

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NYC H+H
Reporting Organization	Harlem Hospital Center
Reporting Organization Id	1445
Reporting Organization Type	Hospital (pfi)
Data Entity	Harlem Hospital Center

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?
Primary Medicine	4	16	25	6
Mental Health Services	5	40	75	15
PACU	5	40	15	3
Operating Room	15	120	14	1
Nuclear Med/Radiology	7	56	110	70
Medicine Subspecialty	6	72	75	10
Primary Medicine	10	80	190	15
Outpatient	6	48	30	5
Dialysis Acute	3	24	5	2
Rehab Physiatry	0	0	25	0
Dental Outpatient	3	24	60	10
Thoracic Surgery	3	24	30	10
urology	2	16	30	15
HIGH RISK ANTEPARTUM	2	16	12	6
PRIMARY SUBSPECIALITY	1	8	17	17
Virology	3	32	57	40
Pediatric Primary Care Ron Brown 1st Floor Building	5	40	90	18
Pediatric Emergency Room	4	32	12	3
Adult Emergency Room	19	143	80	4.21
Ambulatory Surgery	8	64	20	3.2
MP 3rd Floor	3	2	12	4

ENT - Location 4th Ron Brown	2	0.43	40	17
Podiatry - 2nd Floor shared space with Ortho -	1	0.1	75	75
Plastic Surgery - Ronald Brown Building 2nd Floor	2	0.43	35	18
Ophthalmology	1	0.1	75	75
Bariatric Clinic- MP 2	2	0.27	55	28
Infusion Center located MLK 3rd Floor , Adult patients for Iron Infusion and GI medication 8am-3pm	2	1	8	8
4 NICU	3	4.53	5.3	2
Mother and Baby Postpartum Unit	2	3.18	3	3
Pediatric Intensive Care Unit	1	8	2	2
Burn Intensive Care Unit 6th Floor	2	6.96	2.3	2
Behavioral Health Services _ Inpatient	7	1.27	44	7
Pediatrics	1	1.38	5.8	6
Adult Intensive Care Unit	6	4.44	10.8	2
14 th Floor CCU	2.15	5.58	4.43	2
13th Floor Medical Surgical (Telemetry)	6	3.41	32.8	5.5
14th Floor Medical Surgical Unit	7	1.55	36.1	6
12th Floor Medical Surgical Unit	10	2.69	4	5.5

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Primary Medicine	0	0
Mental Health Services	0	0
PACU	0	0
Operating Room	0	0
Nuclear Med/Radiology	0	0
Medicine Subspecialty	1	8
Primary Medicine	0	0
Outpatient	3	24
Dialysis Acute	0	0
Rehab Physiatry	1	8
Dental Outpatient	0	0
Thoracic Surgery	0	0
urology	0	0
HIGH RISK ANTEPARTUM	0	0
PRIMARY SUBSPECIALITY	0	0
Virology	1	8
Pediatric Primary Care Ron Brown 1st Floor Building	4	32
Pediatric Emergency Room	0	0
Adult Emergency Room	0	0
Ambulatory Surgery	0	0
MP 3rd Floor	0	0
ENT - Location 4th Ron Brown	0	0

Podiatry - 2nd Floor shared space with Ortho -	1	0.1
Plastic Surgery - Ronald Brown Building 2nd Floor	0	0
Ophthalmology	1	0.1
Bariatric Clinic- MP 2	1	0.13
Infusion Center located MLK 3rd Floor , Adult patients for Iron Infusion and GI medication 8am-3pm	0	0
4 NICU	0	0
Mother and Baby Postpartum Unit	0	0
Pediatric Intensive Care Unit	0	0
Burn Intensive Care Unit 6th Floor	0	0
Behavioral Health Services _ Inpatient	0	0
Pediatrics	0	0
Adult Intensive Care Unit 14 th Floor CCU	0	0
13th Floor Medical Surgical (Telemetry)	0	0
14th Floor Medical Surgical Unit	0	0
12th Floor Medical Surgical Unit	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Primary Medicine	0	0
Mental Health Services	4	32
PACU	2	0
Operating Room	3	24
Nuclear Med/Radiology	0	0
Medicine Subspecialty	1	8
Primary Medicine	12	96
Outpatient	4	32
Dialysis Acute	0	0
Rehab Physiatry	0	0
Dental Outpatient	0	0
Thoracic Surgery	2	15
urology	5	40
HIGH RISK ANTEPARTUM	1	8
PRIMARY SUBSPECIALITY	0	0
Virology	1	8
Pediatric Primary Care Ron Brown 1st Floor Building	4	32
Pediatric Emergency Room	3	24
Adult Emergency Room	5	40
Ambulatory Surgery	0	2
MP 3rd Floor	1	4
ENT - Location 4th Ron Brown	0	0
Podiatry - 2nd Floor shared space with Ortho -	2	15

