

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 Hospital - Allen Hospital
Reporting Organization Id	3975
Reporting Organization Type	Hospital (pfi)
Data Entity	New York Presbyterian Hospital - Allen 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) ?
609337 Pre/Post Anesthesia	5	5	11	2
609382 ENDO	3	8	9	1
609430 OR	7	8	11	1
606904 NI-8 Orthopedics	1.5	8	5.5	1
606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	2.5	8	44.26	1
606520/664832 Family Planning	1.5	8	44.98	1
606786 Washington Heights Family Health	5	8	85.16	1
606906 VC 10 Specialties	1.5	8	33.9	1
606791 Rangel Practice	3.5	8	17.91	1
606902 Ophthalmology	1.5	8	44.3	1
606587 Farrell Family Medicine	3.5	8	46.27	1
606839 Dermatology	1.5	8	23.78	1
606785 Broadway Practice	7.5	8	81.36	1
606911 Peds OB-GYN	9	8	99.99	1
606877 AIM/AIM East	9.5	8	99.99	1
609400 Allen Cardiac Diagnostic Center	1	8	0.87	1

609338 EMERGENCY DEPARTMENT	11.5	2.51	34.42	6
609336 AL-1-RW-LABOR-DELV	10	11.51	6.52	0.65
609416 2RW SURGICAL/ORTHO/SPINE	6	2	22.14	3.69
609335 NURSERY NICU	2	4	3.35	1.68
609342 ICU	5	4	9.71	1.94
609341 2RE ICU STEPDOWN	7	3	20.85	2.98
609333 1RW/3W/NURSERY PST & ANTEPARTUM	5	1	26.85	5.37
609345 2FE MED SURG	8	2	28.49	3.56
609346 2FW GERIATRICS MED SURG	8	2	29.24	3.66

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)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
606904 NI-8 Orthopedics	0	0
606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	0	0

606520/664832 Family Planning	0	0
606786 Washington Heights Family Health	0	0
606906 VC 10 Specialties	0	0
606791 Rangel Practice	0	0
606902 Ophthalmology	0	0
606587 Farrell Family Medicine	0	0
606839 Dermatology	0	0
606785 Broadway Practice	0	0
606911 Peds OB-GYN	0	0
606877 AIM/AIM East	0	0
609400 Allen Cardiac Diagnostic Center	0	0
609338 EMERGENCY DEPARTMENT	0	0
609336 AL-1-RW-LABOR-DELV	0	0
609416 2RW SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS MED SURG	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)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
606904 NI-8 Orthopedics	7	0
606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	7	0
606520/664832 Family Planning	7	0
606786 Washington Heights Family Health	7	0
606906 VC 10 Specialties	7	0
606791 Rangel Practice	7	0
606902 Ophthalmology	7	0
606587 Farrell Family Medicine	7	0
606839 Dermatology	15	0
606785 Broadway Practice	15	0
606911 Peds OB-GYN	17	0
606877 AIM/AIM East	0	0
609400 Allen Cardiac Diagnostic Center	0	0
609338 EMERGENCY DEPARTMENT	0	0
609336 AL-1-RW-LABOR-DELV	0	0

609416 2RW SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS MED SURG	0	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
609337 Pre/Post Anesthesia	1	1
609382 ENDO	4	11
609430 OR	10	13
606904 NI-8 Orthopedics	1.5	2.05
606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	4.5	0.76
606520/664832 Family Planning	9.5	1.58
606786 Washington Heights Family Health	10.5	0.92
606906 VC 10 Specialties	2.5	0.55

606791 Rangel Practice	6	2.51
606902 Ophthalmology	4.5	0.76
606587 Farrell Family Medicine	7.5	1.22
606839 Dermatology	0	0
606785 Broadway Practice	13	1.2
606911 Peds OB-GYN	13	0.79
606877 AIM/AIM East	13	0.7
609400 Allen Cardiac Diagnostic Center	2	15
609338 EMERGENCY DEPARTMENT	2	0.44
609336 AL-1-RW-LABOR- DELV	1	1.15
609416 2RW SURGICAL/ORTHO/SPINE	3	1
609335 NURSERY NICU	0	0
609342 ICU	1	1
609341 2RE ICU STEPDOWN	2	1
609333 1RW/3W/NURSERY PST & ANTEPARTUM	2	1
609345 2FE MED SURG	3	1
609346 2FW GERIATRICS MED SURG	3	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>609337 Pre/Post Anesthesia</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, physical therapy and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "</p>
<p>609382 ENDO</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, biomed, supply chain, IT. Each shift has a Charge RN supporting the team as well. "</p>

