

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Orange
Council	Mid-Hudson
Network	WESTCHESTER MEDICAL CENTER HEALTH NETWORK
Reporting Organization	St Anthony Community Hospital
Reporting Organization Id	0704
Reporting Organization Type	Hospital (pfi)
Data Entity	St Anthony Community Hospital

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) ?
Operating Room	4.5	2	9	1
PACU: recovery room	2	2	8	2
SDS: same day surgery	4	1.6	20	5
PAT: Pre-anesthesia testing	1	0.5	10	1
Endoscopy rooms	1	1	8	1
Variety of infusion including injections, antibiotics and chemotherapy	2	1.7	9	5
Interventional radiology & imaging services	1	0.5	4	1
LDRP (Labor Delivery Recovery Post Partum)	3	4	6	8
Medical Surgical 4th floor orthopedics	1	2	4	4
ICU: Intensive Care Unit	2	4	4	2
Medical Surgical 1st floor	3	1.25	18	6
Wound care located in space in Main Hospital on the 4th floor	1	0.5	6	6
Community based Emergency Department	2.5	1.66	12	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)
Operating Room	0	0
PACU: recovery room	0	0
SDS: same day surgery	0	0
PAT: Pre-anesthesia testing	0	0
Endoscopy rooms	0	0
Variety of infusion including injections, antibiotics and chemotherapy	0	0
Interventional radiology & imaging services	0	0
LDRP (Labor Delivery Recovery Post Partum)	0	0
Medical Surgical 4th floor orthopedics	0	0
ICU: Intensive Care Unit	0	0
Medical Surgical 1st floor	0	0
Wound care located in space in Main Hospital on the 4th floor	0	0
Community based Emergency Department	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)
Operating Room	4.5	36
PACU: recovery room	0	0
SDS: same day surgery	0	0
PAT: Pre-anesthesia testing	0	0
Endoscopy rooms	1	8
Variety of infusion including injections, antibiotics and chemotherapy	0	0
Interventional radiology & imaging services	1	8
LDRP (Labor Delivery Recovery Post Partum)	1	8
Medical Surgical 4th floor orthopedics	0	0
ICU: Intensive Care Unit	0	0
Medical Surgical 1st floor	1	8
Wound care located in space in Main Hospital on the 4th floor	0	0
Community based Emergency Department	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)
Operating Room	0	0
PACU: recovery room	0	0
SDS: same day surgery	0	0
PAT: Pre-anesthesia testing	0	0
Endoscopy rooms	0	0
Variety of infusion including injections, antibiotics and chemotherapy	0	0
Interventional radiology & imaging services	0	0
LDRP (Labor Delivery Recovery Post Partum)	0	0
Medical Surgical 4th floor orthopedics	1	1
ICU: Intensive Care Unit	0	0
Medical Surgical 1st floor	2	0.88
Wound care located in space in Main Hospital on the 4th floor	0	0
Community based Emergency Department	1	8

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.
Operating Room	1 RN & 1 Surgical Tech per OR suite; On-call 1 RN & 1 Surgical Tech after day shift ends Monday-Friday until day shift next day, 24/7 weekends & holidays.
PACU: recovery room	On-call 7a-11p Saturday, Sunday & Holidays
SDS: same day surgery	Provides care pre & post procedure.
PAT: Pre-anesthesia testing	Patients are scheduled at 15–30-minute intervals.
Endoscopy rooms	1 RN and 1 Surgical tech per physician/room
Variety of infusion including injections, antibiotics and chemotherapy	1 infusion aide depending on volume; weekend RN coverage as needed.
Interventional radiology & imaging services	An additional RN on biopsy days.
LDRP (Labor Delivery Recovery Post Partum)	None

Medical Surgical 4th floor orthopedics	Unit secretary as needed
ICU: Intensive Care Unit	None
Medical Surgical 1st floor	Unit secretary 8 hours for census of 8+
Wound care located in space in Main Hospital on the 4th floor	NA
Community based Emergency Department	NA