Plastic Surgery - Ronald Brown Building 2nd Floor	2	0.43
Ophthalmology	1	7.5
Bariatric Clinic- MP 2	2	0.27
Infusion Center located MLK 3rd Floor , Adult patients for Iron Infusion and GI medication 8am-3pm	1	7.5
4 NICU	0	0
Mother and Baby Postpartum Unit	0	0
Pediatric Intensive Care Unit	0	0
Burn Intensive Care Unit 6th Floor	0	0
Behavioral Health Services _ Inpatient	3	0
Pediatrics	0	0
Adult Intensive Care Unit	0	0
14 th Floor CCU	0	0.3
13th Floor Medical Surgical (Telemetry)	0	24
14th Floor Medical Surgical Unit	0	0
12th Floor Medical Surgical Unit	0	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Primary Medicine	0	0
Mental Health Services	4	32
PACU	1	0
Operating Room	2	16
Nuclear Med/Radiology	1	1
Medicine Subspecialty	1	8
Primary Medicine	2	16
Outpatient	1	8
Dialysis Acute	0	0
Rehab Physiatry	0	0
Dental Outpatient	0	0
Thoracic Surgery	0	0
urology	0	0
HIGH RISK ANTEPARTUM	0	0
PRIMARY SUBSPECIALITY	0	0
Virology	1	8
Pediatric Primary Care Ron Brown 1st Floor Building	0	0
Pediatric Emergency Room	1	8
Adult Emergency Room	5	40
Ambulatory Surgery	0	0
MP 3rd Floor	1	4
ENT - Location 4th Ron Brown	0	0

Podiatry - 2nd Floor shared space with Ortho -	0	0
Plastic Surgery - Ronald Brown Building 2nd Floor	0	0
Ophthalmology	2	15
Bariatric Clinic- MP 2	0	0
Infusion Center located MLK 3rd Floor , Adult patients for Iron Infusion and GI medication 8am-3pm	0	0
4 NICU	1	8
Mother and Baby Postpartum Unit	1	1.51
Pediatric Intensive Care Unit	0	0
Burn Intensive Care Unit 6th Floor	8	0
Behavioral Health Services _ Inpatient	6	15.67
Pediatrics	1	0.77
Adult Intensive Care Unit	1	8
14 th Floor CCU	1	0.65
13th Floor Medical Surgical (Telemetry)	3	1.89
14th Floor Medical Surgical Unit	4	1.4
12th Floor Medical Surgical Unit	5	3.44

DAY SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.
Primary Medicine	clerical staff on duty
Mental Health Services	clerical support provided
PACU	clerical support provided
Operating Room	Surgical techs and anesthesia techs .Clerical support
Nuclear Med/Radiology	Rad tech and clerical
Medicine Subspecialty	Clerical Support provided
Primary Medicine	Clerical support provided
Outpatient	HN and Clerical support
Dialysis Acute	Hemo tech on duty.
Rehab Physiatry	Support from Rehab tech and Physical Therapist.
Dental Outpatient	Dentist , Dental Hygienist ,Dental Assistants and Clerical staff included
Thoracic Surgery	Clerical staff provided

urology	Clerical support provided
HIGH RISK ANTEPARTUM	CLERICAL AND SONOGRAPHY TECH ON DUTY
PRIMARY SUBSPECIALITY	CLERICAL STAFF ON DUTY
Virology	Clerical staff on duty
Pediatric Primary Care Ron Brown 1st Floor Building	HN and Clerical staff on duty
Pediatric Emergency Room	HN and clerical support on duty at this time
Adult Emergency Room	HN and Clerical staff on duty at this time
Ambulatory Surgery	there is a HN and 3Clerical support
MP 3rd Floor	Surgical Solutions technician
ENT - Location 4th Ron Brown	Clerical staff provided
Podiatry - 2nd Floor shared space with Ortho -	Clerical support provided for registration
Plastic Surgery - Ronald Brown Building 2nd Floor	Additional Clerical Support for registration of patients
Ophthalmology	Unlicensed Personnel are the ophthalmology techs , 2 Clerical staff
Bariatric Clinic- MP 2	Bariatric coordinator , Psychologist , and nutritionist
Infusion Center located MLK 3rd Floor , Adult patients for Iron Infusion and GI medication 8am-3pm	Clerical support by admin staff
4 NICU	Dedicated Clerical support and HN