609430 OR	"Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "
606904 NI-8 Orthopedics	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
606520/664832 Family Planning	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606786 Washington Heights Family Health	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
606906 VC 10 Specialties	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606791 Rangel Practice	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
606902 Ophthalmology	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606587 Farrell Family Medicine	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
606839 Dermatology	Additional resources include 4 University-employed support staff.
606785 Broadway Practice	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606911 Peds OB-GYN	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
606877 AIM/AIM East	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
609400 Allen Cardiac Diagnostic Center	<p>No addiitonal resources required.</p>

609338 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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609336 AL-1-RW-LABOR-DELV	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.

609416 2RW SURGICAL/ORTHO/SPINE	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609335 NURSERY 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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.

609342 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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609341 2RE ICU STEPDOWN	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609333 1RW/3W/NURSERY PST & ANTEPARTUM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.
609345 2FE MED SURG	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609346 2FW GERIATRICS MED SURG	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport 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):
609337 Pre/Post Anesthesia	Yes			
609382 ENDO	Yes			
609430 OR	Yes			

606904 NI-8 Orthopedics	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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>606504 (60-6694, 60-6516, 60-6871) Comprehensive Health</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</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>606520/664832 Family Planning</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format. Employee members proposed an increase in RNs by 1.</p>
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<p>606786 Washington Heights Family Health</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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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606906 VC 10 Specialties	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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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606791 Rangel Practice	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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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606902 Ophthalmology	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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>606587 Farrell Family Medicine</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</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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606839 Dermatology	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</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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606785 Broadway Practice	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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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606911 Peds OB-GYN	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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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606877 AIM/AIM East	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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>609400 Allen Cardiac Diagnostic Center</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>609338 EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Allen 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>Management and non-management staffing committee members were unable to reach consensus on this unit’s staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, security, social workers, care managers, IV team, EKG techs and transport team.</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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609336 AL-1-RW-LABOR-DELV	No	<p>Presbyterian Allen 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>reached consensus on Unit Clerk staffing. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated</p>	<p>EMTALA:1:1 (initial encounter) 1:2 (NST, stable, until disposition) TRIAGE: 1:1 (laboring) 1:2-3 (stable, non-laboring, NST) LABOR: 1:2 (Stage 1) 1:1(Stage2 up to 2 hrs post delivery)</p> <p>Immediate Preop/Intraop/PostOp: 1:1 up to 2 hours does. ot include neonate PACU:1:2 (C-section, stable) 1:1 (vaginal/C-sections unstable) Neonate: 1:1 for each neonate during 2 HOL until stable</p> <p>Scrub Tech and PCT Ratios Scrub Tech 1:1 per Operating room (additional Scrub Tech for some cases) PCT 1:8</p> <p>Additional Patient Care</p>
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<p>609416 2RW SURGICAL/ORTHO/SPINE</p>	<p>No</p>	<p>Presbyterian Allen 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>reached consensus on Unit Clerk staffing for the day and evening shifts. The Hospital disagreed with the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately</p>	<p>"RN Ratios 1:3 Spine 1:4 Telemetry, Ortho, Med-Surg PCA Ratios 1:6 Additional Patient Care Information: Charge RN shall not be a part of the ratios Complete Care; 28 beds are Telemetry-capable Ortho General Surgery, High Pain Mgmt. Spine RNs trained specifically for this unit's patient population Primarily Spine unit, but will receive post-op surgery"</p>
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609335 NURSERY NICU	No	<p>Presbyterian Allen 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>reached consensus for RN staffing at census points 1 and 2. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The</p>	<p>"RN Ratios 1:2 Level 3</p> <p>PCA Tech Ratios 1:06</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio Level 3 - less than 32 week gestation, less than 1500 grams Level 2 Care Isolation RN shall not be assigned outside isolation Neonatal abstinence syndrome UAC and UAV lines, blood transfusions, CPAP Any census above 6 - patients transferred"</p>
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609342 ICU	No	<p>Presbyterian Allen 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>reached consensus for Unit Clerk staffing on the day and evening shifts. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shift at census points 5 and 6, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining</p>	<p>"RN Ratios 1:1 Post-Arrest 1:2 ICU</p> <p>PCA Ratios 1:6</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio Medicine, Ortho, Spine CRRT or any other esclation sent to Milstein ICUs"</p>
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609341 2RE ICU STEPDOWN	No	<p>Presbyterian Allen 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>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units</p>	<p>"RN Ratios 1:3</p> <p>Additional Patient Care Information: Charge RN shall not be a part of the ratios 1:1s should not be included in PCT ratio 8 Vent Capable Rooms "</p>
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<p>609333 1RW/3W/NURSERY PST & ANTEPARTUM</p>	<p>No</p>	<p>Presbyterian Allen 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 and Unit Clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing</p>	<p>1:1 Newborn care; COVID, Pre/Postop, Pain management 1:3 Newborn; Post Level II, Continuing care 1:3 Dyad care (1 RN: 3 mothers/3 newborns), uncomplicated, routine care, stable PCA Ratios 1:8 Day shift: 1 in Well Baby Nursery Additional Patient Care Information: Charge RN shall not be a part of the ratios Postpartum/Postoperative: Vaginal delivery, C-section, BTL Discharge Planning: Dyad Complex Cases: Chorioamnionitis, PPH/QBL Disorders of Pregnancy: Diabetes, Hypertension</p>
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609345 2FE MED SURG	No	<p>Presbyterian Allen 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. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. For</p>	<p>"RN Ratios 1:4</p> <p>Additional Patient Care Information: Charge RN shall not be a part of the ratios 1:1s should not be included in PCT Ratio 1:1s (alcohol withdrawal, suicide watch) Bed Max: 31 4 Vent Capable Beds"</p>
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<p>609346 2FW GERIATRICS MED SURG</p>	<p>No</p>	<p>Presbyterian Allen 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 for census points 22 through 33. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing</p>	<p>"RN Ratios 1:4 Additional Patient Care Information: Charge RN shall not be part of the ratio 1:1s should not be included in PCT ratio"</p>
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RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
609337 Pre/Post Anesthesia	4	6	5	2
609382 ENDO	3	8	3	1
609430 OR	3	8	4	1
606904 NI-8 Orthopedics	0.38	8	1.57	1
606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	1	8	22.13	1
606520/664832 Family Planning	0.75	8	25.7	1
606786 Washington Heights Family Health	2.19	8	42.58	1
606906 VC 10 Specialties	0.38	8	9.68	1
606791 Rangel Practice	0.88	8	5.12	1
606902 Ophthalmology	0.38	8	12.66	1
606587 Farrell Family Medicine	1.97	8	29.75	1
606839 Dermatology	0.84	8	17.12	1
606785 Broadway Practice	3.28	8	43.81	1
606911 Peds/Gyn	2.25	8	37.82	1
606877 AIM/AIM East	4.75	8	79.26	1
609400 Allen Cardiac Diagnostic Center	0.19	8	0.27	1

