Massachusetts Nurses Association

As Nurses Sound the Alarm about Patient Safety Concerns at BID Plymouth Hospital, BID Administration Plans to Reduce Patients Access to Life-Saving Nursing Care

Analysis of Staffing Reductions and Their Impact at BID Plymouth (2024 vs. 2025)

Overview of Staffing Changes at BID Plymouth Based on Publicly Available Staffing Plans Posted by BID Administration on the Mass Health and Hospital Association's Patient Care Link Website.

Every year, BID-Plymouth, along with other hospitals affiliated with the Massachusetts Health and Hospital Association, post their plans for staffing each patient care unit so that the public can see the level of nursing care they should expect to receive while in the hospital. The plans provide the number of registered nurses and aides expected for each shift, including the total number of hours of patient care you should expect to receive during each day in the hospital. This report provides a comparison of the staffing plans for 2024 and 2025, indicating the amount of care patients are expected to receive.

The 2025 staffing plan for Beth Israel Deaconess Hospital-Plymouth (BID Plymouth) reveals a significant reallocation of resources rather than an overall increase in staffing. While the Emergency Department (ED) has received additional staff, several inpatient and critical care units have experienced reductions in Registered Nurse (RN) positions and direct worked hours per patient. These changes present serious concerns regarding patient safety, quality of care, staff burnout, and long-term hospital operations. The actual staffing plans cited in this analysis can be found in the appendix of this document.

Key Findings: Decreased Staffing Across Critical Units

1. Reduced Direct Worked Hours Per Patient

One of the most concerning trends is the decrease in direct worked hours per patient across multiple units. This reduction means that nurses and support staff have less time to dedicate to each patient, increasing the risk of delayed care, medication errors, and overall diminished patient outcomes.

- 2 East (Medical-Surgical Unit): Hours per patient decreased from 9.0 to 7.2 (-1.8 hours per patient).
- 3 East (Medical-Surgical Unit): Hours per patient decreased from 9.38 to 8.26 (-1.12 hours per patient).
- 3 South (Medical-Surgical Unit): Hours per patient decreased from 9.83 to 7.72 (-2.11 hours per patient).
- Critical Care (CCC): Hours per patient decreased from 17.77 to 15.66 (-2.11 hours per patient).
- Progressive Care (PCU): Hours per patient decreased from 15.96 to 10.7 (-5.26 hours per patient).

2. Increased Patient Load Without Matching Staff Increases

Several units are now handling more patients while receiving fewer nursing hours. This increased patient census without proportional staffing puts greater strain on nurses, reducing their ability to provide high-quality, attentive care.

- 2 East: Census increased from 41.77 to 48.92 (+7.15 patients) but direct worked hours per patient decreased.
- 3 East: Census increased from 28.15 to 31.00 (+2.85 patients), with reduced hours per patient.
- 3 South: Census increased from 26.04 to 33.16 (+7.12 patients) yet received fewer worked hours per patient.
- CCC: Minor census reduction from 10.8 to 10.73, but staffing reductions remain concerning.
- PCU: Minor census reduction from 4.51 to 4.48, but hours per patient sharply declined.

These changes indicate that staff are being asked to handle more patients with fewer resources, creating an unsustainable workload that could lead to exhaustion, burnout, and increased turnover rates among RNs.

3. RN Cuts in High-Acuity Units Pose Serious Risks

While some medical-surgical units saw minor RN staffing adjustments, critical areas experienced significant RN reductions.

- Critical Care (CCC) lost 1 RN per shift across all shifts, despite maintaining high-acuity patients who require close monitoring. This is particularly alarming as critical care patients often experience rapid deterioration, requiring immediate intervention.
- Senior Behavioral Health lost 1 RN per shift on nights, impacting patient safety and the ability to respond to behavioral crises.
- PCU staffing remained unchanged despite it being a transitional unit requiring close monitoring of patients recovering from critical conditions.

Why This Matters:

- Fewer RNs per shift means higher patient-to-nurse ratios, leading to increased errors, longer response times, and reduced quality of care.
- In critical care settings, cutting RNs can lead to worse patient outcomes, including higher rates of complications and mortality.
- Fewer RNs lead to longer response times to emergencies such as cardiac arrests, medication reactions, or rapid deterioration of patient conditions.

4. Reduced Support Staff Shifts More Work to Nurses

Cuts to Unlicensed Assistive Personnel (UAPs) add further strain to nursing staff, forcing them to take on non-clinical duties such as transporting patients and hygiene assistance.

