HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Westchester
Council	Mid-Hudson
Network	NORTHWELL HEALTH
Reporting Organization	Phelps Hospital
Reporting Organization Id	1129
Reporting Organization Type	Hospital (pfi)
Data Entity	Phelps 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) ?
Wound Healing - 6 Chair Capacity & 1 Procedure Room	3	1	13	4.33
Presurgical Testing (PST) - 4 Exam Rooms	4	1	12	3
Pain Center - 2 Procedure Rooms	2	1.5	4	2
Post Recovery Room Unit (PACU) 9 Bed Capacity - 755 North Broadway - 3rd Floor	4	0.25	24	6
Operating Room - 4 Exam Rooms - 755 North Broadway - 3rd Floor	6	2	25	4.67
IR Nursing (IR Nursing, Pet Scan, Cat Scan, Ultrasound, Nuclear Medicine, MRI)	4	1	26	8
Infusion Center - 18 Chair Capacity - 777 North Broadway - 2nd Floor	6	4	55	9.17
Hyperbaric - 12 Chair Capacity - G Level	1	0.67	8	8

Endoscopy Unit - 4 Procedural Rooms - 3rd Floor	8	0.3	28	7
Emergency Department - 32 Beds - 701 G-Level	4	1.6	26.33	6.6
Cardiovascular & Cardiac Rehab - 7 Procedure Rooms	2	0.5	32	8
Amb Surg - 17 Beds	4	2.5	22	4
Labor & Delivery	3	6	3	1.5
Obstetrics, Special Care Nursery, Pediatrics	4	7.6	12	7
3 North - Medicine	2	5	10	5
2 Center - Rehab/Ortho	4	4.35	23	6
2 North	4	4.35	23	6
2 South - Behavioral Health	2	3.01	15	8
1 South - Psych	3	4.45	16	5
Critical Care (ICU)	3	10.71	7	2
5 South - Telemetry	4	3.89	24	6

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)**
Wound Healing - 6 Chair Capacity & 1 Procedure Room	0	0

Presurgical Testing (PST) - 4 Exam Rooms	0	0
Pain Center - 2 Procedure Rooms	0	0
Post Recovery Room Unit (PACU) 9 Bed Capacity - 755 North Broadway - 3rd Floor	0	0
Operating Room - 4 Exam Rooms - 755 North Broadway - 3rd Floor	0	0
IR Nursing (IR Nursing, Pet Scan, Cat Scan, Ultrasound, Nuclear Medicine, MRI)	0	0
Infusion Center - 18 Chair Capacity - 777 North Broadway - 2nd Floor	0	0
Hyperbaric - 12 Chair Capacity - G Level	0	0
Endoscopy Unit - 4 Procedural Rooms - 3rd Floor	0	0
Emergency Department - 32 Beds - 701 G-Level	0	0
Cardiovascular & Cardiac Rehab - 7 Procedure Rooms	0	0
Amb Surg - 17 Beds	0	0
Labor & Delivery	0	0
Obstetrics, Special Care Nursery, Pediatrics	0	0
3 North - Medicine	0	0
2 Center - Rehab/Ortho	0	0
2 North	0	0
2 South - Behavioral Health	0	0
1 South - Psych	0	0
Critical Care (ICU)	0	0

5 South - Telemetry	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)
Wound Healing - 6 Chair Capacity & 1 Procedure Room	4	1.7
Presurgical Testing (PST) - 4 Exam Rooms	4	1.7
Pain Center - 2 Procedure Rooms	4	1.7
Post Recovery Room Unit (PACU) 9 Bed Capacity - 755 North Broadway - 3rd Floor	4	1.7
Operating Room - 4 Exam Rooms - 755 North Broadway - 3rd Floor	4	1.7
IR Nursing (IR Nursing, Pet Scan, Cat Scan, Ultrasound, Nuclear Medicine, MRI)	4	1.7
Infusion Center - 18 Chair Capacity - 777 North Broadway - 2nd Floor	4	1.7
Hyperbaric - 12 Chair Capacity - G Level	4	1.7