609338 EMERGENCY DEPARTMENT	15	2.51	44.77	6
609336 AL-1-RW-LABOR-DELV	10	11.51	6.52	0.65
609416 2RW SURGICAL/ORTHO/SPINE	6	2	22.14	3.69
609335 NURSERY NICU	2	4	3.35	1.68
609342 ICU	5	4	9.71	1.94
609341 2RE ICU STEPDOWN	7	3	20.85	2.98
609333 1RW/3W/NURSERY PST & ANTEPARTUM	5	1	26.85	5.37
609345 2FE MED SURG	8	2	28.49	3.56
609346 2FW GERIATRICS MED SURG	8	2	29.24	3.66

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)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
606904 NI-8 Orthopedics	0	0
606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	0	0
606520/664832 Family Planning	0	0

606786 Washington Heights Family Health	0	0
606906 VC 10 Specialties	0	0
606791 Rangel Practice	0	0
606902 Ophthalmology	0	0
606587 Farrell Family Medicine	0	0
606839 Dermatology	0	0
606785 Broadway Practice	0	0
606911 Peds/Gyn	0	0
606877 AIM/AIM East	0	0
609400 Allen Cardiac Diagnostic Center	0	0
609338 EMERGENCY DEPARTMENT	0	0
609336 AL-1-RW-LABOR- DELV	0	0
609416 2RW SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS MED SURG	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)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
606904 NI-8 Orthopedics	0	0
606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	0	0
606520/664832 Family Planning	0	0
606786 Washington Heights Family Health	0	0
606906 VC 10 Specialties	0	0
606791 Rangel Practice	0	0
606902 Ophthalmology	0	0
606587 Farrell Family Medicine	0	0
606839 Dermatology	0	0
606785 Broadway Practice	0	0
606911 Peds/Gyn	0	0
606877 AIM/AIM East	0	0
609400 Allen Cardiac Diagnostic Center	0	0
609338 EMERGENCY DEPARTMENT	0	0
609336 AL-1-RW-LABOR-DELV	0	0