- 2 East lost 2 UAPs per shift (day and evening).
- 3 East and 3 South each lost 1 UAP per shift.
- Senior Behavioral Health saw a 25% cut in UAP staff per shift.

With fewer UAPs available, nurses are burdened with additional tasks, detracting from their core responsibilities and increasing the risk of missed care.

5. Increased ED Staffing Without Proportionate Inpatient Support

The Emergency Department (ED) received additional staffing, with increases in both RNs and UAPs:

- Day Shift: +20 RNs
- Night Shift: +8 RNs
- UAP Staffing: +10 during the day, +4 at night

While this is a positive step for handling increased emergency visits, it is important to note that the hospital often fails to provide the staffing called for in its own plan, and it does not address situations in which patient volume increases dramatically, requiring additional staff. It also not address the bottleneck created when ED patients require admission to understaffed inpatient units. Without corresponding increases in inpatient staffing, hospital-wide patient flow will be negatively impacted, leading to longer ED wait times and potential delays in treatment.

Impact on Patient Care and Staff Well-Being

1. Patient Safety Risks

- Extensive medial and nursing research shows that low nurse-to-patient ratios and excessive patient loads for nurses can significantly elevate the risk of preventable medical errors, falls, pressure ulcers, hospital-acquired infections and patient mortality, while also increasing a patient's length of stay in the hospital.
- Longer response times to emergencies (such as strokes, sepsis, or cardiac events) can lead to preventable complications or deaths.
- More discharge delays due to overwhelmed inpatient units, causing ED congestion and longer hospital stays.

2. Nurse Burnout and Staff Morale

- Excessive workload leads to burnout, increased stress, and higher turnover rates.
- Mandatory overtime and increased responsibilities may result in absenteeism and lower job satisfaction.
- More resignations and retirements will create staffing shortages, increasing reliance on expensive temporary staffing solutions (i.e., travel nurses).

3. Financial and Operational Consequences

- Higher turnover and absenteeism lead to recruitment and training costs, impacting hospital budgets.
- Decreased patient satisfaction scores can harm the hospital's reputation and reimbursement rates.
- Potential for regulatory scrutiny if staffing cuts compromise patient safety and violate state/federal guidelines.

Recommendations

To mitigate the risks posed by these staffing changes, BID Plymouth should consider the following corrective actions:

1. Reassess RN cuts, particularly in CCC and Senior Behavioral Health, to ensure patient safety in high-risk areas.
2. Address UAP reductions to prevent an unmanageable workload shift onto nurses.
3. Ensure inpatient staffing adjustments account for increased ED admissions rather than assuming existing staff can absorb additional responsibilities.
4. Accept the staffing plans the nurses have proposed in their current negotiations for a new contract, and engage in a concerted effort to recruit and retain the staff needed to meet those safer staffing standards.
5. Engage frontline staff in decision-making to ensure staffing decisions align with patient care needs.

Final Assessment

BID Plymouth's 2025 staffing plan appears to prioritize cost-saving and efficiency at the expense of safe patient care. The reduction of RN staffing in high-acuity units, combined with increased patient loads in medical-surgical units, presents a significant risk to patient safety, nurse well-being, and hospital operations. Without intervention, these changes may lead to higher staff turnover, increased patient complications, and long-term damage to hospital performance. Careful oversight and proactive adjustments are necessary to maintain a safe, effective healthcare environment for both patients and staff.

The following pages showcase the contrasting budgeted staffing plans at Beth Israel Deaconess Hospital-Plymouth of year 2024 with 2025 as reported by Patient CareLink.

Appendix

A1

2024 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: 2 East - Adult Medical / Surgical Combined

Budgeted Staff Per Shift: 2024

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	6.00	6.00	6.00	6.00	6.00	6.00	6.00
RN	Evening Shift	3pm-11pm	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	6.00	6.00	6.00	6.00	6.00	6.00	6.00
RN	Night Shift	11pm-7am	9.00	9.00	9.00	9.00	9.00	9.00	9.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	6.00	6.00	6.00	6.00	6.00	6.00	6.00

Budgeted Staffing

Average Daily Census	41.77
Planned Direct Worked Hours Per Patient per Day	9

2025 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: 2 East - Adult Medical / Surgical Combined