Endoscopy Unit - 4 Procedural Rooms - 3rd Floor	4	1.7
Emergency Department - 32 Beds - 701 G-Level	4	1.7
Cardiovascular & Cardiac Rehab - 7 Procedure Rooms	4	1.7
Amb Surg - 17 Beds	4	1.7
Labor & Delivery	4	1.7
Obstetrics, Special Care Nursery, Pediatrics	4	1.7
3 North - Medicine	4	2.15
2 Center - Rehab/Ortho	4	1.7
2 North	4	1.7
2 South - Behavioral Health	3	1
1 South - Psych	3	0.97
Critical Care (ICU)	4	2.15
5 South - Telemetry	4	2.15

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)**
Wound Healing - 6 Chair Capacity & 1 Procedure Room	1	0.6
Presurgical Testing (PST) - 4 Exam Rooms	0	0

Pain Center - 2 Procedure Rooms	0	0
Post Recovery Room Unit (PACU) 9 Bed Capacity - 755 North Broadway - 3rd Floor	3	2.86
Operating Room - 4 Exam Rooms - 755 North Broadway - 3rd Floor	5	5
IR Nursing (IR Nursing, Pet Scan, Cat Scan, Ultrasound, Nuclear Medicine, MRI)	9	2.89
Infusion Center - 18 Chair Capacity - 777 North Broadway - 2nd Floor	2	2.5
Hyperbaric - 12 Chair Capacity - G Level	2	4
Endoscopy Unit - 4 Procedural Rooms - 3rd Floor	6	2.8
Emergency Department - 32 Beds - 701 G-Level	3	8.78
Cardiovascular & Cardiac Rehab - 7 Procedure Rooms	3	2.86
Amb Surg - 17 Beds	1	0.06
Labor & Delivery	1	8
Obstetrics, Special Care Nursery, Pediatrics	1	1.88
3 North - Medicine	2	4.95
2 Center - Rehab/Ortho	3	2.5
2 North	3	3.23
2 South - Behavioral Health	2	2.7
1 South - Psych	4	6.39
Critical Care (ICU)	1	3.54
5 South - Telemetry	3	3.09

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.**
Wound Healing - 6 Chair Capacity & 1 Procedure Room	Supervisor Administrative Support Assistant Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Nutritionist Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Volunteers Other

Presurgical Testing (PST) - 4 Exam Rooms	Unit Nurse Management Administrative Support Assistant Anesthesia Provider Clinical Nurse Specialist Clinical Pharmacist Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner Nurse Practitioner Nursing Student Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team Respiratory Therapy Support Spiritual Services Volunteers Other

Pain Center - 2 Procedure Rooms	Unit Nurse Management Administrative Support Assistant Anesthesia Provider Clinical Nurse Specialist Clinical Pharmacist Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner Nursing Student Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team Respiratory Therapy Support Spiritual Services Volunteers Other

Post Recovery Room Unit (PACU) 9 Bed Capacity - 755 North Broadway - 3rd Floor	Unit Nurse Management Administrative Support Assistants Anesthesia Provider Clinical Nurse Specialist Clinical Pharmacist Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner Nursing Student Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team Respiratory Therapy Support Spiritual Services Volunteers Other

Operating Room - 4 Exam Rooms - 755 North Broadway - 3rd Floor	Unit Nurse Management Administrative Support Assistant Anesthesia Provider Clinical Nurse Specialist Clinical Pharmacist Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner Nursing Student Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team Respiratory Therapy Support Spiritual Services Volunteers Other

IR Nursing (IR Nursing, Pet Scan, Cat Scan, Ultrasound, Nuclear Medicine, MRI)	Unit Assistant Director Staff Educator Radiology Technologist Patient Access Representative Patient Transport Team IV Therapy Team / Line Access Rapid Response Team Respiratory Therapy Support Nutritionist Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Radiology Physician Assistant Hospitality Volunteers Other

Infusion Center - 18 Chair Capacity - 777 North Broadway - 2nd Floor	Unit Nurse Management Administrative Support Coordinator Clinical Pharmacist Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Licensed Social Services / Case Management Nursing Student Nutritionist Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Staff Educator Volunteers Other