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):
Operating Room	Yes			
PACU: recovery room	Yes			
SDS: same day surgery	Yes			
PAT: Pre-anesthesia testing	Yes			
Endoscopy rooms	Yes			
Variety of infusion including injections, antibiotics and chemotherapy	Yes			
Interventional radiology & imaging services	Yes			
LDRP (Labor Delivery Recovery Post Partum)	Yes			
Medical Surgical 4th floor orthopedics	Yes			
ICU: Intensive Care Unit	Yes			

Medical Surgical 1st floor	Yes			
Wound care located in space in Main Hospital on the 4th floor	No	I, Dr. Mary Leahy have reviewed the proposed staffing recommendations by management and labor members and support submission as proposed by management.	Members of hospital senior administration met with employee members and union representatives on two separate occasions to review the proposed staffing plan and volume indicators. Consensus was not reached based on the employees request for additional minimal staffing. The discussion included open dialogue between labor and management regarding assignments and flow of the department. Ultimately, management could not agree to the request.	members do not consider Management's recommendation for staffing on this unit adequate to provide appropriate care to patients on a sufficient basis. In addition, we do not believe Management considered all the criteria outlined in Section 2805-t of NYS PHL and do not agree their proposal meets the requirements of the law. Sufficient staffing is crucial for patient care, improved outcomes, and to help prevent readmissions. It allows for swift responses to emergencies and reduces the risk of adverse outcomes. Insufficient staffing drives inferior patient care, reportable events, licensure concerns and worker turnover. In order to provide appropriate care on this

<p>Community based Emergency Department</p>	<p>No</p>	<p>I, Dr. Mary Leahy have reviewed the proposed staffing recommendations by management and labor members and support submission as proposed by management.</p>	<p>Members of hospital senior administration met with employee members and union representatives on two separate occasions to review the proposed staffing plan and volume indicators. Consensus was not reached based on the employees request for additional minimal staffing. The discussion included open dialogue between labor and management regarding assignments and flow of the department. Ultimately, management could not agree to the request.</p>	<p>members do not consider Management's recommendation for staffing on this unit adequate to provide appropriate care to patients on a sufficient basis. In addition, we do not believe Management considered all the criteria outlined in Section 2805-t of NYS PHL and do not agree their proposal meets the requirements of the law. Sufficient staffing is crucial for patient care, improved outcomes, and to help prevent readmissions. It allows for swift responses to emergencies and reduces the risk of adverse outcomes. Insufficient staffing drives inferior patient care, reportable events, licensure concerns and worker turnover. In order to provide appropriate care on this</p>
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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)?
SDS: Same Day Surgery	2	1.6	10	5
PACU: recovery room	2	2	8	2
LDRP (Labor Delivery Recovery Post Partum)	3	4	6	8
Medical Surgical 4th floor orthopedics	1	2	4	4
ICU: Intensive Care Unit	2	4	4	2
Medical Surgical 1st floor	3	1.25	18	6
Community based Emergency Department	3	1.5	16	5.3

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)
SDS: Same Day Surgery	0	0
PACU: recovery room	0	0

LDRP (Labor Delivery Recovery Post Partum)	0	0
Medical Surgical 4th floor orthopedics	0	0
ICU: Intensive Care Unit	0	0
Medical Surgical 1st floor	0	0
Community based Emergency Department	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)
SDS: Same Day Surgery	0	0
PACU: recovery room	0	0
LDRP (Labor Delivery Recovery Post Partum)	0.5	4
Medical Surgical 4th floor orthopedics	0	0
ICU: Intensive Care Unit	0	0
Medical Surgical 1st floor	0	0
Community based Emergency Department	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)
SDS: Same Day Surgery	0	0
PACU: recovery room	0	0
LDRP (Labor Delivery Recovery Post Partum)	0	0
Medical Surgical 4th floor orthopedics	1	1
ICU: Intensive Care Unit	0	0
Medical Surgical 1st floor	2	0.88
Community based Emergency Department	1	8

EVENING 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 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.