609416 2RW SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS MED SURG	0	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	4	11
609430 OR	7	19
606904 NI-8 Orthopedics	0.28	1.34
606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	0.84	0.28
606520/664832 Family Planning	4.75	1.39
606786 Washington Heights Family Health	4.59	0.81
606906 VC 10 Specialties	0.47	0.36
606791 Rangel Practice	1.13	1.66

606902 Ophthalmology	0.84	0.5
606587 Farrell Family Medicine	4.22	1.06
606839 Dermatology	0	0
606785 Broadway Practice	5.69	0.97
606911 Peds/Gyn	2.44	0.48
606877 AIM/AIM East	6.5	0.62
609400 Allen Cardiac Diagnostic Center	0.38	15
609338 EMERGENCY DEPARTMENT	2	0.34
609336 AL-1-RW-LABOR- DELV	1	1.15
609416 2RW SURGICAL/ORTHO/SPINE	3	1
609335 NURSERY NICU	0	0
609342 ICU	1	1
609341 2RE ICU STEPDOWN	2	1
609333 1RW/3W/NURSERY PST & ANTEPARTUM	1	1
609345 2FE MED SURG	3	1
609346 2FW GERIATRICS MED SURG	3	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>609337 Pre/Post Anesthesia</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, physical therapy and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "</p>
<p>609382 ENDO</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, biomed, supply chain, IT. Each shift has a Charge RN supporting the team as well. "</p>

609430 OR	"Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "
606904 NI-8 Orthopedics	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
606520/664832 Family Planning	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606786 Washington Heights Family Health	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
606906 VC 10 Specialties	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606791 Rangel Practice	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
606902 Ophthalmology	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

606587 Farrell Family Medicine	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
606839 Dermatology	Additional resources include 4 University-employed support staff.
606785 Broadway Practice	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606911 Peds/Gyn	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
606877 AIM/AIM East	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
609400 Allen Cardiac Diagnostic Center	<p>No addiitonal resources required.</p>

609338 EMERGENCY DEPARTMENT	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
609336 AL-1-RW-LABOR-DELV	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.</p>

609416 2RW SURGICAL/ORTHO/SPINE	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609335 NURSERY 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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.

609342 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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609341 2RE ICU STEPDOWN	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609333 1RW/3W/NURSERY PST & ANTEPARTUM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.
609345 2FE MED SURG	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609346 2FW GERIATRICS MED SURG	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
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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):
609337 Pre/Post Anesthesia	Yes			
609382 ENDO	Yes			
609430 OR	Yes			