Hyperbaric - 12 Chair Capacity - G Level	Unit Nurse Management 1:1 Patient Observer/sitter Administrative Support Assistant Clinical Pharmacist Hospitalist / NP / PA Intensivist IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Other

Endoscopy Unit - 4 Procedural Rooms - 3rd Floor	Unit Nurse Management Administrative Support Assistant Anesthesia Provider Clinical Nurse Specialist Clinical Pharmacist Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner Nursing Student Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team Respiratory Therapy Support Spiritual Services Volunteers Other

	Assistant Nurse Management 1:1 Patient Observer/sitter Administrative Support Assistant Admissions Nurse (Facilitator/ Functional Nurse) Associate Patient Access Services Representative Clinical Nurse Specialist Clinical Pharmacist Clinical Support Services Assistant Hospitalist / NP / PA Hospitality Intensivist IV Therapy Team / Line Access Licensed Social Services / Case Management Nursing Student Nutritionist Patient Transport Team Pharmacy Tech
Emergency Department - 32 Beds - 701 G-Level	Rapid Response Team Rehab Activities (OT, PT,

Cardiovascular & Cardiac Rehab - 7 Procedure Rooms	Unit Management 1:1 Patient Observer/sitter Administrative Support Assistant Clinical Pharmacist Hospitalist / NP / PA Intensivist IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Other

Amb Surg - 17 Beds	Unit Nurse Management Administrative Support Assistant Anesthesia Provider Clinical Nurse Specialist Clinical Pharmacist Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner Nursing Student Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team Respiratory Therapy Support Spiritual Services Volunteers Other

Labor & Delivery	Unit Nurse Management Clinical Pharmacist Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Neonatologist Nursing Student Nutritionist OB Safety Office Patient Transport Team Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric Registered Nurse Spiritual Services Staff Educator

	Unit Nurse Management
	Clinical Pharmacist
	Hospitalist / NP / PA
	Hospitality
	Intern / Resident
	IV Therapy Team / Line Access
	Licensed Social Services / Case Management
	Neonatologist
	Nursing Student
	Nutritionist
	OB Safety Office
	Patient Transport Team
	Pediatric Hospitalist
	Rapid Response Team
	Respiratory Therapy Support
	Special Care Nursery/Pediatric
	Registered Nurse
Obstetrics, Special Care	Spiritual Services
Nursery, Pediatrics	Staff Educator

3 North - Medicine	Unit Nurse Management 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Clinical Pharmacist Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nursing Student Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

2 Center - Rehab/Ortho	Unit Nurse Management Assistant Nurse Management 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Clinical Pharmacist Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nursing Student Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

2 North	Unit Nurse Management Assistant Nurse Management 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Clinical Pharmacist Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nursing Student Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

2 South - Behavioral Health	Unit Nurse Management Assistant Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Nutritionist Patient Transport Team Rapid Response Team Recreation / Milieu Therapist (BH Units) Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

1 South - Psych	Unit Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Nutritionist Patient Transport Team Rapid Response Team Recreation / Milieu Therapist (BH Units) Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

Critical Care (ICU)	Unit Nurse Management 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Clinical Pharmacist Intensivist/ Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nursing Student Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

5 South - Telemetry	Assistant Nurse Management 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Clinical Pharmacist Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nursing Student Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

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):**

Wound Healing - 6 Chair Capacity & 1 Procedure Room	Yes			
Presurgical Testing (PST) - 4 Exam Rooms	Yes			
Pain Center - 2 Procedure Rooms	Yes			
Post Recovery Room Unit (PACU) 9 Bed Capacity - 755 North Broadway - 3rd Floor	No	Northwell Health Clinical Staffing Committee comprises 8 administrative care co-leads and 8 direct care co-leads of RNs and ancillary staff. Both the administrative and direct patient care co-leads were provided training focused on staffing bill knowledge and process, behavioral soft skills, and tactical application, including operational budget overview courses. Our committee held 19 meetings since February of 2022, where all attendees and meeting minutes were documented. During the multiple gatherings, the committee reviewed and designed staffing matrices for all units designated in the bill. As required by the	Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improved patient care, and enhances staff retention and recruitment.	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. {Measures of acuity and intensity of all patients and nature the care to be delivered on each unit and shift. {Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable CBA. {Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or
Operating Room - 4 Exam Rooms - 755 North Broadway - 3rd Floor	Yes			