Budgeted Staff Per Shift: 2025

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	11.00	11.00	11.00	11.00	11.00	11.00	11.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	4.00	4.00	4.00	4.00	4.00	4.00	4.00
RN	Evening Shift	3pm-11pm	11.00	11.00	11.00	11.00	11.00	11.00	11.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	4.00	4.00	4.00	4.00	4.00	4.00	4.00
RN	Night Shift	11pm-7am	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Budgeted Staffing

Average Daily Census	48.92
Planned Direct Worked Hours Per Patient per Day	7.2

Appendix

A2

2024 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: 3 East - Adult Medical / Surgical Combined

Budgeted Staff Per Shift: 2024

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	4.00	4.00	4.00	4.00	4.00	4.00	4.00
RN	Evening Shift	3pm-11pm	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	4.00	4.00	4.00	4.00	4.00	4.00	4.00
RN	Night Shift	11pm-7am	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Budgeted Staffing

Average Daily Census	28.15
Planned Direct Worked Hours Per Patient per Day	9.38

2025 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: 3 East - Adult Medical / Surgical Combined

Budgeted Staff Per Shift: 2025

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	3.00	3.00	3.00	3.00	3.00	3.00	3.00
RN	Evening Shift	3pm-11pm	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	3.00	3.00	3.00	3.00	3.00	3.00	3.00
RN	Night Shift	11pm-7am	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	3.00	3.00	3.00	3.00	3.00	3.00	3.00

Budgeted Staffing

Average Daily Census	31
Planned Direct Worked Hours Per Patient per Day	8.26

Appendix

A3

2024 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: 3 South - Adult Medical / Surgical Combined

Budgeted Staff Per Shift: 2024

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	4.00	4.00	4.00	4.00	4.00	4.00	4.00
RN	Evening Shift	3pm-11pm	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	4.00	4.00	4.00	4.00	4.00	4.00	4.00
RN	Night Shift	11pm-7am	6.00	6.00	6.00	6.00	6.00	6.00	6.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Budgeted Staffing

Average Daily Census	26.04
Planned Direct Worked Hours Per Patient per Day	9.83

2025 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: 3 South - Adult Medical / Surgical Combined

Budgeted Staff Per Shift: 2025

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	3.00	3.00	3.00	3.00	3.00	3.00	3.00
RN	Evening Shift	3pm-11pm	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	3.00	3.00	3.00	3.00	3.00	3.00	3.00
RN	Night Shift	11pm-7am	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	3.00	3.00	3.00	3.00	3.00	3.00	3.00

Budgeted Staffing

Average Daily Census	33.16
Planned Direct Worked Hours Per Patient per Day	7.72

Appendix

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2024 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: ACE - Adult Medical / Surgical Combined

Budgeted Staff Per Shift: 2024

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
RN	Evening Shift	3pm-11pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
RN	Night Shift	11pm-7am	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Budgeted Staffing

Average Daily Census	7.8
Planned Direct Worked Hours Per Patient per Day	11.28

2025 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: ACE - Adult Medical / Surgical Combined

Budgeted Staff Per Shift: 2025

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
RN	Evening Shift	3pm-11pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
RN	Night Shift	11pm-7am	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Budgeted Staffing

Average Daily Census	8
Planned Direct Worked Hours Per Patient per Day	11

Appendix

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2024 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: CCC - Adult Critical Care - Medical / Surgical Combined

Budgeted Staff Per Shift: 2024

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	1.00	1.00	1.00	1.00	1.00	1.00	1.00
RN	Evening Shift	3pm-11pm	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	1.00	1.00	1.00	1.00	1.00	1.00	1.00
RN	Night Shift	11pm-7am	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Budgeted Staffing

Average Daily Census	10.8
Planned Direct Worked Hours Per Patient per Day	17.77

2025 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: CCC - Adult Critical Care - Medical / Surgical Combined

Budgeted Staff Per Shift: 2025

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	6.00	6.00	6.00	6.00	6.00	6.00	6.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	1.00	1.00	1.00	1.00	1.00	1.00	1.00
RN	Evening Shift	3pm-11pm	6.00	6.00	6.00	6.00	6.00	6.00	6.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	1.00	1.00	1.00	1.00	1.00	1.00	1.00
RN	Night Shift	11pm-7am	6.00	6.00	6.00	6.00	6.00	6.00	6.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Budgeted Staffing

Average Daily Census	10.73
Planned Direct Worked Hours Per Patient per Day	15.66

Appendix

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2024 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: PCU - Adult Step-Down

