

August 20, 2004

**SPINAL CORD INJURY CENTER STAFFING AND BEDS**

**1. PURPOSE:** This Veterans Health Administration (VHA) directive identifies Spinal Cord Injury (SCI) designated beds and staffing, and defines the minimal number of available and staffed SCI beds and the minimal number of staff for certain aspects of the SCI Program.

*NOTE: The need for other personnel not covered within this Directive, such as physician assistants, nurse practitioners, administrative support staff, speech pathologists, vocational rehabilitation specialists, respiratory therapists, dieticians, etc., is also considered critical to SCI programs.*

**2. BACKGROUND**

a. The minimal staffing levels for the particular personnel included herein were derived from several sources (e.g., VHA staffing guidelines, professional organization recommendations, task force recommendations, customary case mix, and developmental or first-generation staffing guidelines). The majority of the SCI Centers will be staffed for nursing at 85 percent of the available beds. However, a number of centers will be staffed for nursing at a different level because of clinical considerations and unique factors. *NOTE: Some centers may emphasize additional types of personnel based on unique program or patient characteristics.*

b. Attachment A and Attachment B set forth the specific number of available and staffed SCI beds for each Department of Veterans Affairs (VA) facility.

**3. POLICY:** It is VHA policy that available and staffed SCI beds and acceptable staffing for inpatient SCI nursing, SCI physicians, SCI psychologists, SCI social workers, and SCI rehabilitative therapists be provided to meet or exceed the requirements described in Attachment A and Attachment B. *NOTE: Any decrease of the existing resources devoted to the SCI program will require the prior approval of the Under Secretary for Health.*

**4. ACTION**

a. **Chief Consultant, Spinal Cord Injury and Disorders (SCI&D) Strategic Healthcare Group (SHG).** The Chief Consultant, SCI SHG, is responsible for

(1) Determining the number and assignment of SCI beds. The 1,209 staffed beds for SCI patients described in Attachment A and Attachment B are to be maintained as specified in this Directive. These are comprised of:

(a) Nine hundred and forty-nine beds. Nine hundred and forty-nine (of the available 1,128 SCI beds in SCI Centers) will be staffed as specified in this Directive.

(b) Thirty extended care beds. In addition to the existing extended care beds at SCI Centers, an additional 30 staffed extended care beds in nursing home care units are designated for SCI use: Menlo Park (10), Miami (10), and Brecksville (10).

(c) Fifty extended care beds. An additional 50 staffed extended care beds for SCI use will be established in SCI Centers: Memphis (20), pending proven need, and Tampa (30), pending proven need and construction funding.

(d) One hundred and eighty extended care beds. An additional 180 staffed extended care beds for SCI use will be identified and designated within VHA facilities.

(2) Assessing the status of the SCI system as of September 30 of each year. After seeking input from interested Veterans Service Organizations and stakeholders, the Chief Consultant must provide the Acting Under Secretary for Health with any recommended changes to the minimal bed and staffing levels for each facility that are required to ensure that SCI patient needs are met.

b. **Medical Center Director**. Medical Center Directors of facilities having an SCI Center are responsible for ensuring that SCI staffing adheres to VHA policy, to include the fact that increased staffing must be provided in accordance with the provisions of this Directive whenever the average daily census (ADC) exceeds 85 percent of the staffed beds specified in Attachment A and Attachment B.

(1) **Nursing**. Minimal nursing staffing must be calculated based on 71 Full-time Equivalent (FTE) employees per 50 staffed beds. This equates to 1.42 FTE per staffed bed and is derived from an SCI system wide average of 356.7 hours of patient care required per day for 50 staffed beds. These staff will include nursing FTE assigned to inpatient care on an SCI ward and nursing specialty FTE associated with SCI inpatient care. **NOTE:** *When acuity levels exceed the national average, nursing staffing needs to be increased accordingly.*

(2) **SCI Physicians**. SCI physician staffing will be a minimum of one physician for every ten staffed beds. **NOTE:** *At the Brockton and Hampton SCI Centers, and Hines Residential Care Facility (RCF), physician staffing will be a minimum of one physician for every twenty-five extended care staffed beds. An additional .5 FTE will be allocated for administrative responsibilities of the full-time SCI Chief.*

(3) **SCI Social Workers**. One SCI social worker must be available for every twenty available beds. **NOTE:** *At the Brockton and Hampton SCI Centers, and Hines RCF, one SCI social worker will be available for every forty extended care beds. Social workers are expected to provide services to SCI outpatients.*

(4) **SCI Psychologists**. One SCI psychologist must be available for every twenty acute or sustaining care available beds. **NOTE:** *At Brockton and Hampton SCI Centers, and Hines RCF, one psychologist will be available for every forty extended care available beds. Psychologists are expected to provide services to SCI outpatients.*

(5) **Therapists**. One rehabilitation therapist (from a rehabilitation therapy mix of physical therapists, occupational therapists, kinesiotherapists, and certified therapeutic recreational specialists) must be available for every five available beds. **NOTE:** *At the Brockton and*

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*Hampton SCI Centers and Hines RCF, one rehabilitation therapist will be available for every fourteen available beds.*

(6) **Additional SCI Staffing Needs.** In addition to the preceding defined minimal staffing needs, additional immediate needs for instituting key program elements within the SCI Centers (including SCI Home Care, SCI Care Coordination, SCI Outpatient Clinic and SCI Telemedicine programs) are to be implemented with categories of staff determined locally.

