

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Westchester
Council	Mid-Hudson
Network	MONTEFIORE HEALTHCARE SYSTEM
Reporting Organization	Winifred Masterson Burke Rehabilitation Hospital
Reporting Organization Id	1046
Reporting Organization Type	Hospital (pfi)
Data Entity	Winifred Masterson Burke Rehabilitation Hospital

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
Rehabilitation Brain Injury - 2W	5	1.7	24.4	6.11
Rehabilitation Stroke - 2 E	4	1.2	27	6.75
Rehabilitation Cardio Pulmonary - 1 W	5	1.6	26.1	5.24
Rehabilitation Spinal Cord Injury - 1N	3	1.2	19	6.33
Rehabilitation - Ortho 1 East	4	1.3	27.2	6.8

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)

Rehabilitation Brain Injury - 2W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio Pulmonary - 1 W	0	0
Rehabilitation Spinal Cord Injury - 1N	1	0.4
Rehabilitation - Ortho 1 East	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Rehabilitation Brain Injury - 2W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio Pulmonary - 1 W	0	0
Rehabilitation Spinal Cord Injury - 1N	0	0
Rehabilitation - Ortho 1 East	0	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Rehabilitation Brain Injury - 2W	6	1.8
Rehabilitation Stroke - 2 E	6	1.6
Rehabilitation Cardio Pulmonary - 1 W	5	1.6
Rehabilitation Spinal Cord Injury - 1N	4	1.6
Rehabilitation - Ortho 1 East	5	1.6

DAY SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.

Rehabilitation Brain Injury - 2W	Unit clerk, admissions nurse, wound care nurse
Rehabilitation Stroke - 2 E	Unit clerk, admission nurse, wound care nurse
Rehabilitation Cardio Pulmonary - 1 W	Unit clerk, admission nurse, wound care nurse
Rehabilitation Spinal Cord Injury - 1N	unit clerk, admissions nurse, wound care nurse
Rehabilitation - Ortho 1 East	Unit secretary, admissions nurse, wound care nurse

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):
Rehabilitation Brain Injury - 2W	Yes			
Rehabilitation Stroke - 2 E	Yes			
Rehabilitation Cardio Pulmonary - 1 W	Yes			
Rehabilitation Spinal Cord Injury - 1N	Yes			
Rehabilitation - Ortho 1 East	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 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
Rehabilitation Brain Injury - 2W	4.5	1.3	24.4	6.98
Rehabilitation Stroke - 2 E	4	1.2	27.9	6.75
Rehabilitation Cardio Pulmonary - 1 W	4.5	1.3	26.1	5.4
Rehabilitation Spinal Cord Injury 1 N	1.8	1	19	9
Rehabilitation Ortho - 1 E	3.5	1.1	27.2	6.5

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Rehabilitation Brain Injury - 2W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio Pulmonary - 1 W	0	0

Rehabilitation Spinal Cord Injury 1 N	1	0.5
Rehabilitation Ortho - 1 E	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Rehabilitation Brain Injury - 2W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio Pulmonary - 1 W	0	0
Rehabilitation Spinal Cord Injury 1 N	0.4	0.24
Rehabilitation Ortho - 1 E	0	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Rehabilitation Brain Injury - 2W	5.5	1.7
Rehabilitation Stroke - 2 E	5	1.4

Rehabilitation Cardio Pulmonary - 1 W	4.5	1.3
Rehabilitation Spinal Cord Injury 1 N	3.5	2.1
Rehabilitation Ortho - 1 E	5	1.4

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>
Rehabilitation Brain Injury - 2W	admissions nurse, wound care nurse
Rehabilitation Stroke - 2 E	admissions nurse, wound care nurse
Rehabilitation Cardio Pulmonary - 1 W	admissions nurse, wound care nurse
Rehabilitation Spinal Cord Injury 1 N	admissions nurse, wound care nurse
Rehabilitation Ortho - 1 E	admission nurse, wound care nurse

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):	
Rehabilitation Brain Injury - 2W	Yes			
Rehabilitation Stroke - 2 E	Yes			
Rehabilitation Cardio Pulmonary - 1 W	Yes			
Rehabilitation Spinal Cord Injury 1 N	Yes			
Rehabilitation Ortho - 1 E	Yes			

RN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
Rehabilitation Brain Injury - 2 W	3	0.9	24.4	8.1
Rehabilitation Stroke - 2 E	4	1.1	27.9	6.75
Rehabilitation Cardio Pulmonary 1 W	4	1.1	26.1	6.53
Rehabilitation Spinal Cord Injury - 1N	2	0.8	19	9.5
Rehabilitation Ortho - 1E	3	0.9	27.2	9.06

LPN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Rehabilitation Brain Injury - 2 W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio Pulmonary 1 W	0	0
Rehabilitation Spinal Cord Injury - 1N	1	0.4
Rehabilitation Ortho - 1E	0	0

NIGHT SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Rehabilitation Brain Injury - 2 W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio Pulmonary 1 W	0	0
Rehabilitation Spinal Cord Injury - 1N	0	0
Rehabilitation Ortho - 1E	0	0

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Rehabilitation Brain Injury - 2 W	5	1.5
Rehabilitation Stroke - 2 E	4	1.1
Rehabilitation Cardio Pulmonary 1 W	3	1.1
Rehabilitation Spinal Cord Injury - 1N	3	1.2

Rehabilitation Ortho - 1E	3	0.8
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NIGHT SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the 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.
Rehabilitation Brain Injury - 2 W	None
Rehabilitation Stroke - 2 E	None
Rehabilitation Cardio Pulmonary 1 W	None
Rehabilitation Spinal Cord Injury - 1N	None
Rehabilitation Ortho - 1E	none

NIGHT SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):

Rehabilitation Brain Injury - 2 W	Yes			
Rehabilitation Stroke - 2 E	Yes			
Rehabilitation Cardio Pulmonary 1 W	Yes			
Rehabilitation Spinal Cord Injury - 1N	Yes			
Rehabilitation Ortho - 1E	Yes			

CBA INFORMATION

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