Mother and Baby Postpartum Unit	Dedicated Clerical and HN
Pediatric Intensive Care Unit	None
Burn Intensive Care Unit 6th Floor	None
Behavioral Health Services _ Inpatient	Dedicated HN and Clerical Staff
Pediatrics	Dedicated HN and Clerical Staff
Adult Intensive Care Unit	Dedicated HN and Clerical Staff
14 th Floor CCU	Dedicated HN and
13th Floor Medical Surgical (Telemetry)	Dedicated HN and Clerical
14th Floor Medical Surgical Unit	Dedicated HN and Clerical Staff
12th Floor Medical Surgical Unit	Dedicated HN and Clerical staff

DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Primary Medicine	Yes			
Mental Health Services	Yes			
PACU	Yes			
Operating Room	Yes			
Nuclear Med/Radiology	Yes			
Medicine Subspecialty	Yes			
Primary Medicine	Yes			
Outpatient	Yes			
Dialysis Acute	Yes			

Rehab Physiatry	Yes			
Dental Outpatient	Yes			
Thoracic Surgery	Yes			
urology	Yes			
HIGH RISK ANTEPARTUM	Yes			
PRIMARY SUBSPECIALITY	Yes			
Virology	Yes			
Pediatric Primary Care Ron Brown 1st Floor Building	Yes			
Pediatric Emergency Room	Yes			
Adult Emergency Room	Yes			
Ambulatory Surgery	Yes			
MP 3rd Floor	Yes			
ENT - Location 4th Ron Brown	Yes			
Podiatry - 2nd Floor shared space with Ortho -	Yes			
Plastic Surgery - Ronald Brown Building 2nd Floor	Yes			
Ophthalmology	Yes			
Bariatric Clinic- MP 2	Yes			
Infusion Center located MLK 3rd Floor , Adult patients for Iron Infusion and GI medication 8am-3pm	Yes			
4 NICU	Yes			
Mother and Baby Postpartum Unit	Yes			
Pediatric Intensive Care Unit	Yes			
Burn Intensive Care Unit 6th Floor	Yes			

Behavioral Health Services _ Inpatient	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for the full statement.
Pediatrics	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for the full statement.
Adult Intensive Care Unit	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for the full statement.

14 th Floor CCU	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.
13th Floor Medical Surgical (Telemetry)	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
14th Floor Medical Surgical Unit	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement

12th Floor Medical Surgical Unit	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for the full statement.
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RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
Nuclear Medicine	6	48	30	5
Dialysis OP	6	48	25	4
Dialysis Acute	2	40	5	2
PACU	5	40	4	1
Operating Room	13	104	10	1
Pediatrics Subspecialty	1	4	6	4
Pediatric Primary	1	4	15	10
Pediatric MP 1st Floor	4	32	10	2
Adult ED	19	152	65	5
MP3rd Floor	2	16	3	1
MP 3rd Floor	5	40	10	2
Neonatal Intensive Care Unit	3	4.53	5.3	2
17th floor PICU	1	8	1	2
17th Floor Pediatrics	1	1.51	5.3	6
6th Floor Burn Intensive Care Unit	2	10.8	2	2
10th Floor Behavioral Health Services	5	1.36	29.4	7
Mother and Baby Postpartum	2	5.22	3.1	3
6th Floor Adult Intensive Care Unit	6	4.63	10.4	2
15th Floor CCU	2	4.43	3.6	2

14th Floor Medical Surgical	7	1.55	36.1	6
13th Floor Medical Surgical Unit (Telemetry)	6	1.42	33.9	5.5
12th Floor Medical Surgical Unit	10	4	46.9	5

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Nuclear Medicine	0	0
Dialysis OP	0	0
Dialysis Acute	0	0
PACU	0	0
Operating Room	0	0
Pediatrics Subspecialty	0	0
Pediatric Primary	2	16
Pediatric MP 1st Floor	0	0
Adult ED	0	0
MP3rd Floor	0	0
MP 3rd Floor	0	0
Neonatal Intensive Care Unit	0	0
17th floor PICU	0	0
17th Floor Pediatrics	0	0
6th Floor Burn Intensive Care Unit	0	0
10th Floor Behavioral Health Services	0	0