## 5. REFERENCES

- a. VA Special Task Force on Spinal Cord Injury Programs.
- b. VHA Executive Decision Memo dated January 7, 2000.
- c. Public Law 104-262 and Public Law 107-135.
- d. VA Capacity Report to Congress.

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Consultant, Spinal Cord Injury and Disorders (SCI&D) Strategic Healthcare Group (SHG) (11S), is responsible for the contents of this Directive. Questions are to be addressed to 206-768-5401.

**7. RESCISSION:** VHA Directive 2000-022 is rescinded. This VHA Directive expires August 31, 2006.

S/ Arthur S. Hamerschlag for  
Jonathan B. Perlin, MD, PhD, MSHA, FACP  
Acting Under Secretary for Health

Attachments

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## ATTACHMENT A

**SPINAL CORD INJURY (SCI) CENTER ACUTE AND  
SUSTAINING BEDS BY FACILITY**

<b>FACILITY</b>	<b>VETERANS INTEGRATED SERVICES NETWORK (VISN)</b>	<b>DEPARTMENT OF VETERANS AFFAIRS (VA) AVAILABLE BEDS</b>	<b>VA STAFFED BEDS</b>
<b>Albuquerque</b>	<b>18</b>	<b>30</b>	<b>26</b>
<b>Augusta</b>	<b>7</b>	<b>60</b>	<b>55</b>
<b>Bronx</b>	<b>3</b>	<b>62</b>	<b>53</b>
<b>Cleveland</b>	<b>10</b>	<b>38</b>	<b>32</b>
<b>Dallas</b>	<b>17</b>	<b>30</b>	<b>26</b>
<b>East Orange</b>	<b>3</b>	<b>14</b>	<b>12</b>
<b>Hines</b>	<b>12</b>	<b>68</b>	<b>58</b>
<b>Houston</b>	<b>16</b>	<b>40</b>	<b>34</b>
<b>Long Beach</b>	<b>22</b>	<b>85</b>	<b>72</b>
<b>Memphis</b>	<b>9</b>	<b>70</b>	<b>60</b>
<b>Miami</b>	<b>8</b>	<b>36</b>	<b>31</b>
<b>Milwaukee</b>	<b>12</b>	<b>38</b>	<b>32</b>
<b>Palo Alto</b>	<b>21</b>	<b>43</b>	<b>43</b>
<b>Richmond ^</b>	<b>6</b>	<b>100</b>	<b>68</b>
<b>San Antonio</b>	<b>17</b>	<b>30</b>	<b>26</b>
<b>San Diego</b>	<b>22</b>	<b>30</b>	<b>26</b>
<b>San Juan</b>	<b>8</b>	<b>20</b>	<b>17</b>
<b>Seattle</b>	<b>20</b>	<b>38</b>	<b>32</b>
<b>St. Louis</b>	<b>15</b>	<b>32</b>	<b>27</b>
<b>Tampa</b>	<b>8</b>	<b>70</b>	<b>60</b>
<b>West Roxbury</b>	<b>1</b>	<b>40</b>	<b>34</b>

^ 20 Hoptel beds

**ATTACHMENT B**

**SCI CENTER EXTENDED CARE BEDS AND ADDITIONAL EXTENDED CARE  
DESIGNATIONS BY FACILITY**

<b>VISN</b>	<b>FACILITY</b>	<b>VA AVAILABLE BEDS</b>	<b>VA STAFFED BEDS</b>
<b>Brockton</b>	<b>1</b>	<b>40</b>	<b>30</b>
<b>Castle Point</b>	<b>3</b>	<b>20</b>	<b>15</b>
<b>Cleveland (Brecksville Division)</b>	<b>10</b>	<b>10</b>	<b>*</b>
<b>Hampton</b>	<b>6</b>	<b>64</b>	<b>50</b>
<b>Hines Residential Care Facility (RCF)</b>	<b>12</b>	<b>30</b>	<b>30</b>
<b>Memphis</b>	<b>9</b>	<b>20</b>	<b>**</b>
<b>Menlo Park Nursing Home Care Unit (NHCU)</b>	<b>21</b>	<b>10</b>	<b>#</b>
<b>Miami NHCU</b>	<b>8</b>	<b>10</b>	<b>#</b>
<b>Tampa (Extended Care)</b>	<b>8</b>	<b>30</b>	<b>##</b>
<b>* Pending remodel</b>			
<b>** Pending proven need</b>			
<b># Already staffed</b>			
<b>## Pending proven need and construction funding</b>			

<b>Total VA Available Beds at SCI Centers =</b>	<b>1128</b>
<b>Total SCI Center Staffed Beds =</b>	<b>949</b>
<b>Newly Identified Extended Care Beds (Brecksville, Memphis, Menlo Park, Miami, and Tampa) =</b>	<b>80</b>
<b>To be Identified Extended Care SCI Priority Beds =</b>	<b>180</b>
<b>SCI Bed Total =</b>	<b>1209</b>