Budgeted Staff Per Shift: 2024

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	1.00	1.00	1.00	1.00	1.00	1.00	1.00
RN	Evening Shift	3pm-11pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	1.00	1.00	1.00	1.00	1.00	1.00	1.00
RN	Night Shift	11pm-7am	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Budgeted Staffing

Average Daily Census	4.51
Planned Direct Worked Hours Per Patient per Day	15.96

2025 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: PCU - Adult Step-Down

Budgeted Staff Per Shift: 2025

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
RN	Evening Shift	3pm-11pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
RN	Night Shift	11pm-7am	2.00	2.00	2.00	2.00	2.00	2.00	2.00

Budgeted Staffing

Average Daily Census	4.48
Planned Direct Worked Hours Per Patient per Day	10.7

2024 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: Senior Behavioral Health - Behavioral Health - Adult - Geriatrics

Budgeted Staff Per Shift: 2024

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
RN	Evening Shift	3pm-11pm	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	2.00	2.00	2.00	2.00	2.00	2.00	2.00
RN	Night Shift	11pm-7am	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	2.00	2.00	2.00	2.00	2.00	2.00	2.00

Budgeted Staffing

Average Daily Census	13.11
Planned Direct Worked Hours Per Patient per Day	9.76

2025 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth Acute Care - 175 Licensed Beds

Unit: Senior Behavioral Health - Behavioral Health - Adult - Geriatrics

Budgeted Staff Per Shift: 2025

Direct Caregivers	Shift	Scheduled Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
RN	Day Shift	7am-3pm	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Unlicensed Assistive Personnel	Day Shift	7am-3pm	1.50	1.50	1.50	1.50	1.50	1.50	1.50
RN	Evening Shift	3pm-11pm	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Unlicensed Assistive Personnel	Evening Shift	3pm-11pm	1.50	1.50	1.50	1.50	1.50	1.50	1.50
RN	Night Shift	11pm-7am	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Unlicensed Assistive Personnel	Night Shift	11pm-7am	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Budgeted Staffing

Average Daily Census	12
Planned Direct Worked Hours Per Patient per Day	8

2024 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth

Acute Care - 175 Licensed Beds

Unit: ED - Emergency Department

Budgeted Staff Per Shift: 2024

Patient Population:	Adult & Pediatric
Types of Services Provided:	Mixed Acuity
Average Daily Visit Volume:	0
Total Emergency Visits:	0

Specialty Services:	Certified (AHA) Stroke Center

Direct Caregivers	7am	8am	9am	10am	11am	12	1pm	2pm	3pm	4pm	5pm	6pm	Total
RN	7	8	9	11	12	13	14	14	14	14	14	14	144
Unlicensed Assistive Personnel	3	3	4	4	5	5	5	5	5	5	5	5	54

Direct Caregivers	7pm	8pm	9pm	10pm	11pm	12	1am	2am	3am	4am	5am	6am	Total
RN	14	14	14	14	12	11	9	8	8	7	7	7	125
Unlicensed Assistive Personnel	5	5	5	5	4	4	4	3	3	3	3	3	47

Budgeted Staffing

Average Daily Visit Volume	120.06
Planned Direct Worked Hours Per Patient Visit	3.08

2025 Budgeted Staffing Plans

Beth Israel Deaconess Hospital-Plymouth

Acute Care - 175 Licensed Beds

Unit: ED - Emergency Department

Budgeted Staff Per Shift: 2025

Patient Population:	Adult & Pediatric
Types of Services Provided:	Mixed Acuity
Average Daily Visit Volume:	0
Total Emergency Visits:	0

Specialty Services:	Certified (AHA) Stroke Center

Direct Caregivers	7am	8am	9am	10am	11am	12	1pm	2pm	3pm	4pm	5pm	6pm	Total
RN	7	8	11	13	14	15	16	16	16	16	16	16	164
Unlicensed Assistive Personnel	3	3	5	5	6	6	6	6	6	6	6	6	64

Direct Caregivers	7pm	8pm	9pm	10pm	11pm	12	1am	2am	3am	4am	5am	6am	Total
RN	16	16	16	16	12	11	9	8	8	7	7	7	133
Unlicensed Assistive Personnel	6	6	6	6	4	4	4	3	3	3	3	3	51

Budgeted Staffing

Average Daily Visit Volume	125.85
Planned Direct Worked Hours Per Patient Visit	3.27

Appendix A8