

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	Nassau
<b>Council</b>	Long Island
<b>Network</b>	MOUNT SINAI HEALTH SYSTEM
<b>Reporting Organization</b>	Mount Sinai South Nassau
<b>Reporting Organization Id</b>	0527
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	Mount Sinai South Nassau

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) ?
E1 Cardiac post procedure	6	3	15	2.5
Cardiac Cath/EP- Core Staffing 7am-5pm, Average daily Volume fluctuates	10.13	0	0	1
Interventional Radiology 6am-3pm	6.37	5.97	8	1
Endoscopy	7.8	4.89	12	1
PACU	7.13	2.14	25	3.5
ASU 1st floor Day shift 5a-3p	7.6	2.28	25	4
Pain Management	3	8.6	2	1
E3 3rd floor E-wing, shift begins 6:30am	6	2.65	17	3
Main OR	16.27	121	25	4.84
OP Infusion-F4	5	1.42	25	8
Gamma Knife	2	3.75	4	4
Radiation Oncology	1.5	1.3	15	5
In-Patient Dialysis, 2nd floor	3	1.88	12	2
CCU Critical Care	7	4	12	2
ICU Intensive Care	6	4	10	2
D4 Behavioral Health	4	0.88	36	9
D2E Heart Failure	8	1.55	36	5.14
D2W Tele-Stroke	8	1.55	36	5.14

D1 Med Surg	7.5	1.44	36	5.5
NICU - Neonatal Intensive Care	4	6	6	2
Mother/ Baby - Maternity	6	1.25	32	8
Pediatrics	3	2	12	4
L&D Labor and Delivery	9	8	8	2
RCU- Respiratory Care Unit	2	2	8	4
G2 Med/Surg	5	1.19	27	6.5
F3- Med/Surg Oncology	7	1.26	38	6.33
E2- Surgical	7	1.33	36	6
F1 - Progressive Surgical	5	1.39	23	5.75

**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)
E1 Cardiac post procedure	0	0
Cardiac Cath/EP- Core Staffing 7am-5pm, Average daily Volume fluctuates	0	0
Interventional Radiology 6am-3pm	0	0
Endoscopy	0	0
PACU	0	0
ASU 1st floor Day shift 5a-3p	0	0

Pain Management	0	0
E3 3rd floor E-wing, shift begins 6:30am	0	0
Main OR	0	0
OP Infusion-F4	0	0
Gamma Knife	0	0
Radiation Oncology	0	0
In-Patient Dialysis, 2nd floor	0	0
CCU Critical Care	0	0
ICU Intensive Care	0	0
D4 Behavioral Health	0	0
D2E Heart Failure	0	0
D2W Tele-Stroke	0	0
D1 Med Surg	0	0
NICU - Neonatal Intensive Care	0	0
Mother/ Baby - Maternity	0	0
Pediatrics	0	0
L&D Labor and Delivery	0	0
RCU- Respiratory Care Unit	2	2
G2 Med/Surg	0	0
F3- Med/Surg Oncology	0	0
E2- Surgical	1	2
F1 - Progressive Surgical	1	2

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)
E1 Cardiac post procedure	1	7.5
Cardiac Cath/EP- Core Staffing 7am-5pm, Average daily Volume fluctuates	0	0
Interventional Radiology 6am-3pm	0	0
Endoscopy	0.87	7.5
PACU	1	7.5
ASU 1st floor Day shift 5a-3p	1.53	7.5
Pain Management	1	7.5
E3 3rd floor E-wing, shift begins 6:30am	1	7.5
Main OR	1	0.28
OP Infusion-F4	0	0
Gamma Knife	0	0
Radiation Oncology	3	22.5
In-Patient Dialysis, 2nd floor	1	7.5
CCU Critical Care	0	0
ICU Intensive Care	0	0
D4 Behavioral Health	0	0
D2E Heart Failure	0	0
D2W Tele-Stroke	0	0
D1 Med Surg	0	0

