

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
Reporting Organization	New York-Presbyterian Lower Manhattan Hospital
Reporting Organization Id	1437
Reporting Organization Type	Hospital (pfi)
Data Entity	New York-Presbyterian Lower Manhattan 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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50) ?
885852 Ambulatory Surgery	5	3	12	2
885325 Recovery	4	4	18	2
886941 Endoscopy	2	8	6.4	1
885320 OR	8	8	12.75	1
885485 EMERGENCY DEPARTMENT	11	2.62	31.44	6
885250 6C NUR - WCH LandD	10	13.69	5.48	0.55
885216 6A WCH NICU	3	6	3.98	1.33
885223 6B WCH POST/NUR	5	2	21.64	4.33
885112 MEDSURG-5C	6	2	23.39	3.9
885107 MEDSURG-4C	6	2	26.66	4.44
885106 MEDSURG-4A	4	2	14.35	3.59
885420 3C NURSING-CRIT ICU	6	4	12.58	2.1

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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
885852 Ambulatory Surgery	0	0
885325 Recovery	0	0
886941 Endoscopy	0	0
885320 OR	0	0
885485 EMERGENCY DEPARTMENT	0	0
885250 6C NUR - WCH LandD	0	0
885216 6A WCH NICU	0	0
885223 6B WCH POST/NUR	0	0
885112 MEDSURG-5C	0	0
885107 MEDSURG-4C	0	0
885106 MEDSURG-4A	0	0
885420 3C NURSING-CRIT ICU	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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
885852 Ambulatory Surgery	0	0
885325 Recovery	0	0
886941 Endoscopy	0	0
885320 OR	0	0
885485 EMERGENCY DEPARTMENT	0	0
885250 6C NUR - WCH LandD	0	0
885216 6A WCH NICU	0	0
885223 6B WCH POST/NUR	0	0
885112 MEDSURG-5C	0	0
885107 MEDSURG-4C	0	0
885106 MEDSURG-4A	0	0
885420 3C NURSING-CRIT ICU	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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
885852 Ambulatory Surgery	2	3
885325 Recovery	1	2
886941 Endoscopy	3	12
885320 OR	12	12
885485 EMERGENCY DEPARTMENT	3	0.72
885250 6C NUR - WCH LandD	1	1.37
885216 6A WCH NICU	0	0
885223 6B WCH POST/NUR	1	1
885112 MEDSURG-5C	2	1
885107 MEDSURG-4C	2	1
885106 MEDSURG-4A	1	1
885420 3C NURSING-CRIT ICU	1	1

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the 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.</p>
<p>885852 Ambulatory Surgery</p>	<p>Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, radiology, biomed, IT, supply chain and PT. Each shift has a Charge RN supporting the team as well.</p>
<p>885325 Recovery</p>	<p>Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, radiology, biomed, IT, supply chain and PT. Each shift has a Charge RN supporting the team as well.</p>

886941 Endoscopy	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
885320 OR	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
885485 EMERGENCY DEPARTMENT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.

885250 6C NUR - WCH LandD	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.
885216 6A WCH NICU	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.

885223 6B WCH POST/NUR	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>
885112 MEDSURG-5C	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>

885107 MEDSURG-4C	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>
885106 MEDSURG-4A	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>

885420 3C NURSING-CRIT ICU	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.
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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):
885852 Ambulatory Surgery	Yes			
885325 Recovery	Yes			
886941 Endoscopy	Yes			
885320 OR	Yes			