Mother and Baby Postpartum	0	0
6th Floor Adult Intensive Care Unit	0	0
15th Floor CCU	0	0
14th Floor Medical Surgical	0	0
13th Floor Medical Surgical Unit (Telemetry)	0	0
12th Floor Medical Surgical Unit	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Nuclear Medicine	0	0
Dialysis OP	0	0
Dialysis Acute	1	8
PACU	0	0
Operating Room	3	24
Pediatrics Subspecialty	1	4
Pediatric Primary	1	4
Pediatric MP 1st Floor	2	16
Adult ED	5	40
MP3rd Floor	0	0
MP 3rd Floor	0	0
Neonatal Intensive Care Unit	0	0
17th floor PICU	0	0
17th Floor Pediatrics	0	0

6th Floor Burn Intensive Care Unit	0	0
10th Floor Behavioral Health Services	0	0
Mother and Baby Postpartum	0	0
6th Floor Adult Intensive Care Unit	0	0
15th Floor CCU	0	0
14th Floor Medical Surgical	0	0
13th Floor Medical Surgical Unit (Telemetry)	0	0
12th Floor Medical Surgical Unit	0	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Nuclear Medicine	0	0
Dialysis OP	0	0
Dialysis Acute	0	0
PACU	0	0
Operating Room	2	16
Pediatrics Subspecialty	0	0
Pediatric Primary	1	4
Pediatric MP 1st Floor	1	8
Adult ED	2	16
MP3rd Floor	0	0
MP 3rd Floor	0	0

Neonatal Intensive Care Unit	1	8
17th floor PICU	1	3.91
17th Floor Pediatrics	1	0.77
6th Floor Burn Intensive Care Unit	1	2.21
10th Floor Behavioral Health Services	6	15.67
Mother and Baby Postpartum	1	1.51
6th Floor Adult Intensive Care Unit	1	8
15th Floor CCU	1	0.65
14th Floor Medical Surgical	4	1.4
13th Floor Medical Surgical Unit (Telemetry)	2	1.43
12th Floor Medical Surgical Unit	4	3.44

EVENING SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
Nuclear Medicine	Clerical support

Dialysis OP	Bio med
Dialysis Acute	Biomed tecch
PACU	clerical staff on site
Operating Room	clerical staff on duty
Pediatrics Subspecialty	none
Pediatric Primary	Clerical support
Pediatric MP 1st Floor	Clerical support provided
Adult ED	Clerical support on duty
MP3rd Floor	Surgical Solutions tech onsite
MP 3rd Floor	Clerical support
Neonatal Intensive Care Unit	Dedicated HN and Clerical staff
17th floor PICU	None
17th Floor Pediatrics	Dedicated Unit secretary
6th Floor Burn Intensive Care Unit	None
10th Floor Behavioral Health Services	Dedicated Clerical Support
Mother and Baby Postpartum	Dedicated Clerical support
6th Floor Adult Intensive Care Unit	Unit Secretary
15th Floor CCU	Clerical
14th Floor Medical Surgical	Clerical
13th Floor Medical Surgical Unit (Telemetry)	Clerical Support
12th Floor Medical Surgical Unit	Clerical support

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Nuclear Medicine	Yes			
Dialysis OP	Yes			
Dialysis Acute	Yes			
PACU	Yes			
Operating Room	Yes			
Pediatrics Subspecialty	Yes			
Pediatric Primary	Yes			
Pediatric MP 1st Floor	Yes			
Adult ED	Yes			
MP3rd Floor	Yes			
MP 3rd Floor	Yes			
Neonatal Intensive Care Unit	Yes			
17th floor PICU	Yes			
17th Floor Pediatrics	Yes			
6th Floor Burn Intensive Care Unit	Yes			
10th Floor Behavioral Health Services	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.