NICU - Neonatal Intensive Care	0	0
Mother/ Baby - Maternity	0	0
Pediatrics	0	0
L&D Labor and Delivery	0	0
RCU- Respiratory Care Unit	0	0
G2 Med/Surg	0	0
F3- Med/Surg Oncology	0	0
E2- Surgical	0	0
F1 - Progressive Surgical	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>
E1 Cardiac post procedure	1	0.5
Cardiac Cath/EP- Core Staffing 7am-5pm, Average daily Volume fluctuates	0	0
Interventional Radiology 6am-3pm	0	0
Endoscopy	4	2.5
PACU	1	0.3
ASU 1st floor Day shift 5a-3p	2.4	0.72
Pain Management	1	3
E3 3rd floor E-wing, shift begins 6:30am	1	2.26

Main OR	17.6	5.28
OP Infusion-F4	2.5	1.33
Gamma Knife	0	0
Radiation Oncology	0	0
In-Patient Dialysis, 2nd floor	1	1.6
CCU Critical Care	1	0.67
ICU Intensive Care	1	0.8
D4 Behavioral Health	6	1.33
D2E Heart Failure	5	1.11
D2W Tele-Stroke	5	1.11
D1 Med Surg	5	1.11
NICU - Neonatal Intensive Care	0	0
Mother/ Baby - Maternity	3	0.75
Pediatrics	1	0.67
L&D Labor and Delivery	3	3
RCU- Respiratory Care Unit	1	1
G2 Med/Surg	4	1.19
F3- Med/Surg Oncology	5	1.05
E2- Surgical	4	1
F1 - Progressive Surgical	3	1.26

DAY SHIFT ADDITIONAL RESOURCES

<p><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></p>	<p><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></p>
<p>E1 Cardiac post procedure</p>	<p>E1  Foreseeable: Scheduled Patients  Unforeseeable: Sick Calls, Add-ons/Acuity  There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>



<p>Cardiac Cath/EP- Core Staffing 7am-5pm, Average daily Volume fluctuates</p>	<p>Scheduled Patients<sup>2</sup> Unforeseeable: STEMIS, Sick Calls, Equipment Failure, Add-ons<sup>2</sup> Potential Variations to Staffing<sup>2</sup> EP<sup>2</sup> Foreseeable: EP Studies EPPA present,<sup>2</sup> Unforeseeable: Sick Calls, Add-ons/Acuity, Equipment Failure<sup>2</sup> There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>
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<p>Interventional Radiology 6am-3pm</p>	<p>IR-Foreseeable: Add-ons, Volume Dependent Unforeseeable: Sick Calls, Surge, Cancellations, Equipment failure</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy, pharmacy, rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>
<p>Endoscopy</p>	<p>Endo-Foreseeable: Add-ons, Volume Dependent Unforeseeable: Sick Calls, Surge, Cancellations</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy, pharmacy, rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>

<p>PACU</p>	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education. PACU- Foreseeable: Add-ons, Volume Dependent Unforeseeable: Sick Calls, Surge</p>
<p>ASU 1st floor Day shift 5a-3p</p>	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>

<p>Pain Management</p>	<p>{CST-unlicensed personnel}  There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>
<p>E3 3rd floor E-wing, shift begins 6:30am</p>	<p>Peri-op assist=unlicensed personnel There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including Anesthesia Aides, respiratory therapy, pharmacy, support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>

CST/Peri-op  
assist=unlicensed personnel  
There are other members of  
the ancillary team that are  
not easily attributed to  
definitive work-hours whom  
support the unit on a  
regular basis, including  
Anesthesia Aides,  
respiratory therapy,  
pharmacy, support services  
such as the rapid response  
team, IV team, transport,  
environmental services,  
security, chaplain services,  
engineering, and nursing  
education.