SDS: Same Day Surgery	Provides care pre & post procedure, department closes at 7pm.
PACU: recovery room	Coverage provided until 7pm
LDRP (Labor Delivery Recovery Post Partum)	Four hours of unit assistant 7 days/week
Medical Surgical 4th floor orthopedics	None
ICU: Intensive Care Unit	None
Medical Surgical 1st floor	1 unit secretary 4 hours 2-3 days per week as needed.
Community based Emergency Department	1 Unit Assistant 5 shifts/week

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):
SDS: Same Day Surgery	Yes			
PACU: recovery room	Yes			
LDRP (Labor Delivery Recovery Post Partum)	Yes			
Medical Surgical 4th floor orthopedics	Yes			
ICU: Intensive Care Unit	Yes			
Medical Surgical 1st floor	Yes			

<p>Community based Emergency Department</p>	<p>No</p>	<p>I, Dr. Mary Leahy have reviewed the proposed staffing recommendations by management and labor members and support submission as proposed by management.</p>	<p>Members of hospital senior administration met with employee members and union representatives on two separate occasions to review the proposed staffing plan and volume indicators. Consensus was not reached based on the employees request for additional minimal staffing. The discussion included open dialogue between labor and management regarding assignments and flow of the department. Ultimately, management could not agree to the request.</p>	<p>members do not consider Management's recommendation for staffing on this unit adequate to provide appropriate care to patients on a sufficient basis. In addition, we do not believe Management considered all the criteria outlined in Section 2805-t of NYS PHL and do not agree their proposal meets the requirements of the law. Sufficient staffing is crucial for patient care, improved outcomes, and to help prevent readmissions. It allows for swift responses to emergencies and reduces the risk of adverse outcomes. Insufficient staffing drives inferior patient care, reportable events, licensure concerns and worker turnover. In order to provide appropriate care on this</p>
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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)
Obstetrics/Gynecology	LDRP (Labor Delivery Recovery Post Partum)	3	4	6
Orthopedics	Medical Surgical 4th floor Orthopedics	1	2	4
Critical Care	ICU: Intensive Care Unit	2	4	4
Telemetry	Medical Surgical 1st floor	3	1.25	18
Emergency Department	Community based Emergency Department	2	1.45	11

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)
Obstetrics/Gynecology	8	0
Orthopedics	4	0
Critical Care	2	0
Telemetry	6	0
Emergency Department	5.5	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)
Obstetrics/Gynecology	0	0
Orthopedics	0	0
Critical Care	0	0
Telemetry	0	0
Emergency Department	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)
Obstetrics/Gynecology	0	0
Orthopedics	0	1
Critical Care	0	0
Telemetry	0	2
Emergency Department	0	1

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)
Obstetrics/Gynecology	0
Orthopedics	1
Critical Care	0
Telemetry	0.88
Emergency Department	8

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):
Obstetrics/Gynecology	None	Yes		
Orthopedics	None	Yes		
Critical Care	None	Yes		
Telemetry	None	Yes		

Emergency Department	NA	No	I, Dr. Mary Leahy have reviewed the proposed staffing recommendations by management and labor members and support submission as proposed by management.	Members of hospital senior administration met with employee members and union representatives on two separate occasions to review the proposed staffing plan and volume indicators. Consensus was not reached based on the employees request for additional minimal staffing. The discussion included open dialogue between labor and management regarding assignments and flow of the department. Ultimately, management could not agree to the request.
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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.) represented.</p>	<p>New York State Nurses Association, SEIU 1199</p>

<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>07/01/20 25 12:00 AM</p>
<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>96</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>05/01/20 26 12:00 AM</p>

**The number of hospital employees
represented by SEIU 1199 is:**

140