IR Nursing (IR Nursing, Pet Scan, Cat Scan, Ultrasound, Nuclear Medicine, MRI)	Yes			
Infusion Center - 18 Chair Capacity - 777 North Broadway - 2nd Floor	No	Northwell Health Clinical Staffing Committee comprises 8 administrative care co-leads and 8 direct care co-leads of RNs and ancillary staff. Both the administrative and direct patient care co-leads were provided training focused on staffing bill knowledge and process, behavioral soft skills, and tactical application, including operational budget overview courses. Our committee held 19 meetings since February of 2022, where all attendees and meeting minutes were documented. During the multiple gatherings, the committee reviewed and designed staffing matrices for all units designated in the bill. As required by the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. {Measures of acuity and intensity of all patients and nature the care to be delivered on each unit and shift. {Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable CBA. {Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or	Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improved patient care, and enhances staff retention and recruitment.
Hyperbaric - 12 Chair Capacity - G Level	Yes			
Endoscopy Unit - 4 Procedural Rooms - 3rd Floor	Yes			

Emergency Department - 32 Beds - 701 G-Level	No	Northwell Health Clinical Staffing Committee comprises 8 administrative care co-leads and 8 direct care co-leads of RNs and ancillary staff. Both the administrative and direct patient care co-leads were provided training focused on staffing bill knowledge and process, behavioral soft skills, and tactical application, including operational budget overview courses. Our committee held 19 meetings since February of 2022, where all attendees and meeting minutes were documented. During the multiple gatherings, the committee reviewed and designed staffing matrices for all units designated in the bill. As required by the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. •Measures of acuity and intensity of all patients and nature the care to be delivered on each unit and shift. •Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable CBA. •Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or	Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improved patient care, and enhances staff retention and recruitment.
Cardiovascular & Cardiac Rehab - 7 Procedure Rooms	Yes			
Amb Surg - 17 Beds	Yes			

		following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the
Labor & Delivery	No	We believe that providing	6. The nursing quality	

		following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision We believe that providing	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the
Obstetrics, Special Care Nursery, Pediatrics	No			

		following for this decision: 1. Average number of patients on 3 North - Medicine unit. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model,	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the
3 North - Medicine	No			

2 Center - Rehab/Ortho	No	following for this decision: 1. Average number of patients on 2 Center – Inpatient Rehabilitation and Orthopedics 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the

2 North	No	following for this decision: 1. Average number of patients on 2 North – Surgery. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the

		following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model,	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the
2 South - Behavioral Health	No			

1 South - Psych	No	following for this decision: {Average number of patients on 1 South – Psychiatry unit {Number of admissions on weekends {The availability of additional personnel support such as CPI-competent PCAs to perform constant observation. {ASA night float available Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. {Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. {Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. {Availability of other personnel supporting nursing services on unit. {Ability to provide one to one patient observation when needed. {The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the

Critical Care (ICU)	No	following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model,	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the

5 South - Telemetry	No	following for this decision: 1. Average number of patients on telemetry 2. The number of patients who routinely are waiting for transfer to med-surg units 3. The availability of additional personnel such as the nurse manager or assistant nurse manager and other support employees such as monitor techs(24x7) and CPI-competent PCAs to perform constant observation. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the

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)?
Post Recovery Room - PACU - 9 Bed Capacity - 755 North Broadway 3rd floor	2	4	10	5
Operating Room - 4 Exam Rooms - 755 North Broadway 3rd Floor	2	0.5	4	2
Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level	3	1.6	26.33	8.78
Amb Surg - 17 Beds	2	2.5	12	4
Labor & Delivery	3	6	3	1.5
Obstetrics, Special Care Nursery, Pediatrics	4	7.6	12	7
3 North - Medicine	2	5	10	5
2 Center - Ortho/Rehab	4	4.35	23	6
2 North - Surgery	4	4.35	23	6
2 South - Behavioral Health	2	3.01	15	8
1 South - Psych	3	3.45	16	5
Critical Care (ICU)	3	10.71	7	2
5 South - Telemetry	4	3.89	24	6

