

## HOSPITAL INFORMATION

|                                    |                                 |
|------------------------------------|---------------------------------|
| <b>Region</b>                      | Western Regional Office         |
| <b>County</b>                      | Chautauqua                      |
| <b>Council</b>                     | Western New York                |
| <b>Network</b>                     | ALLEGHENY HEALTH NETWORK        |
| <b>Reporting Organization</b>      | Westfield Memorial Hospital Inc |
| <b>Reporting Organization Id</b>   | 0111                            |
| <b>Reporting Organization Type</b> | Hospital (pfi)                  |
| <b>Data Entity</b>                 | Westfield Memorial Hospital Inc |

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) ? |
|---|--|--|--|---|
| Outpatient wound clinic open two days/wk, dayshift only   | 0  | 0  | 20   | 0   |
| Dayshift only surgery area open two days/wk completing outpatient surgical procedures and endoscopy   | 3  | 5  | 8  | 1   |
| Emergency patients  | 2  | 2  | 7  | 3.5   |
| Med-Surg  | 1  | 2.6  | 3  | 3   |

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) |
|---|---|---|
| Outpatient wound clinic open two days/wk, dayshift only   | 3   | 2   |
| Dayshift only surgery area open two days/wk completing outpatient surgical procedures and endoscopy   | 0   | 0   |
| Emergency patients  | 0   | 0   |
| 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) |
|---|---|--|
|   |   |  |

|   |   |   |
|---|---|---|
| Outpatient wound clinic open two days/wk, dayshift only   | 1 | 8 |
| Dayshift only surgery area open two days/wk completing outpatient surgical procedures and endoscopy | 1 | 8 |
| Emergency patients  | 1 | 8 |
| Med-Surg  | 0 | 0 |

DAY SHIFT UNLICENSED STAFFING

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|--|---|
| Outpatient wound clinic open two days/wk, dayshift only  | 0  | 0   |
| Dayshift only surgery area open two days/wk completing outpatient surgical procedures and endoscopy  | 0  | 0   |
| Emergency patients   | 1  | 8   |
| Med-Surg   | 1  | 1   |

DAY SHIFT ADDITIONAL RESOURCES

|  |  |
|--|--|
| <b>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.</b> | <b>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.</b> |
| Outpatient wound clinic open two days/wk, dayshift only  | RN nurse manager on-site supervising LPN's and able to assist at any moment  |
| Dayshift only surgery area open two days/wk completing outpatient surgical procedures and endoscopy  | Nurse leader available to support department if needed.  |
| Emergency patients   | Leadership on call to assist in volume spikes  |
| Med-Surg   | None   |

**DAY SHIFT CONSENSUS INFORMATION**

|  |   |   |  |  |
|--|---|---|--|--|
| <b>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.</b> | <b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b> | <b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b> | <b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b> | <b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b> |
|--|---|---|--|--|

|   |     |  |  |  |
|---|-----|--|--|--|
| Outpatient wound clinic<br>open two days/wk, dayshift<br>only   | Yes |  |  |  |
| Dayshift only surgery area<br>open two days/wk<br>completing outpatient<br>surgical procedures and<br>endoscopy | Yes |  |  |  |
| Emergency patients  | Yes |  |  |  |
| Med-Surg  | Yes |  |  |  |

**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)? |
|---|--|--|--|--|
| Emergency patients  | 2  | 2  | 7  | 3.5  |
| Med-Surg  | 1  | 2.6  | 3  | 3  |

**LPN EVENING SHIFT STAFFING**

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|---|---|---|
| Emergency patients  | 0   | 0   |
| Med-Surg  | 0   | 0   |

**EVENING SHIFT ANCILLARY STAFF**

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|--|---|
| Emergency patients   | 1  | 8   |
| Med-Surg   | 0  | 0   |

**EVENING SHIFT UNLICENSED STAFFING**

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|---|---|
| Emergency patients   | 1   | 8   |
| Med-Surg   | 1   | 1   |

**EVENING SHIFT ADDITIONAL RESOURCES**



|  |  |
|--|--|
| <b>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.</b> | <b>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.</b> |
| Emergency patients   | Leadership on call to assist in volume spikes  |
| Med-Surg   | None   |

**EVENING SHIFT CONSENSUS INFORMATION**

| <b>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.</b> | <b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b> | <b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b> | <b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b> | <b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b> |
|--|---|---|--|--|
| Emergency patients   | Yes   |   |  |  |
| Med-Surg   | Yes   |   |  |  |

RN NIGHT SHIFT STAFFING

| Name of Clinical Unit: | Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50) | Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) |
|------------------------|---|--|--|--|
| Emergency Department   | Emergency patients  | 2  | 2  | 7  |
| Medical/Surgical       | Med-Surg  | 1  | 2.6  | 3  |

LPN NIGHT SHIFT STAFFING

| Name of Clinical Unit: | What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)? | Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) |
|------------------------|--|---|
| Emergency Department   | 3.5  | 0   |
| Medical/Surgical       | 3  | 0   |

NIGHT SHIFT ANCILLARY STAFF

| <b>Name of Clinical Unit:</b> | <b>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)</b> | <b>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)</b> |
|-------------------------------|--|--|
| Emergency Department          | 0  | 1  |
| Medical/Surgical              | 0  | 0  |

**NIGHT SHIFT UNLICENSED STAFFING**

| <b>Name of Clinical Unit:</b> | <b>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)</b> | <b>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)</b> |
|-------------------------------|---|---|
| Emergency Department          | 8   | 1   |
| Medical/Surgical              | 0   | 1   |

**NIGHT SHIFT ADDITIONAL RESOURCES**

| <b>Name of Clinical Unit:</b> | <b>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)</b> |
|-------------------------------|---|
| Emergency Department          | 8   |
| Medical/Surgical              | 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): |
|------------------------|---|--|--|---|
| Emergency Department   | Leadership on call to assist in volume spikes   | Yes  |  |   |
| Medical/Surgical       | None  | Yes  |  |   |

CBA INFORMATION

|   |           |
|---|-----------|
| <p><b>We have one or more collective bargaining agreements:</b></p> | <p>No</p> |
|---|-----------|