Original Questions:

For those of you with Level III or IV NICUs that have over 70 beds, could you please provide some information regarding rehab staffing.

1. How many PT/OT/SLPs do you have dedicated to the NICU?
2. Do you do any triaging between PT/OT to help cover such a large unit, or do all babies get both services?
3. Do you divide the unit into smaller units with specific therapists/ therapy teams assigned to each smaller unit to help with consistency of care?
4. Any other staffing insights or solutions you'd like to share.

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ORG A	7 OTs (5.3 FTEs) , 7 PTs (4.8 FTEs) , and 4 SLPs (3.2 FTEs)	We have automatic order sets for OT, PT, and SLP in our unit. Inclusion criteria for automatic order sets is: Infants <37ega and Term infants with neurological diagnoses, comorbidities and/or anticipation of greater than one week length of stay including RDS, GI, NAS, Cardiac, and other complex conditions will receive assessment and intervention as necessary by a qualified neonatal therapist including PT, OT, and/or SLP. PT and OT see patients for development and OT and SLP see patients for feeding.	? Our unit has 140 beds. Depending on census, we can be completely full. With the automatic order sets we typically have orders on all babies in the unit except ~5 patients. Our therapists are divided in to 7 teams in the unit. Each team consists of an OT, PT and SLP. OT and PT start to see patients at birth for development. SLP does not start seeing patients until they are ready to PO feed so their caseloads are much smaller. Our therapists meet every morning as team to divide up patients for the day.	We use frequency of 1-2x/wk for infants less than 32 weeks. At 32 weeks we increase their frequency to 2-3x/wk if medically appropriate. PT and OT each set these frequencies. When a baby is ready to PO feed an evaluation is performed by OT and SLP. SLP typically sees a patient for feeding 2-3x/wk unless there are concerns with dysphagia then they see a patient 3-5x/wk. OT continues to use frequency of 2-3x/wk and see patient for feeding or development depending on what the need is. Some of our chronic/bigger babies are seen 3-5x/wk for development by PT and OT so that they are out of bed for the majority of the day. As a therapy department we are currently evaluating our frequencies and assessing missed visits weekly to see if we are meeting the needs of our patients.

ORG B	Our staff cover other units and are not dedicated to the NICU, but on any given day we have the following staffing model - but they are not usually in that unit all day. PT:2, OT:2, SLP:2, PRN to help manage volumes	SLP handles the feeding in our unit. PT and OT split the caseload to meet the other developmental needs of our babies and their families. They do not share patients, only one discipline follows and they provide the same types of services/treatments.	We have a progressive unit with one PT, OT and SLP assigned to that area. For our NICU, we have 4 smaller units and we have "owners" of each unit so that the therapists know to watch for new consults and also cover developmental rounds for their unit. PT "owns" 2 of the units and OT "owns" the other 2.	It has worked much better to "own" units or beds, so that you know which patients are yours - helps with getting to new consults quicker, improves consistency of care and improves communication with the other members of the team who work under a similar model. Many years ago, the babies did get both OT and PT and each would see them 1x/wk, but we have used the Single Discipline model for a long time and it works much better. It prevents duplication of services and allows the therapist to manage their caseload more independently across the week to ensure the patients and families get what they need. Most babies are seen at a frequency of 2x/wk. Our early preemies are 1x/wk and chronic babies can be

				3x/wk depending on their needs.

ORG C	1. 4 FTE's of OT, 2.2 FTE's of PT (SLP is in another department so uncertain)	1. OT/PT/SLP all coordinate to ensure the patients' overall needs are met each week.	1. Yes; this also decreases unnecessary travel time caused by staff traversing the entire unit to see patients; we are aligned with our medical teams delineation of patients which also helps with rapport building with providers and nursing.	1. Have a pool of skilled and competent staff that can flex into this specialty care area seamlessly when a primary staff member is off to ensure continuity of care for the patient.

ORG D	1. PT = 5.7 FTE, OT = 7.7 FTE, SLP = 1.8 FTE	Each therapist has zone of 10-16 beds as the primary "developmental" therapists (depending on acuity), about 60% of babies have 2 or more disciplines.	Yes	1. This zoning model works wonderfully for efficiency, program development, relationship-based care, collaboration and ensuring infants get the "just right" level of service in our 130 bed unit.

ORG E	While NICU may be a therapists' primary area and where they spend a majority of his/her time, our therapists are also cross trained in at least 1 other area. PT: 6, OT:5, SLP: 3	Depends on the skilled need and if there are overlaps in goals. Our NICU therapists meet Monday morning to discuss census, feeding times, goals, etc. and which days each discipline plans to see them based on POC's.	We have 2 different sides of our NICU floor who are managed by different teams of medical providers and divide our therapists among the 2 sides as their primary areas.	1x/week NICU neurodevelopmental rounds with the team of NP's is attended by therapists where needs and goals are discussed which is helpful. (each side of the NICU does every other week so each team of therapists only goes every other week also). There is also a neuroprotective committee which is an interdisciplinary group of NICU team members who work towards collaborative goals for more well-rounded care. They meet 1x/month.
ORG F	PT 4 FT and 1 Part Time, OT 4 FT and 1 PRN	in progress	in progress	in progress

ORG G	2 PT, 2 OT, 2 SLPs	1. Both complete the eval and then divided unless something specifically indicates need for both. Infants who remain past 6 months will get both services.	1. Speech does, OT and PT do not. Our patients are divided into teams. Green, blue, yellow, and purple. The team of people taking care of them each month remains consistent (NP, nutrition, pharmacy). One ST covers 2 teams, the other covers the other 2.	1. We have just recently increased NICU staffing and looking for ways to increase still. Any insight is helpful.

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