<p>885485 EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Committee reached consensus on RN staffing across shifts and Patient Care Technician staffing for the day and evening shifts on week days. The Hospital did not accept the non-management proposal to increase weekend Patient Care Technician staffing as volume is typically lower on the weekend. The Hospital also did not accept the non-management proposal to increase Unit Clerk staffing across days and shifts because there are a variety of alternative technologies and resources to support this work. LMH Emergency Department is the only full-service 24-hour Adult and Pediatric Emergency Department south of 14th Street and is also a Designated Stroke Center. The ED includes the largest</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>885250 6C NUR - WCH LandD</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Nursing at the Hospital provides family-centered care to obstetrical patient and newborns. Women from adolescence through adulthood with obstetrical health needs including ante-partum, intrapartum, and post-partum are cared for on labor and delivery and post-partum, and those requiring more than normal newborn care are admitted to the NICU. This unit is a 9 bed Labor & Delivery Unit with 2 ORs, 3 beds in PACU, and 3 beds in triage. The clinical staffing committee reached consensus regarding RN coverage on all shifts. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add more OR</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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885216 6A WCH NICU	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Nursing at the Hospital provides family-centered care to obstetrical patient and newborns. Women from adolescence through adulthood with obstetrical health needs including ante-partum, intrapartum, and post-partum are cared for on labor and delivery and post-partum, and those requiring more than normal newborn care are admitted to the NICU. This unit an 8 bed neonatal ICU that supports a level II status of acuity. The RNs on this unit are cross-trained to support NICU, post-partum and nursery.</p> <p>The clinical staffing committee reached consensus regarding Patient Care Technician coverage on all shifts and Unit Clerk coverage during the day shift on this unit. However, the Hospital does</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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885223 6B WCH POST/NUR	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Nursing at the Hospital provides family-centered care to obstetrical patient and newborns. Women from adolescence through adulthood with obstetrical health needs including ante-partum, intrapartum, and post-partum are cared for on labor and delivery and post-partum, and those requiring more than normal newborn care are admitted to the NICU. This unit is the post-partum unit and consists of 25 beds and works in tandem with a 25 bed well baby nursery.</p> <p>The clinical staffing committee reached consensus regarding UC coverage on this unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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885112 MEDSURG-5C	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding Unit Coverage coverage for day, evening, and night shifts on this unit, which is a 39 bed medical surgical unit and includes a 1:4 observation room for safety needs. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add RNs or Patient Care Technicians on this unit. Notably the Hospital believes that current staffing and support are appropriate based on census and acuity. Nursing Quality Indicators exceed the benchmark on this unit, insofar as it has had 0 CLABSI, 0 CAUTI, 0 MRSA and a bar code medication scanning compliance rate of 95.80 in 2023.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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885107 MEDSURG-4C	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding UC coverage for day and evening shifts on this unit, which is a 40 bed medical surgical unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add RNs or Patient Care Technicians on this unit, or Unit Clerks on the night shift. Notably the Hospital believes that current staffing and support are appropriate based on census and acuity. Nursing Quality Indicators exceed the benchmark on this unit, insofar as it has had 0 CLABSI and a bar code medication scanning compliance rate of 96.40 in 2023. It is important to note that</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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885106 MEDSURG-4A	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding UC coverage for this unit, a 20 bed surgery unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to increase RN and Patient Care Technician staffing on this unit. Notably, the Hospital believes that current staffing and support are appropriate based upon unit census and acuity. In fact, in this quarter (to date), this unit has been a 3.56 star HCAHPS unit and has 5 stars in communication with nurses. Nursing Quality Indicators exceed the benchmark on this unit, insofar as it has had 0 CLABSI, 0 CAUTI, 0 MRSA and a DVT PE Rate of</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>885420 3C NURSING-CRIT ICU</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding UC coverage for day, evening, and night shifts on this unit, which is a 20 bed intensive care unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add more than the adopted RNs or Patient Care Technicians on this unit. Notably the Hospital believes that adopted staffing and support are appropriate based on census and acuity. In fact, this ICU is a silver Beacon Award for Excellence recipient that employs evidence-based practices to improve patient and family outcomes. In this quarter (to date), the ICU has been a 4.5 star</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)?
885852 Ambulatory Surgery	2	3	3	2
885325 Recovery	4	4	6	2
886941 Endoscopy	2	8	1.6	1
885320 OR	5	8	4.25	1
885485 EMERGENCY DEPARTMENT	11	2.62	31.44	6
885250 6C NUR - WCH LandD	10	13.69	5.48	0.55
885216 6A WCH NICU	3	6	3.98	1.33
6B WCH POST/NUR	5	2	21.64	4.33
885112 MEDSURG-5C	6	2	23.39	3.9
885107 MEDSURG-4C	6	2	26.66	4.44
885106 MEDSURG-4A	4	2	14.35	3.59
885420 3C NURSING-CRIT ICU	6	4	12.58	2.1

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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
885852 Ambulatory Surgery	0	0
885325 Recovery	0	0
886941 Endoscopy	0	0
885320 OR	0	0
885485 EMERGENCY DEPARTMENT	0	0
885250 6C NUR - WCH LandD	0	0
885216 6A WCH NICU	0	0
6B WCH POST/NUR	0	0
885112 MEDSURG-5C	0	0
885107 MEDSURG-4C	0	0
885106 MEDSURG-4A	0	0
885420 3C NURSING-CRIT ICU	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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
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885852 Ambulatory Surgery	0	0
885325 Recovery	0	0
886941 Endoscopy	0	0
885320 OR	0	0
885485 EMERGENCY DEPARTMENT	0	0
885250 6C NUR - WCH LandD	0	0
885216 6A WCH NICU	0	0
6B WCH POST/NUR	0	0
885112 MEDSURG-5C	0	0
885107 MEDSURG-4C	0	0
885106 MEDSURG-4A	0	0
885420 3C NURSING-CRIT ICU	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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
885852 Ambulatory Surgery	1	4
885325 Recovery	1	2
886941 Endoscopy	2	8
885320 OR	8	13
885485 EMERGENCY DEPARTMENT	3	0.72
885250 6C NUR - WCH LandD	1	1.37
885216 6A WCH NICU	0	0
6B WCH POST/NUR	1	1