Potential Variations to  
Staffing<sup>2</sup>  
Operating Room<sup>2</sup>  
Foreseeable: Volume  
Dependent,  
Unforeseeable: Add-ons,  
Traumas, Sick Calls

Main OR

<p>OP Infusion-F4</p>	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including NM/NP, case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p> <p>Potential Variations to Staffing☒</p> <p>Outpatient Infusion☒</p> <p>Foreseeable: Volume dependent, Acuity ☒</p> <p>Unforeseeable: Unscheduled add-ons, sick calls</p>
<p>Gamma Knife</p>	<p>Assoc Director of Physics Gamma Knife RN Coordinator</p> <p>Potential Variations to Staffing☒</p> <p>Gamma Knife☒</p> <p>Foreseeable: Volume dependent☒</p> <p>Unforeseeable: Sick Calls, Acuity (Moderate Sedation)</p>

Radiation Oncology	<p>Director of Physics  Assoc Director of Physics  Radiation Oncology  Manager  Senior Radiation Therapist  Lead Radiation Therapist  Radiation Therapist  Chief Dosimetrist  Lead Dosimetrist  Dosimetrist  Office Manager  Billing Recep</p>
In-Patient Dialysis, 2nd floor	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education. Potential Variations to Staffing<sup>2</sup>  Inpatient Dialysis<sup>2</sup>  <sup>2</sup>  Forseeable: Volume, <sup>2</sup>  Unforseeable: Sickcalls, Equipment Failures, Bedside Dialysis (Add-on)</p>

CCU Critical Care	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.
ICU Intensive Care	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.



D4 Behavioral Health	Act Therapist, Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.
D2E Heart Failure	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.

<p>D2W Tele-Stroke</p>	<p>Stroke Coordinator, Unit secretary, bed and bath aides, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>
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D1 Med Surg	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.
NICU - Neonatal Intensive Care	RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including social work, respiratory therapy, pharmacy, physical therapy, and support services such as environmental services, security, chaplain services, engineering, and nursing education.

Mother/ Baby - Maternity	Unit secretary, RN total incl. charge. Planned average number of patients includes couplets (mother and baby). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.
Pediatrics	Unit secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.

L&D Labor and Delivery	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy, and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.
RCU- Respiratory Care Unit	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.

G2 Med/Surg	Unit secretary, bed and bath aides, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.
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F3- Med/Surg Oncology	<p>Unit secretary, bed and bath aides, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>
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E2- Surgical	<p>Unit secretary, bed and bath aides, RN total incl. charge. 1 RN and 1 LPN provide care to 4 step down patients, plus 1 swing shift LPN to assist on the floor from 11a-11p. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>
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F1 - Progressive Surgical	<p>Unit secretary, bed and bath aides, RN total incl. charge. 1 RN and 1 LPN provide care to 4 step down patients. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>
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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>
E1 Cardiac post procedure	Yes			
Cardiac Cath/EP- Core Staffing 7am-5pm, Average daily Volume fluctuates	Yes			