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)
Post Recovery Room - PACU - 9 Bed Capacity - 755 North Broadway 3rd floor	0	0
Operating Room - 4 Exam Rooms - 755 North Broadway 3rd Floor	0	0
Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level	0	0
Amb Surg - 17 Beds	0	0
Labor & Delivery	0	0
Obstetrics, Special Care Nursery, Pediatrics	0	0
3 North - Medicine	0	0
2 Center - Ortho/Rehab	0	0
2 North - Surgery	0	0
2 South - Behavioral Health	0	0
1 South - Psych	0	0
Critical Care (ICU)	0	0
5 South - Telemetry	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)
Post Recovery Room - PACU - 9 Bed Capacity - 755 North Broadway 3rd floor	4	1.7
Operating Room - 4 Exam Rooms - 755 North Broadway 3rd Floor	4	1.7
Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level	4	1.7
Amb Surg - 17 Beds	3	0.68
Labor & Delivery	3	0.52
Obstetrics, Special Care Nursery, Pediatrics	4	1.7
3 North - Medicine	4	2.15
2 Center - Ortho/Rehab	3	0.52
2 North - Surgery	3	0.52
2 South - Behavioral Health	2	0.32
1 South - Psych	3	0.79
Critical Care (ICU)	3	0.68
5 South - Telemetry	4	2.15

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)
Post Recovery Room - PACU - 9 Bed Capacity - 755 North Broadway 3rd floor	1	0.6
Operating Room - 4 Exam Rooms - 755 North Broadway 3rd Floor	3	1.33
Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level	2	2.5
Amb Surg - 17 Beds	1	0.6
Labor & Delivery	1	8
Obstetrics, Special Care Nursery, Pediatrics	1	1.88
3 North - Medicine	2	4.95
2 Center - Ortho/Rehab	2	2.5
2 North - Surgery	2	3.23
2 South - Behavioral Health	2	2.7
1 South - Psych	4	6.39
Critical Care (ICU)	1	3.54
5 South - Telemetry	3	3.09

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.
Post Recovery Room - PACU - 9 Bed Capacity - 755 North Broadway 3rd floor	Eve Administrative Support Assistants Anesthesia Provider Clinical Pharmacist Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner Patient Transport Team Radiology Tech Rapid Response Team Respiratory Therapy Support Spiritual Services Other

Operating Room - 4 Exam Rooms - 755 North Broadway 3rd Floor	Administrative Support Assistant Anesthesia Provider Clinical Pharmacist Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner Patient Transport Team Radiology Tech Rapid Response Team Respiratory Therapy Support Spiritual Services Other

Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level	Management 1:1 Patient Observer/sitter Administrative Support Assistant Admissions Nurse (Facilitator/ Functional Nurse) Associate Patient Access Services Representative Clinical Pharmacist Clinical Support Services Assistant Hospitalist / NP / PA Hospitality Intensivist IV Therapy Team / Line Access Nutritionist Patient Transport Team Pharmacy Tech Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Other

Amb Surg - 17 Beds	Administrative Support Assistant Anesthesia Provider Clinical Pharmacist Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner Patient Transport Team Radiology Tech Rapid Response Team Respiratory Therapy Support Spiritual Services Other
Labor & Delivery	Clinical Pharmacist Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Licensed Social Services / Case Management Neonatologist OB Safety Office Patient Transport Team Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric Registered Nurse Spiritual Services

Obstetrics, Special Care Nursery, Pediatrics	Clinical Pharmacist Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Licensed Social Services / Case Management Neonatologist OB Safety Office Patient Transport Team Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric Registered Nurse Spiritual Services
3 North - Medicine	1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Monitor /Tele Technician Nutritionist Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support

2 Center - Ortho/Rehab	Assistant Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Monitor /Tele Technician Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support
2 North - Surgery	1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Monitor /Tele Technician Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support

2 South - Behavioral Health	Assistant Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support
1 South - Psych	Assistant Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support