885112 MEDSURG-5C	2	1
885107 MEDSURG-4C	2	1
885106 MEDSURG-4A	1	1
885420 3C NURSING-CRIT ICU	1	1

EVENING SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>885852 Ambulatory Surgery</p>	<p>Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, radiology, biomed, IT, supply chain and PT. Each shift has a Charge RN supporting the team as well.</p>

885325 Recovery	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, radiology, biomed, IT, supply chain and PT. Each shift has a Charge RN supporting the team as well.
886941 Endoscopy	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
885320 OR	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.

885485 EMERGENCY DEPARTMENT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.
885250 6C NUR - WCH LandD	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.

885216 6A WCH NICU	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>
6B WCH POST/NUR	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>

885112 MEDSURG-5C	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>
885107 MEDSURG-4C	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>

885106 MEDSURG-4A	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.
885420 3C NURSING-CRIT ICU	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.

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):	

885852 Ambulatory Surgery	Yes			
885325 Recovery	Yes			
886941 Endoscopy	Yes			
885320 OR	Yes			
885485 EMERGENCY DEPARTMENT	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Committee reached consensus on RN staffing across shifts and Patient Care Technician staffing for the day and evening shifts on week days. The Hospital did not accept the non-management proposal to increase weekend Patient Care Technician staffing as volume is typically lower on the weekend. The Hospital also did not accept the non-management proposal to increase Unit Clerk staffing across days and shifts because there are a variety of alternative technologies and resources to support this work.</p> <p>LMH Emergency Department is the only full-service 24-hour Adult and Pediatric Emergency Department south of 14th Street and is also a Designated Stroke Center. The ED includes the largest</p>	

<p>885250 6C NUR - WCH LandD</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Nursing at the Hospital provides family-centered care to obstetrical patient and newborns. Women from adolescence through adulthood with obstetrical health needs including ante-partum, intrapartum, and post-partum are cared for on labor and delivery and post-partum, and those requiring more than normal newborn care are admitted to the NICU. This unit is a 9 bed Labor & Delivery Unit with 2 ORs, 3 beds in PACU, and 3 beds in triage. The clinical staffing committee reached consensus regarding RN coverage on all shifts. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add more OR</p>	
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<p>885216 6A WCH NICU</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Maternal Child Health Nursing at the Hospital provides family-centered care to obstetrical patient and newborns. Women from adolescence through adulthood with obstetrical health needs including ante-partum, intrapartum, and post-partum are cared for on labor and delivery and post-partum, and those requiring more than normal newborn care are admitted to the NICU. This unit an 8 bed neonatal ICU that supports a level II status of acuity. The RNs on this unit are cross-trained to support NICU, post-partum and nursery.</p>	
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<p>6B WCH POST/NUR</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Nursing at the Hospital provides family-centered care to obstetrical patient and newborns. Women from adolescence through adulthood with obstetrical health needs including ante-partum, intrapartum, and post-partum are cared for on labor and delivery and post-partum, and those requiring more than normal newborn care are admitted to the NICU. This unit is the post-partum unit and consists of 25 beds and works in tandem with a 25 bed well baby nursery. The clinical staffing committee reached consensus regarding UC coverage on this unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing</p>	
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885112 MEDSURG-5C	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding Unit Coverage coverage for day, evening, and night shifts on this unit, which is a 39 bed medical surgical unit and includes a 1:4 observation room for safety needs. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add RNs or Patient Care Technicians on this unit. Notably the Hospital believes that current staffing and support are appropriate based on census and acuity. Nursing Quality Indicators exceed the benchmark on this unit, insofar as it has had 0 CLABSI, 0 CAUTI, 0 MRSA and a bar code medication scanning compliance rate of 95.80 in 2023.</p>	
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885107 MEDSURG-4C	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding UC coverage for day and evening shifts on this unit, which is a 40 bed medical surgical unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add RNs or Patient Care Technicians on this unit, or Unit Clerks on the night shift. Notably the Hospital believes that current staffing and support are appropriate based on census and acuity. Nursing Quality Indicators exceed the benchmark on this unit, insofar as it has had 0 CLABSI and a bar code medication scanning compliance rate of 96.40 in 2023.</p> <p>It is important to note that</p>	
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885106 MEDSURG-4A	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding UC coverage for this unit, a 20 bed surgery unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to increase RN and Patient Care Technician staffing on this unit. Notably, the Hospital believes that current staffing and support are appropriate based upon unit census and acuity. In fact, in this quarter (to date), this unit has been a 3.56 star HCAHPS unit and has 5 stars in communication with nurses. Nursing Quality Indicators exceed the benchmark on this unit, insofar as it has had 0 CLABSI, 0 CAUTI, 0 MRSA and a DVT PE Rate of</p>	
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<p>885420 3C NURSING-CRIT ICU</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding UC coverage for day, evening, and night shifts on this unit, which is a 20 bed intensive care unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add more than the adopted RNs or Patient Care Technicians on this unit. Notably the Hospital believes that adopted staffing and support are appropriate based on census and acuity. In fact, this ICU is a silver Beacon Award for Excellence recipient that employs evidence-based practices to improve patient and family outcomes. In this quarter (to date), the ICU has been a 4.5 star</p>	
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RN NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
885852 Ambulatory Surgery	0	0	0	0
885325 Recovery	3	5	3	2
886941 Endoscopy	0	0	0	0
885320 OR	1	8	1	1
885485 EMERGENCY DEPARTMENT	11	2.62	31.44	6
6C NUR - WCH LandD	10	13.69	5.48	0.55
885216 6A WCH NICU	3	6	3.98	1.33
6B WCH POST/NUR	5	2	21.64	4.33
885112 MEDSURG-5C	6	2	23.39	3.9
885107 MEDSURG-4C	6	2	26.66	4.44
885106 MEDSURG-4A	4	2	14.35	3.59
885420 3C NURSING-CRIT ICU	6	4	12.58	2.1