Interventional Radiology 6am-3pm	Yes			
Endoscopy	Yes			
PACU	Yes			
ASU 1st floor Day shift 5a- 3p	Yes			
Pain Management	Yes			
E3 3rd floor E-wing, shift begins 6:30am	Yes			
Main OR	Yes			
OP Infusion-F4	Yes			
Gamma Knife	Yes			
Radiation Oncology	Yes			
In-Patient Dialysis, 2nd floor	Yes			
CCU Critical Care	Yes			
ICU Intensive Care	Yes			
D4 Behavioral Health	Yes			
D2E Heart Failure	Yes			
D2W Tele-Stroke	Yes			
D1 Med Surg	Yes			
NICU - Neonatal Intensive Care	Yes			
Mother/ Baby - Maternity	Yes			
Pediatrics	Yes			
L&D Labor and Delivery	Yes			
RCU- Respiratory Care Unit	Yes			
G2 Med/Surg	Yes			
F3- Med/Surg Oncology	Yes			
E2- Surgical	Yes			
F1 - Progressive Surgical	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)?
E1 Cardiac post procedure	4.27	2.13	15	3.75
Interventional Radiology 3p-6p	2.73	10	2	1
Endoscopy	3.6	3.37	8	2.66
PACU 3-11	9.93	4.96	15	2
ASU 1st floor 3p-11p	3.13	1.56	15	5
Pain Management 3p-5p	1.5	4.5	0.5	1
E3 3rd floor E-wing, 3pm-7:30p	1.8	12	3	1
Main OR 3p-11p	8	54.5	15	3.63
OP Infusion- F4 Evenings 3p-5p	4	1.25	10	4
In-Patient Dialysis	3	1.88	6	2
Mother/Baby - Maternity	6	1.25	32	8
CCU Critical Care	7	4	12	2
ICU - Intensive Care	6	4	10	2
D4 Behavioral Health	4	0.88	36	9
D2E Heart Failure	8	1.55	36	5.14
D2W Tele-Stroke	8	1.55	36	5.14
D1 Med Surg	7.5	1.44	36	6
NICU - Neonatal Intensive Care	4	6	4	1.3
Pediatrics	2.5	1.66	12	6
L&D Labor and Delivery	8	8	8	2

RCU-Respiratory Care Unit	2	2	8	4
G2 Med/Surg	5	1.19	27	6.5
F3- Med/Surg Oncology	7	1.26	38	6.33
E2- Surgical	7	1.33	36	6
F1 - Progressive Surgical	5	1.39	23	5.75

LPN EVENING SHIFT 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 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)</b>	<b>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)</b>
E1 Cardiac post procedure	1.07	0.53
Interventional Radiology 3p-6p	0	0
Endoscopy	0	0
PACU 3-11	0	0
ASU 1st floor 3p-11p	0	0
Pain Management 3p-5p	0	0
E3 3rd floor E-wing, 3pm-7:30p	0	0
Main OR 3p-11p	0	0
OP Infusion- F4 Evenings 3p-5p	0	0
In-Patient Dialysis	0	0
Mother/Baby - Maternity	0	0
CCU Critical Care	0	0
ICU - Intensive Care	0	0
D4 Behavioral Health	0	0
D2E Heart Failure	0	0
D2W Tele-Stroke	0	0
D1 Med Surg	0	0
NICU - Neonatal Intensive Care	0	0

Pediatrics	0	0
L&D Labor and Delivery	0	0
RCU-Respiratory Care Unit	2	2
G2 Med/Surg	0	0
F3- Med/Surg Oncology	0	0
E2- Surgical	0	0
F1 - Progressive Surgical	1	2

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>
E1 Cardiac post procedure	1	7.5
Interventional Radiology 3p-6p	0	0
Endoscopy	0.13	2
PACU 3-11	1	7.5
ASU 1st floor 3p-11p	1	2
Pain Management 3p-5p	0	0
E3 3rd floor E-wing, 3pm-7:30p	0	0
Main OR 3p-11p	0.5	3.5
OP Infusion- F4 Evenings 3p-5p	0	0
In-Patient Dialysis	1	7.5
Mother/Baby - Maternity	0	0
CCU Critical Care	0	0
ICU - Intensive Care	0	0
D4 Behavioral Health	0	0
D2E Heart Failure	0	0
D2W Tele-Stroke	0	0

D1 Med Surg	0	0
NICU - Neonatal Intensive Care	0	0
Pediatrics	0	0
L&D Labor and Delivery	0	0
RCU-Respiratory Care Unit	0	0
G2 Med/Surg	0	0
F3- Med/Surg Oncology	0	0
E2- Surgical	0	0
F1 - Progressive Surgical	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>
E1 Cardiac post procedure	1	0.5
Interventional Radiology 3p-6p	0	0
Endoscopy	1	0.93
PACU 3-11	1	7.5
ASU 1st floor 3p-11p	1	2.3
Pain Management 3p-5p	0	0
E3 3rd floor E-wing, 3pm-7:30p	0	0
Main OR 3p-11p	8.8	4.4
OP Infusion- F4 Evenings 3p-5p	0.5	1.33
In-Patient Dialysis	0	0
Mother/Baby - Maternity	3	0.75
CCU Critical Care	1	0.67
ICU - Intensive Care	1	0.8
D4 Behavioral Health	6	1.33