606904 NI-8 Orthopedics	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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>606504 (60-6694, 60-6516, 60-6871)@comprehensive Health</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</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>606520/664832 Family Planning</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format. Employee members proposed an increase in RNs by 1.</p>
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<p>606786 Washington Heights Family Health</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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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606906 VC 10 Specialties	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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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606791 Rangel Practice	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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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606902 Ophthalmology	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</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>606587 Farrell Family Medicine</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</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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606839 Dermatology	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</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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606785 Broadway Practice	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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>606911 Peds/Gyn</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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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606877 AIM/AIM East	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</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>609400 Allen Cardiac Diagnostic Center</p>	<p>No</p>	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>609338 EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Allen 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>Management and non-management staffing committee members were unable to reach consensus on this unit’s staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, security, social workers, care managers, IV team, EKG techs and transport team.</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>609336 AL-1-RW-LABOR-DELV</p>	<p>No</p>	<p>Presbyterian Allen 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>reached consensus on Unit Clerk staffing. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated</p>	<p>EMTALA:1:1 (initial encounter) 1:2 (NST, stable, until disposition) TRIAGE: 1:1 (laboring) 1:2-3 (stable, non-laboring, NST) LABOR: 1:2 (Stage 1) 1:1(Stage2 up to 2 hrs post delivery) Immediate Preop/Intraop/PostOp: 1:1 up to 2 hours does. ot include neonate PACU:1:2 (C-section, stable) 1:1 (vaginal/C-sections unstable) Neonate: 1:1 for each neonate during 2 HOL until stable Scrub Tech and PCT Ratios Scrub Tech 1:1 per Operating room (additional Scrub Tech for some cases) PCT 1:8 Additional Patient Care</p>
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<p>609416 2RW SURGICAL/ORTHO/SPINE</p>	<p>No</p>	<p>Presbyterian Allen 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>reached consensus on Unit Clerk staffing for the day and evening shifts. The Hospital disagreed with the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately</p>	<p>"RN Ratios 1:3 Spine 1:4 Telemetry, Ortho, Med-Surg PCA Ratios 1:6 Additional Patient Care Information: Charge RN shall not be a part of the ratios Complete Care; 28 beds are Telemetry-capable Ortho General Surgery, High Pain Mgmt. Spine RNs trained specifically for this unit's patient population Primarily Spine unit, but will receive post-op surgery"</p>
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609335 NURSERY NICU	No	<p>Presbyterian Allen 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>reached consensus for RN staffing at census points 1 and 2. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The</p>	<p>"RN Ratios 1:2 Level 3</p> <p>PCA Tech Ratios 1:06</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio Level 3 - less than 32 week gestation, less than 1500 grams Level 2 Care Isolation RN shall not be assigned outside isolation Neonatal abstinence syndrome UAC and UAV lines, blood transfusions, CPAP Any census above 6 - patients transferred"</p>
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609342 ICU	No	<p>Presbyterian Allen 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>reached consensus for Unit Clerk staffing on the day and evening shifts. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shift at census points 5 and 6, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining</p>	<p>"RN Ratios 1:1 Post-Arrest 1:2 ICU</p> <p>PCA Ratios 1:6</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio Medicine, Ortho, Spine CRRT or any other esclation sent to Milstein ICUs"</p>
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609341 2RE ICU STEPDOWN	No	<p>Presbyterian Allen 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>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units</p>	<p>"RN Ratios 1:3 Additional Patient Care Information: Charge RN shall not be a part of the ratios 1:1s should not be included in PCT ratio 8 Vent Capable Rooms "</p>
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<p>609333 1RW/3W/NURSERY PST & ANTEPARTUM</p>	<p>No</p>	<p>Presbyterian Allen 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 and Unit Clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing</p>	<p>1:1 Newborn care; COVID, Pre/Postop, Pain management 1:3 Newborn; Post Level II, Continuing care 1:3 Dyad care (1 RN: 3 mothers/3 newborns), uncomplicated, routine care, stable</p> <p>PCA Ratios 1:8 Day shift: 1 in Well Baby Nursery</p> <p>Additional Patient Care Information: Charge RN shall not be a part of the ratios Postpartum/Postoperative: Vaginal delivery, C-section, BTL Discharge Planning: Dyad Complex Cases: Chorioamnionitis, PPH/QBL Disorders of Pregnancy: Diabetes, Hypertension</p>
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609345 2FE MED SURG	No	<p>Presbyterian Allen 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. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. For</p>	<p>"RN Ratios 1:4</p> <p>Additional Patient Care Information: Charge RN shall not be a part of the ratios 1:1s should not be included in PCT Ratio 1:1s (alcohol withdrawal, suicide watch) Bed Max: 31 4 Vent Capable Beds"</p>
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<p>609346 2FW GERIATRICS MED SURG</p>	<p>No</p>	<p>Presbyterian Allen Hospital ("Hospital"), I s"On behalf of New York Presbyterian Allen 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</p>	<p>Committee reached consensus on RN staffing for census points 22 through 33. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing</p>	<p>"RN Ratios 1:4 Additional Patient Care Information: Charge RN shall not be part of the ratio 1:1s should not be included in PCT ratio"</p>
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RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	609337 Pre/Post Anesthesia	0	0	0
Endoscopy	609382 ENDO	0	0	0
Other	609430 OR	1	8	1
Outpatient Clinics	606904 NI-8 Orthopedics	0	0	0
Outpatient Clinics	606504 (60-6694, 60-6516, 60-6871) Comprehensive Health	0	0	0
Outpatient Clinics	606520/664832 Family Planning	0	0	0
Outpatient Clinics	606786 Washington Heights Family Health	0	0	0
Outpatient Clinics	606906 VC 10 Specialties	0	0	0
Outpatient Clinics	606791 Rangel Practice	0	0	0
Outpatient Clinics	606902 Ophthalmology	0	0	0
Outpatient Clinics	606587 Farrell Family Medicine	0	0	0
Outpatient Clinics	606839 Dermatology	0	0	0
Outpatient Clinics	606785 Broadway Practice	0	0	0
Outpatient Clinics	606911 Peds OB-GYN	0	0	0
Outpatient Clinics	606877 AIM/AIM East	0	0	0
Cardiovascular	609400 Allen Cardiac Diagnostic Center	0	0	0
Emergency Department	609338 EMERGENCY DEPARTMENT	8	2.51	23.88
Obstetrics/Gynecology	609336 AL-1-RW-LABOR-DELV	10	11.51	6.52