LPN NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
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885852 Ambulatory Surgery	0	0
885325 Recovery	0	0
886941 Endoscopy	0	0
885320 OR	0	0
885485 EMERGENCY DEPARTMENT	0	0
6C NUR - WCH LandD	0	0
885216 6A WCH NICU	0	0
6B WCH POST/NUR	0	0
885112 MEDSURG-5C	0	0
885107 MEDSURG-4C	0	0
885106 MEDSURG-4A	0	0
885420 3C NURSING-CRIT ICU	0	0

NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
885852 Ambulatory Surgery	0	0
885325 Recovery	0	0
886941 Endoscopy	0	0
885320 OR	0	0
885485 EMERGENCY DEPARTMENT	0	0
6C NUR - WCH LandD	0	0
885216 6A WCH NICU	0	0
6B WCH POST/NUR	0	0
885112 MEDSURG-5C	0	0

885107 MEDSURG-4C	0	0
885106 MEDSURG-4A	0	0
885420 3C NURSING-CRIT ICU	0	0

NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
885852 Ambulatory Surgery	0	0
885325 Recovery	0	0
886941 Endoscopy	0	0
885320 OR	1	8
885485 EMERGENCY DEPARTMENT	3	0.72
6C NUR - WCH LandD	1	1.37
885216 6A WCH NICU	0	0
6B WCH POST/NUR	1	1
885112 MEDSURG-5C	2	1
885107 MEDSURG-4C	2	1
885106 MEDSURG-4A	1	1
885420 3C NURSING-CRIT ICU	1	1

NIGHT SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the 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.</p>
<p>885852 Ambulatory Surgery</p>	<p>Unit closed overnight.</p>
<p>885325 Recovery</p>	<p>Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, radiology, biomed, IT, supply chain and PT. Each shift has a Charge RN supporting the team as well.</p>
<p>886941 Endoscopy</p>	<p>Unit closed overnight.</p>
<p>885320 OR</p>	<p>Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.</p>

885485 EMERGENCY DEPARTMENT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.
6C NUR - WCH LandD	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.

