

December 18, 2008

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 considered critical to SCI programs.*

2. BACKGROUND

a. The minimum 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 are to 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 SCI 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 must 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 requires the prior approval of the Under Secretary for Health. Proposed changes must be submitted through the Deputy Under Secretary for Health for Operations and Management.*

4. ACTION

a. **Chief Consultant, Spinal Cord Injury and Disorders (SCI/D) Services.** The Chief Consultant, SCI/D Services, is responsible for:

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

(a) 1,028 Beds. 1,028 of the available 1,251 beds in SCI Centers must be staffed as specified in this Directive.

THIS VHA DIRECTIVES EXPIRES DECEMBER 31, 2013

VHA DIRECTIVE 2008-085

December 18, 2008

(b) 66 Extended Care Beds. In addition to the existing extended care beds at SCI Centers, an additional 66 staffed extended-care beds in Community Living Centers (CLC) are designated for SCI use at: American Lake (8), Menlo Park (10), Miami (10), Milwaukee (10), Orlando (18), and San Juan (10). *NOTE: CLC staffing is determined by Geriatrics and Extended Care Services.*

(c) 50 Extended Care Beds. An additional 50 staffed extended care beds for SCI use are to be established in SCI Centers at Memphis (20), and VISN 22 (30) pending proven need and construction funding.

(d) 209 Beds in Planning. 179 long term care (LTC) beds at SCI Centers are in planning (inclusive of paragraph 4.a.(1)(c) above). 30 SCI Center acute care beds are in planning.

(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 Under Secretary for Health with any recommended changes to the minimum bed and staffing levels for each facility that are required to ensure that SCI patient needs are met.

b. **Medical Center Director.** Each medical center Director of a facility having an SCI Center is responsible for ensuring that SCI staffing adheres to VHA policy. Increased staffing must be provided in accordance with the provisions of this Directive whenever the annual average daily census (ADC) exceeds 85 percent of the staffed beds specified in Attachment A and Attachment B.

(1) **Nurses.** Minimal nurse 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. *NOTE: When acuity levels exceed the national average, nursing staffing needs to be increased accordingly.*

(2) **SCI Physicians.** SCI physician staffing must be, at a minimum, one physician for every 10 staffed beds. *NOTE: At the Brockton and Hampton SCI Centers, and Hines Residential Care Facility (RCF), physician staffing must be, at a minimum, one physician for every 25 extended-care staffed beds. An additional .5 FTE are to be allocated for administrative responsibilities of the full-time SCI Chief.*

(3) **SCI Social Workers.** One SCI social worker must be available for every 20 available beds. *NOTE: At the Brockton and Hampton SCI Centers, and Hines RCF, one SCI social worker must 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 20 acute or sustaining care available beds. *NOTE: At Brockton and Hampton SCI Centers, and Hines RCF, one psychologist must 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 5 available beds. *NOTE: At the Brockton and Hampton SCI Centers and Hines RCF, one rehabilitation therapist must be available for every 14 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, SCI Telemedicine, and vocational rehabilitation 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. Title 38 U.S.C 1706(b)(1).
- d. Title 38 U.S.C 1706(b)(3).
- e. Annual VA Capacity Report to Congress.

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

7. RESCISSIONS: VHA Directive 2005-001 dated January 11, 2005, is rescinded. This VHA Directive expires December 31, 2013.

Michael J. Kussman, MD, MS, MACP
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 12/18/08
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 12/18/08

ATTACHMENT A

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

Veterans Integrated Service Network (VISN)	Facility	Available Beds	SCI Center Staffed Beds	Pending Construction Available Beds	Pending Construction Staffed Beds	In Planning
18	Albuquerque	30	26			
7	Augusta	60	55			
3	Bronx	62	53			
10	Cleveland	38	32			
17	Dallas	30	26			
19	Denver			30	26	
3	East Orange	14	12			
12	Hines	68	58			
16	Houston	40	40			
16	Jackson					30
22	Long Beach	90	77			
9	Memphis	70	60			
8	Miami	36	31			
12	Milwaukee	38	32			
23	Minneapolis	30	26			
21	Palo Alto	43	43			
6	Richmond*	100	68			
17	San Antonio	30	26			
22	San Diego	30	26			
8	San Juan	20	20			
20	Seattle	38	32			
15	St Louis	32	27	6	6	
2	Syracuse			30	26	
8	Tampa	70	62			
3	West Roxbury	36	34			
Total	Acute Beds	1005	866	66	58	30

* Richmond has 20 Hoptel Beds.

ATTACHMENT B

SPINAL CORD INJURY (SCI) EXTENDED CARE BEDS BY FACILITY

Veterans Integrated Service Network (VISN)	Facility	Available Beds	SCI Center Staffed Beds	Pending Construction Available Beds	Pending Construction Staffed Beds	In Planning
20	American Lake Community Living Center (CLC)	8				
7	Augusta			20	19	
1	Brockton	36	34			64
3	Castle Point % Temporary move to Bronx during construction	20	15			
10	Cleveland			20	19	
17	Dallas					60
6	Hampton	64	54			
12	Hines	30	30			
22	Long Beach					15
9	Memphis					20
21	Menlo Park CLC	10				
8	Miami CLC	10				
12	Milwaukee CLC	10				
8	Orlando CLC	18				
22	San Diego					20
8	San Juan CLC	10				
8	Tampa	30	29			
Total	Long-term Care Beds	246	162	40	38	179

Total Available Beds	1,251
Total SCI Center Staffed Beds	1,028
Total Pending Construction	106
Total In Planning	209
SCI Bed Total	1,343