Critical Care (ICU)	1:1 Patient Observer/sitter Clinical Pharmacist Intensivist/ Hospitalist / NP / PA IV Therapy Team / Line Access Monitor /Tele Technician Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support
5 South - Telemetry	Assistant Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Monitor /Tele Technician Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support ritual Services

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):
Post Recovery Room - PACU - 9 Bed Capacity - 755 North Broadway 3rd floor	No	Northwell Health Clinical Staffing Committee comprises 8 administrative care co-leads and 8 direct care co-leads of RNs and ancillary staff. Both the administrative and direct patient care co-leads were provided training focused on staffing bill knowledge and process, behavioral soft skills, and tactical application, including operational budget overview courses. Our committee held 19 meetings since February of 2022, where all attendees and meeting minutes were documented. During the multiple gatherings, the committee reviewed and designed staffing matrices for all units designated in the bill. As required by the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. {Measures of acuity and intensity of all patients and nature the care to be delivered on each unit and shift. {Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable CBA. {Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or	Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improved patient care, and enhances staff retention and recruitment.
Operating Room - 4 Exam Rooms - 755 North Broadway 3rd Floor	Yes			

Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level	No	Northwell Health Clinical Staffing Committee comprises 8 administrative care co-leads and 8 direct care co-leads of RNs and ancillary staff. Both the administrative and direct patient care co-leads were provided training focused on staffing bill knowledge and process, behavioral soft skills, and tactical application, including operational budget overview courses. Our committee held 19 meetings since February of 2022, where all attendees and meeting minutes were documented. During the multiple gatherings, the committee reviewed and designed staffing matrices for all units designated in the bill. As required by the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. {Measures of acuity and intensity of all patients and nature the care to be delivered on each unit and shift. {Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable CBA. {Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or	Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improved patient care, and enhances staff retention and recruitment.
Amb Surg - 17 Beds	Yes			

		following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the
Labor & Delivery	No	We believe that providing	6. The nursing quality	

		following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision We believe that providing	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the
Obstetrics, Special Care Nursery, Pediatrics	No			

		following for this decision: 1. Average number of patients on 3 North - Medicine unit. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model,	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the
3 North - Medicine	No			

2 Center - Ortho/Rehab	No	following for this decision: 1. Average number of patients on 2 Center – Inpatient Rehabilitation and Orthopedics 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the

2 North - Surgery	No	following for this decision: 1. Average number of patients on 2 North – Surgery. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the

		following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model,	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the
2 South - Behavioral Health	No			

1 South - Psych	No	following for this decision: {Average number of patients on 1 South – Psychiatry unit {Number of admissions on weekends {The availability of additional personnel support such as CPI-competent PCAs to perform constant observation. {ASA night float available Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. {Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. {Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. {Availability of other personnel supporting nursing services on unit. {Ability to provide one to one patient observation when needed. {The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the

Critical Care (ICU)	No	following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model,	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the

5 South - Telemetry	No	following for this decision: 1. Average number of patients on telemetry 2. The number of patients who routinely are waiting for transfer to med-surg units 3. The availability of additional personnel such as the nurse manager or assistant nurse manager and other support employees such as monitor techs(24x7) and CPI-competent PCAs to perform constant observation. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the

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)
Emergency Department	Emergency Department - 32 Bed Capacity - G Level	4	1.6	26.33
Obstetrics/Gynecology	Obstetrics, Special Care Nursery, Pediatrics	4	7.6	12
Obstetrics/Gynecology	Labor & Delivery	3	6	3
Medical/Surgical	3 North - Medicine	2	5	10
Orthopedics	2 Center - Rehab/Ortho	4	3.85	26
Medical/Surgical	2 North - Surgery	4	4.35	23
Chemical Dependency	2 South - Behavioral Health	2	3.01	15
Psychiatry	1 South - Psych	3	4.45	16
Critical Care	Critical Care (ICU)	3	10.71	7
Telemetry	5 South - Telemetry	4	3.89	24

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)
Emergency Department	6.6	0
Obstetrics/Gynecology	7	0
Obstetrics/Gynecology	1.5	0
Medical/Surgical	5	0