885216 6A WCH NICU	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>
6B WCH POST/NUR	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>

885112 MEDSURG-5C	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>
885107 MEDSURG-4C	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>

885106 MEDSURG-4A	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>
885420 3C NURSING-CRIT ICU	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include a respiratory therapist team, a dialysis team, a PICC team, a radiology team, a pharmacy team, a social work and care coordination team, a transport team, and a patient services team.</p>

NIGHT 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):
885852 Ambulatory Surgery	Yes			
885325 Recovery	Yes			
886941 Endoscopy	Yes			
885320 OR	Yes			

<p>885485 EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Committee reached consensus on RN staffing across shifts and Patient Care Technician staffing for the day and evening shifts on week days. The Hospital did not accept the non-management proposal to increase weekend Patient Care Technician staffing as volume is typically lower on the weekend. The Hospital also did not accept the non-management proposal to increase Unit Clerk staffing across days and shifts because there are a variety of alternative technologies and resources to support this work. LMH Emergency Department is the only full-service 24-hour Adult and Pediatric Emergency Department south of 14th Street and is also a Designated Stroke Center. The ED includes the largest</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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6C NUR - WCH LandD	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Nursing at the Hospital provides family-centered care to obstetrical patient and newborns. Women from adolescence through adulthood with obstetrical health needs including ante-partum, intrapartum, and post-partum are cared for on labor and delivery and post-partum, and those requiring more than normal newborn care are admitted to the NICU. This unit is a 9 bed Labor & Delivery Unit with 2 ORs, 3 beds in PACU, and 3 beds in triage. The clinical staffing committee reached consensus regarding RN coverage on all shifts. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add more OR</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>885216 6A WCH NICU</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Maternal Child Health Nursing at the Hospital provides family-centered care to obstetrical patient and newborns. Women from adolescence through adulthood with obstetrical health needs including ante-partum, intrapartum, and post-partum are cared for on labor and delivery and post-partum, and those requiring more than normal newborn care are admitted to the NICU. This unit an 8 bed neonatal ICU that supports a level II status of acuity. The RNs on this unit are cross-trained to support NICU, post-partum and nursery.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>6B WCH POST/NUR</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>Nursing at the Hospital provides family-centered care to obstetrical patient and newborns. Women from adolescence through adulthood with obstetrical health needs including ante-partum, intrapartum, and post-partum are cared for on labor and delivery and post-partum, and those requiring more than normal newborn care are admitted to the NICU. This unit is the post-partum unit and consists of 25 beds and works in tandem with a 25 bed well baby nursery. The clinical staffing committee reached consensus regarding UC coverage on this unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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885112 MEDSURG-5C	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding Unit Coverage coverage for day, evening, and night shifts on this unit, which is a 39 bed medical surgical unit and includes a 1:4 observation room for safety needs. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add RNs or Patient Care Technicians on this unit. Notably the Hospital believes that current staffing and support are appropriate based on census and acuity. Nursing Quality Indicators exceed the benchmark on this unit, insofar as it has had 0 CLABSI, 0 CAUTI, 0 MRSA and a bar code medication scanning compliance rate of 95.80 in 2023.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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885107 MEDSURG-4C	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding UC coverage for day and evening shifts on this unit, which is a 40 bed medical surgical unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add RNs or Patient Care Technicians on this unit, or Unit Clerks on the night shift. Notably the Hospital believes that current staffing and support are appropriate based on census and acuity. Nursing Quality Indicators exceed the benchmark on this unit, insofar as it has had 0 CLABSI and a bar code medication scanning compliance rate of 96.40 in 2023. It is important to note that</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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885106 MEDSURG-4A	No	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding UC coverage for this unit, a 20 bed surgery unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to increase RN and Patient Care Technician staffing on this unit. Notably, the Hospital believes that current staffing and support are appropriate based upon unit census and acuity. In fact, in this quarter (to date), this unit has been a 3.56 star HCAHPS unit and has 5 stars in communication with nurses. Nursing Quality Indicators exceed the benchmark on this unit, insofar as it has had 0 CLABSI, 0 CAUTI, 0 MRSA and a DVT PE Rate of</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>885420 3C NURSING-CRIT ICU</p>	<p>No</p>	<p>Presbyterian/Lower Manhattan Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding UC coverage for day, evening, and night shifts on this unit, which is a 20 bed intensive care unit. However, the Hospital does not agree with and did not accept the recommendation from the non-management members of the clinical staffing committee to add more than the adopted RNs or Patient Care Technicians on this unit. Notably the Hospital believes that adopted staffing and support are appropriate based on census and acuity. In fact, this ICU is a silver Beacon Award for Excellence recipient that employs evidence-based practices to improve patient and family outcomes. In this quarter (to date), the ICU has been a 4.5 star</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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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>SEIU 1199,Co mmunica tions Workers of America</p>

Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	09/30/2026 12:00 AM
The number of hospital employees represented by SEIU 1199 is:	530
Our general hospital's collective bargaining agreement with Communications Workers of America expires on the following date:	05/31/2027 12:00 AM

<p>The number of hospital employees represented by Communication Workers of America is:</p>	<p>363</p>
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