D2E Heart Failure	5	1.11
D2W Tele-Stroke	5	1.11
D1 Med Surg	5	1.11
NICU - Neonatal Intensive Care	0	0
Pediatrics	1	0.67
L&D Labor and Delivery	3	3
RCU-Respiratory Care Unit	1	1
G2 Med/Surg	4	1.19
F3- Med/Surg Oncology	5	1.05
E2- Surgical	4	1
F1 - Progressive Surgical	3	1.26

**EVENING SHIFT ADDITIONAL RESOURCES**

<p><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></p>	<p><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></p>
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E1 Cardiac post procedure	<p>E1☒</p> <p>Foreseeable: Scheduled Patients☒</p> <p>Unforeseeable: Sick Calls, Add-ons/Acuity☒</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>
Interventional Radiology 3p-6p	<p>IR-Foreseeable: Add-ons, Volume Dependent</p> <p>Unforeseeable: Sick Calls, Surge, Cancellations, Equipment failure</p> <p>Interventional Radiology</p>



<p>Endoscopy</p>	<p>Endo-Foreseeable: Add-ons, Volume Dependent Unforeseeable: Sick Calls, Surge, Cancellations</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy, pharmacy, rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>
<p>PACU 3-11</p>	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education. PACU-Foreseeable: Add-ons, Volume Dependent Unforeseeable: Sick Calls, Surge</p>

ASU 1st floor 3p-11p	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.
Pain Management 3p-5p	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.

E3 3rd floor E-wing, 3pm-7:30p

Peri-op assist=unlicensed personnel There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including Anesthesia Aides, respiratory therapy, pharmacy, support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.

CST/Peri-op  
assist=unlicensed personnel  
There are other members of  
the ancillary team that are  
not easily attributed to  
definitive work-hours whom  
support the unit on a  
regular basis, including  
Anesthesia Aides,  
respiratory therapy,  
pharmacy, support services  
such as the rapid response  
team, IV team, transport,  
environmental services,  
security, chaplain services,  
engineering, and nursing  
education.

Potential Variations to  
Staffing<sup>2</sup>  
Operating Room<sup>2</sup>  
Foreseeable: Volume  
Dependent,  
Unforeseeable: Add-ons,  
Traumas, Sick Calls

Main OR 3p-11p

<p>OP Infusion- F4 Evenings 3p-5p</p>	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including NM/NP, case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p> <p>Potential Variations to Staffing<sup>2</sup></p> <p>Outpatient Infusion<sup>2</sup></p> <p>Foreseeable: Volume dependent, Acuity <sup>2</sup></p> <p>Unforeseeable: Unscheduled add-ons, sick calls</p>
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In-Patient Dialysis	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education. Potential Variations to Staffing<sup>2</sup></p> <p>Inpatient Dialysis<sup>2</sup></p> <p><sup>2</sup></p> <p>Forseeable: Volume, <sup>2</sup></p> <p>Unforseeable: Sickcalls, Equipment Failures, Bedside Dialysis (Add-on)</p>
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Mother/Baby - Maternity	Unit secretary, RN total incl. charge. Planned average number of patients includes couplets (mother and baby). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including social work, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.
CCU Critical Care	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the IV team, transport, environmental services, security, engineering, and nursing education.

ICU - Intensive Care	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the IV team, transport, environmental services, security, engineering, and nursing education.
D4 Behavioral Health	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.



D2E Heart Failure	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.
D2W Tele-Stroke	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.

D1 Med Surg	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.
NICU - Neonatal Intensive Care	RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including social work, respiratory therapy, pharmacy, and support services such as environmental services, security, engineering, and nursing education.