Orthopedics	7	0
Medical/Surgical	6	0
Chemical Dependency	8	0
Psychiatry	5	0
Critical Care	2	0
Telemetry	6	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)
Emergency Department	0	4
Obstetrics/Gynecology	0	1
Obstetrics/Gynecology	0	1
Medical/Surgical	0	1
Orthopedics	0	1
Medical/Surgical	0	1
Chemical Dependency	0	1
Psychiatry	0	1
Critical Care	0	1
Telemetry	0	1

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)

Emergency Department	1.7	3
Obstetrics/Gynecology	0.17	1
Obstetrics/Gynecology	0.17	1
Medical/Surgical	0.33	2
Orthopedics	0.17	2
Medical/Surgical	0.17	3
Chemical Dependency	0.17	1
Psychiatry	0.17	4
Critical Care	0.33	1
Telemetry	0.33	3

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)**
Emergency Department	8.78
Obstetrics/Gynecology	1.88
Obstetrics/Gynecology	8
Medical/Surgical	4.95
Orthopedics	2.72
Medical/Surgical	3.23
Chemical Dependency	2.46
Psychiatry	6.39
Critical Care	3.54
Telemetry	3.09

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):

Emergency Department	Assistant Nurse Manager 1:1 Patient Observer/sitter Administrative Support Assistant Associate Patient Access Services Representative Clinical Support Services Assistant Hospitalist / NP / PA Intensivist Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Other	No	Northwell Health Clinical Staffing Committee comprises 8 administrative care co-leads and 8 direct care co-leads of RNs and ancillary staff. Both the administrative and direct patient care co-leads were provided training focused on staffing bill knowledge and process, behavioral soft skills, and tactical application, including operational budget overview courses. Our committee held 19 meetings since February of 2022, where all attendees and meeting minutes were documented. During the multiple gatherings, the committee reviewed and designed staffing matrices for all units designated in the bill. As required by the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. {Measures of acuity and intensity of all patients and nature the care to be delivered on each unit and shift. {Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable CBA. {Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or

Obstetrics/Gynecology	Assistant Nurse Manager Hospitalist / NP / PA Hospitality Neonatologist Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric Registered Nurse Spiritual Services	No	I have considered the following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float.	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality

			following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision We believe that providing	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality
Obstetrics/Gynecology	Assistant Nurse Manager Hospitalist / NP / PA Hospitality Neonatologist Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric Registered Nurse Spiritual Services	No		

			following for this decision: 1. Average number of patients on 3 North - Medicine unit. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model,	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality
Medical/Surgical	Assistant Nurse Manager 1:1 Patient Observer/sitter Hospitalist / NP / PA Intern / Resident Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Spiritual Services	No		

			following for this decision: 1. Average number of patients on 2 Center – Inpatient Rehabilitation and Orthopedics 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality
Orthopedics	1:1 Patient Observer/sitter Hospitalist / NP / PA Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support	No		

Medical/Surgical	Assistant Nurse Management 1:1 Patient Observer/sitter Hospitalist / NP / PA Intern / Resident Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Spiritual Services	No	following for this decision: 1. Average number of patients on 2 North – Surgery. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality

			following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model,	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality
Chemical Dependency	1:1 Patient Observer/sitter Hospitalist / NP / PA Rapid Response Team Respiratory Therapy Support Spiritual Services	No		

Psychiatry	1:1 Patient Observer/sitter Hospitalist / NP / PA Rapid Response Team Respiratory Therapy Support Spiritual Services	No	following for this decision: 1. Average number of patients on 1 South – Psychiatry unit 2. Number of admissions on weekends 3. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation. 4. ASA night float available Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality

Critical Care	1:1 Patient Observer/sitter Intensivist/ Hospitalist / NP / PA Intern / Resident Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Spiritual Services	No	following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model,	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality

Telemetry	1:1 Patient Observer/sitter Hospitalist / NP / PA Hospitality Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support	No	following for this decision: 1. Average number of patients on telemetry 2. The number of patients who routinely are waiting for transfer to med-surg units 3. The availability of additional personnel such as the nurse manager or assistant nurse manager and other support employees such as monitor techs(24x7) and CPI-competent PCAs to perform constant observation. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality

CBA INFORMATION

We have one or more collective bargaining agreements:	No