Cardiovascular	0	0
Emergency Department	6	0
Obstetrics/Gynecology	0.65	0
Orthopedics	3.69	0
Neonatal	1.68	0
Critical Care	1.94	0
Stepdown	2.98	0
Obstetrics/Gynecology	5.37	0
Medical/Surgical	3.56	0
Geriatric	3.66	0

NIGHT SHIFT ANCILLARY STAFF

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

Obstetrics/Gynecology	0	0
Orthopedics	0	0
Neonatal	0	0
Critical Care	0	0
Stepdown	0	0
Obstetrics/Gynecology	0	0
Medical/Surgical	0	0
Geriatric	0	0

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	0
Endoscopy	0	0
Other	0	2
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Cardiovascular	0	0
Emergency Department	0	2
Obstetrics/Gynecology	0	1
Orthopedics	0	3
Neonatal	0	0

Critical Care	0	0
Stepdown	0	1
Obstetrics/Gynecology	0	1
Medical/Surgical	0	2
Geriatric	0	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)
Other	0
Endoscopy	0
Other	16
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Outpatient Clinics	0
Cardiovascular	0
Emergency Department	0.63
Obstetrics/Gynecology	1.15
Orthopedics	1
Neonatal	0
Critical Care	0
Stepdown	1

Obstetrics/Gynecology	1
Medical/Surgical	1
Geriatric	1

NIGHT SHIFT CONSENSUS INFORMATION

Name of Clinical Unit:	Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):
Other	Unit closed overnight.	Yes		
Endoscopy	Unit closed overnight.	Yes		

Other	<p>"Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well."</p>	Yes		
Outpatient Clinics	Unit is closed overnight.	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Committee unable to reach consensus for the Ancillary staff.</p>

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Cardiovascular	Unit closed overnight.	No	<p>Presbyterian Allen 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>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>
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Emergency Department	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>	No	<p>Presbyterian Allen 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>Management and non-management staffing committee members were unable to reach consensus on this unit’s staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, security, social workers, care managers, IV team, EKG techs and transport team.</p>
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<p>Obstetrics/Gynecology</p>	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.</p>	<p>No</p>	<p>Presbyterian Allen 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>reached consensus on Unit Clerk staffing. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated</p>
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<p>Orthopedics</p>	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>	<p>No</p>	<p>Presbyterian Allen 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>reached consensus on Unit Clerk staffing for the day and evening shifts. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately</p>
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Neonatal	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.</p>	No	<p>Presbyterian Allen 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>reached consensus for RN staffing at census points 1 and 2. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The</p>
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<p>Critical Care</p>	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>	<p>No</p>	<p>Presbyterian Allen 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>reached consensus for Unit Clerk staffing on the day and evening shifts. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shift at census points 5 and 6, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining</p>
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<p>Stepdown</p>	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>	<p>No</p>	<p>Presbyterian Allen 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>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units</p>
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<p>Obstetrics/Gynecology</p>	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.</p>	<p>No</p>	<p>Presbyterian Allen 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 and Unit Clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing</p>
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<p>Medical/Surgical</p>	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>	<p>No</p>	<p>Presbyterian Allen 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. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. For</p>
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Geriatric	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.	No	Presbyterian Allen 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	Committee reached consensus on RN staffing for census points 22 through 33. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing
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CBA INFORMATION

<p>We have one or more collective bargaining agreements:</p>	<p>Yes</p>
<p>If yes, then:</p> <p>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</p> <p>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.)</p>	<p>New York State Nurses Association, SEIU 1199</p>
<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>12/31/2026 12:00 AM</p>

<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>619</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/2026 12:00 AM</p>
<p>The number of hospital employees represented by SEIU 1199 is:</p>	<p>889</p>