Pediatrics	Unit secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including social work, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.
L&D Labor and Delivery	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.

RCU-Respiratory Care Unit	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.
G2 Med/Surg	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.

F3- Med/Surg Oncology	Unit secretary, RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.
E2- Surgical	Unit secretary, RN total incl. charge. 1 RN and 1 LPN provide care to 4 step down patients, plus 1 swing shift LPN to assist on the floor from 11a-11p. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.

F1 - Progressive Surgical	Unit secretary, RN total incl. charge. 1RN and 1 LPN provide care to 4 step down patients. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, and support services such as the IV team, transport, environmental services, security, engineering, and nursing education.
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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):
E1 Cardiac post procedure	Yes			
Interventional Radiology 3p-6p	Yes			
Endoscopy	Yes			
PACU 3-11	Yes			
ASU 1st floor 3p-11p	Yes			
Pain Management 3p-5p	Yes			
E3 3rd floor E-wing, 3pm-7:30p	Yes			

Main OR 3p-11p	Yes			
OP Infusion- F4 Evenings 3p-5p	Yes			
In-Patient Dialysis	Yes			
Mother/Baby - Maternity	Yes			
CCU Critical Care	Yes			
ICU - Intensive Care	Yes			
D4 Behavioral Health	Yes			
D2E Heart Failure	Yes			
D2W Tele-Stroke	Yes			
D1 Med Surg	Yes			
NICU - Neonatal Intensive Care	Yes			
Pediatrics	Yes			
L&D Labor and Delivery	Yes			
RCU-Respiratory Care Unit	Yes			
G2 Med/Surg	Yes			
F3- Med/Surg Oncology	Yes			
E2- Surgical	Yes			
F1 - Progressive Surgical	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)
Cardiovascular	E1 Cardiac post procedure	2	1	15
Other	PACU	2.2	0	0
Ambulatory Surgery	ASU 1st floor 11p-7a,( including 5am-7am)	2.73	3.41	6
Other	Main OR	1.27	0	0
Critical Care	CCU Critical Care	7	4	12
Critical Care	ICU Intensive Care	6	4	10
Psychiatry	D4 Behavioral Health	4	0.88	36
Medical/Surgical	D2E Heart Failure	8	1.55	36
Medical/Surgical	D2W Tele-Stroke	8	1.55	36
Medical/Surgical	D1 Med Surg	7	1.33	36
Neonatal	NICU Neonatal Intensive Care	4	6	6
Obstetrics/Gynecology	Mother/ Baby - Maternity	6	1.25	32
Pediatric	Pediatrics	2	1.33	12
Obstetrics/Gynecology	L&D Labor and Delivery	8	8	8
Pulmonary	RCU- Respiratory Care unit	2	2	8
Medical/Surgical	G2 Med /Surg	5	1.19	27
Medical/Surgical	F3-Med/Surg Oncology	7	1.26	38
Medical/Surgical	E2-Surgical	7	1.33	36
Medical/Surgical	F1 - Progressive Surgical	5	1.39	23

LPN NIGHT SHIFT STAFFING



<b>Name of Clinical Unit:</b>	<b>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)?</b>	<b>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)</b>
Cardiovascular	7.5	2
Other	0	0
Ambulatory Surgery	4	0
Other	1	0
Critical Care	2	0
Critical Care	2	0
Psychiatry	9	0
Medical/Surgical	5.14	0
Medical/Surgical	5.14	0
Medical/Surgical	6	0
Neonatal	2	0
Obstetrics/Gynecology	8	0
Pediatric	6	0
Obstetrics/Gynecology	2	0
Pulmonary	4	2
Medical/Surgical	6.5	0
Medical/Surgical	6.33	0
Medical/Surgical	6	1
Medical/Surgical	5.75	1