<p>Mother and Baby Postpartum</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for the full statement.</p>
<p>6th Floor Adult Intensive Care Unit</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for the full statement.</p>
<p>15th Floor CCU</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for the full statement.</p>

14th Floor Medical Surgical	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for the full statement
13th Floor Medical Surgical Unit (Telemetry)	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for the full statement
12th Floor Medical Surgical Unit	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for the full statement

RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	Operating Room	2	16	2
Other	PACU	2	16	2
Other	Dialysis Acute	2	16	8
Other	Pediatric Emergency Department	4	32	12
Other	Adult Emergency Department	17	136	40
Critical Care	4th Floor NICU	5	4.71	8.5
Critical Care	17th Floor PICU	1	8	1
Pediatric	17th Floor Pediatrics	1	1.51	5.3
Critical Care	6 Burn ICU	2	7.83	2
Psychiatry	BHS 10th Floor	5	1.34	29.4
Obstetrics/Gynecology	4th Floor Mother and Baby Postpartum	2	5.22	3.1
Critical Care	6th Floor Adult Incentive Care Unit	6	4.63	10.4
Critical Care	15th Floor CCU	2	4.43	3.6
Medical/Surgical	14th floor	7	1.55	36.1
Medical/Surgical	13th Floor Telemetry	7	3.91	33.9
Medical/Surgical	12th floor medical Surgical unit	10	3.9	38.9

LPN NIGHT SHIFT STAFFING

Name of Clinical Unit:	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	1	0
Other	1	0
Other	4	0
Other	3	0
Other	8	0
Critical Care	2	0
Critical Care	2	0
Pediatric	6	0
Critical Care	2	0
Psychiatry	7	0
Obstetrics/Gynecology	2	0
Critical Care	2	0
Critical Care	2	0
Medical/Surgical	6	0
Medical/Surgical	5	0
Medical/Surgical	5	0

NIGHT SHIFT ANCILLARY STAFF

Name of Clinical Unit:	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	0

Other	0	0
Other	0	0
Other	0	2
Other	0	6
Critical Care	0	0
Critical Care	0	0
Pediatric	0	0
Critical Care	0	0
Psychiatry	0	0
Obstetrics/Gynecology	0	0
Critical Care	0	0
Critical Care	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	1
Other	0	0
Other	0	0
Other	16	1
Other	48	2
Critical Care	0	1
Critical Care	0	1
Pediatric	0	1
Critical Care	0	1
Psychiatry	0	6
Obstetrics/Gynecology	0	1
Critical Care	0	1
Critical Care	0	1

Medical/Surgical	0	4
Medical/Surgical	0	3
Medical/Surgical	0	5

NIGHT SHIFT ADDITIONAL RESOURCES

Name of Clinical Unit:	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Other	8
Other	0
Other	0
Other	8
Other	16
Critical Care	8
Critical Care	3.91
Pediatric	0.77
Critical Care	2.2
Psychiatry	15.67
Obstetrics/Gynecology	1.51
Critical Care	1.3
Critical Care	0.65
Medical/Surgical	1.4
Medical/Surgical	1.3
Medical/Surgical	3.44

NIGHT SHIFT CONSENSUS INFORMATION

Name of Clinical Unit:	Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):
Other	surgical techs	Yes		
Other	none	Yes		
Other	Biomed tech support	Yes		
Other	Clerical Support	Yes		
Other	Clerical support	Yes		
Critical Care	Clerical Support from Float pool	Yes		
Critical Care	clerical support from float pool	Yes		
Pediatric	Unit secretary	Yes		
Critical Care	Clerical Support from float pool	Yes		

Psychiatry	Clerical support	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement.
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Obstetrics/Gynecology	Clerical Support	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.
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Critical Care	Clerical support from float pool	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from the full statement.
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Critical Care	Clerical Staff in Float pool	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.
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Medical/Surgical	Clerical Secretary from float pool	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement.
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Medical/Surgical	Clerical support from the float pool	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from or the full statement.
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Medical/Surgical	Clerical Support from the float pool	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for the full statement.
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CBA INFORMATION

<p>We have one or more collective bargaining agreements:</p>	<p>Yes</p>
<p>If yes, then:</p> <p>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</p> <p>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.)</p>	<p>DC 37,New York State Nurses Associatio n,SEIU 1199</p>
<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>03/02/20 23 12:00 AM</p>

<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>430</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>04/09/2022 12:00 AM</p>
<p>The number of hospital employees represented by SEIU 1199 is:</p>	<p>106</p>

<p>Our general hospital's collective bargaining agreement with DC 37 expires on the following date:</p>	<p>11/06/20 26 12:00 AM</p>
<p>The number of hospital employees represented by DC37 is:</p>	<p>933</p>