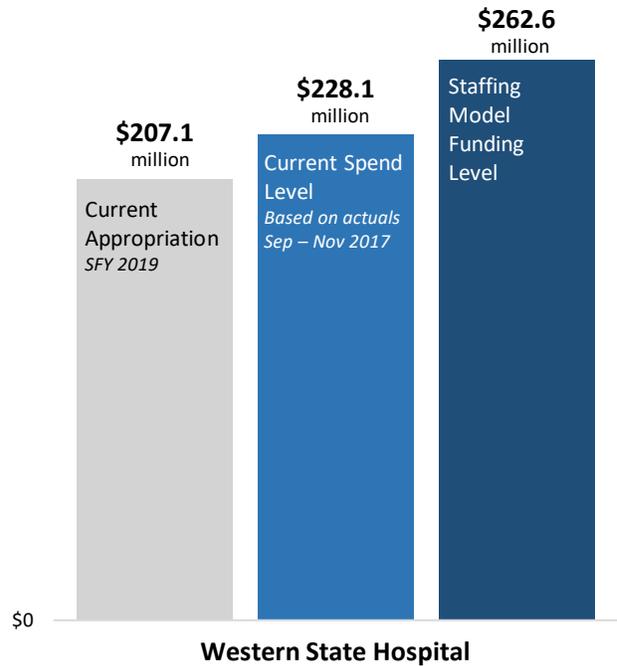
Next Steps

The model still needs to be shared with Labor and other key stakeholders. DSHS does not anticipate increasing staffing to recommended levels unless the model is adopted and funded. However, the hospitals can, and in some cases have begun, to make adjustments in the staff mix as appropriate.

In addition to using this model to establish appropriate staffing levels, the state hospitals' leadership will be accountable for the development of more robust continuous improvement planning, improved staff training, improved quality assurance programs, continued seclusion/restraint reduction efforts, and compliance with life safety requirements.