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>
Cardiovascular	1	0
Other	0	0
Ambulatory Surgery	0	0
Other	0	0
Critical Care	0	0
Critical Care	0	0
Psychiatry	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Neonatal	0	0
Obstetrics/Gynecology	0	0
Pediatric	0	0
Obstetrics/Gynecology	0	0
Pulmonary	2	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	2	0
Medical/Surgical	2	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>
Cardiovascular	0	0
Other	0	1
Ambulatory Surgery	0	2.07
Other	0	1.4
Critical Care	0	1
Critical Care	0	1
Psychiatry	0	5
Medical/Surgical	0	4
Medical/Surgical	0	4
Medical/Surgical	0	4
Neonatal	0	0
Obstetrics/Gynecology	0	3
Pediatric	0	0
Obstetrics/Gynecology	0	2
Pulmonary	0	1
Medical/Surgical	0	4
Medical/Surgical	0	4
Medical/Surgical	0	4
Medical/Surgical	0	3

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>
Cardiovascular	0
Other	7.5
Ambulatory Surgery	2.59
Other	0
Critical Care	0.67
Critical Care	0.8
Psychiatry	1.11
Medical/Surgical	0.89
Medical/Surgical	0.89
Medical/Surgical	0.89
Neonatal	0
Obstetrics/Gynecology	0.75
Pediatric	0
Obstetrics/Gynecology	2
Pulmonary	1
Medical/Surgical	1.19
Medical/Surgical	0.84
Medical/Surgical	1
Medical/Surgical	1.26

NIGHT SHIFT CONSENSUS INFORMATION

<p><b>Name of Clinical Unit:</b></p>	<p><b>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.</b></p>	<p><b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b></p>	<p><b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b></p>	<p><b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b></p>
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Cardiovascular	<p>E1 Foreseeable: Scheduled Patients Unforeseeable: Sick Calls, Add-ons/Acuity</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>	Yes		
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Other	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education. Potential Variations to Staffing☐</p> <p>PACU-Foreseeable: Add-ons, Volume Dependent</p> <p>Unforeseeable: Sick Calls, Surge</p>	Yes		
Ambulatory Surgery	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including case management, social work, respiratory therapy, pharmacy, physical therapy, dietitians and support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p>	Yes		

Other	<p>CST/Peri-op assist=unlicensed personnel There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including Anesthesia Aides, respiratory therapy, pharmacy, support services such as the rapid response team, IV team, transport, environmental services, security, chaplain services, engineering, and nursing education.</p> <p>Potential Variations to Staffing? Operating Room? Foreseeable: Volume Dependent, Unforeseeable: Add-ons, Traumas, Sick Calls</p>	Yes		
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Critical Care	RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.	Yes		
Critical Care	RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as the IV team, transport, environmental services, security, engineering, and nursing education.	Yes		

Psychiatry	RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.	Yes		
Medical/Surgical	RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.	Yes		

<p>Medical/Surgical</p>	<p>RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy &amp; pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.</p>	<p>Yes</p>		
<p>Medical/Surgical</p>	<p>RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy &amp; pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.</p>	<p>Yes</p>		

Neonatal	RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as transport, environmental services, security, engineering, and nursing education.	Yes		
Obstetrics/Gynecology	RN total incl. charge. Planned average number of patients includes couplets (mother and baby). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.	Yes		

Pediatric	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.	Yes		
Obstetrics/Gynecology	RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.	Yes		

Pulmonary	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.	Yes		
Medical/Surgical	RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.	Yes		

<p>Medical/Surgical</p>	<p>RN total incl. charge. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy &amp; pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.</p>	<p>Yes</p>		
<p>Medical/Surgical</p>	<p>RN total incl. charge. 1 RN and 1 LPN provides care to 4 step down patients. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy &amp; pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.</p>	<p>Yes</p>		

Medical/Surgical	RN total incl. charge. 1 RN and 1 LPN provide care to 4 step down patients. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis, including respiratory therapy & pharmacy and support services such as the rapid response team, IV team, transport, environmental services, security, engineering, and nursing education.	Yes		
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CBA INFORMATION

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