

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	New York
<b>Council</b>	New York City
<b>Network</b>	MOUNT SINAI HEALTH SYSTEM
<b>Reporting Organization</b>	Mount Sinai West
<b>Reporting Organization Id</b>	1466
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	Mount Sinai West

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) ?
Endoscopy	5	68	18	3.78
Addictions Outpatient Treatment Program (AOTP)- Closing December 2023	3	24	73	0.33
Comprehensive Psychiatric Emergency Program (CPEP)	1	8	4	2
ECHO LAB	2	13	14.79	0.9
MRI	1	8	22.63	0.35
Acute HemoDialysis	2	117	5	2.4
Radiation Oncology	3	18	5	3.6
Emergency Department	19	116	0.68	171.5
Cardio-Vascular Institute	1	6	5	1.2
Institute for Advanced Medicine (IAM) /Samuel's Clinic	1	24	5	0.27
OPD	4	24	91	0.27
ASU	13	372	70	4.17
OR	19	319	73	3.58
PACU	15	314	75	3.52
Interventional Radiology	9	706.5	11	7.92
14B MEDICAL SURGICAL UNIT	2	1.6	10	5

9C - ADDICTION INSTITUTE - REHAB NURSING	5	1.14	35	7
3G-ADULT REHAB UNIT	4	1.6	20	5
NURSING NEONATAL INTENSIVE CARE UNIT	14	4	28	2
NURSING 11A MCH	9	2.67	27	3
NURSING 11B MCH	8	2.78	23	3
LABOR AND DELIVERY-WST	19	4.86	28	3
NURSING 10B MEDICAL SURGICAL UNIT	4	1.33	24	6
NURSING 9A MEDICAL SURGICAL UNIT	5	1.25	32	6
NURSING 8B MEDICAL SURGICAL UNIT	4	1.6	20	5
14A MEDICAL SURGICAL UNIT	4	1.28	25	6
10A MEDICAL SURGICAL UNIT	6	1.78	27	5
9B MEDICAL UNIT	7	1.6	35	5
NURSING 8AS CRITICAL CARE STEPDOWN-Annex	1	2	4	4
NURSING 8A SOUTH NEUROSURGICAL	6	4.8	10	2
8AW-ADULT MEDICAL/SURGICAL ICU	2	4	4	2
8AE-NURSING INTENSIVE CARE UNIT	6	4.8	10	2
7G ADULT PSYCH UNIT	5	1.14	35	7

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)
Endoscopy	0	0
Addictions Outpatient Treatment Program (AOTP)- Closing December 2023	0	0
Comprehensive Psychiatric Emergency Program (CPEP)	0	0
ECHO LAB	0	0
MRI	0	0
Acute HemoDialysis	0	0
Radiation Oncology	0	0
Emergency Department	1	0.05
Cardio-Vascular Institute	0	0
Institute for Advanced Medicine (IAM) /Samuel's Clinic	2	12
OPD	5	30
ASU	0	0
OR	0	0
PACU	0	0
Interventional Radiology	0	0
14B MEDICAL SURGICAL UNIT	0	0

9C - ADDICTION INSTITUTE - REHAB NURSING	0	0
3G-ADULT REHAB UNIT	0	0
NURSING NEONATAL INTENSIVE CARE UNIT	0	0
NURSING 11A MCH	0	0
NURSING 11B MCH	0	0
LABOR AND DELIVERY-WST	0	0
NURSING 10B MEDICAL SURGICAL UNIT	0	0
NURSING 9A MEDICAL SURGICAL UNIT	0	0
NURSING 8B MEDICAL SURGICAL UNIT	0	0
14A MEDICAL SURGICAL UNIT	0	0
10A MEDICAL SURGICAL UNIT	0	0
9B MEDICAL UNIT	0	0
NURSING 8AS CRITICAL CARE STEPDOWN-Annex	0	0
NURSING 8A SOUTH NEUROSURGICAL	0	0
8AW-ADULT MEDICAL/SURGICAL ICU	0	0
8AE-NURSING INTENSIVE CARE UNIT	0	0
7G ADULT PSYCH UNIT	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)
Endoscopy	0	0
Addictions Outpatient Treatment Program (AOTP)- Closing December 2023	0	0
Comprehensive Psychiatric Emergency Program (CPEP)	0	0
ECHO LAB	0	0
MRI	0	0
Acute HemoDialysis	0	0
Radiation Oncology	0	0
Emergency Department	0	0
Cardio-Vascular Institute	0	0
Institute for Advanced Medicine (IAM) /Samuel's Clinic	0	0
OPD	0	0
ASU	0	0
OR	0	0
PACU	0	0
Interventional Radiology	5	111
14B MEDICAL SURGICAL UNIT	0	0
9C - ADDICTION INSTITUTE - REHAB NURSING	0	0
3G-ADULT REHAB UNIT	0	0

NURSING NEONATAL INTENSIVE CARE UNIT	0	0
NURSING 11A MCH	0	0
NURSING 11B MCH	0	0
LABOR AND DELIVERY-WST	0	0
NURSING 10B MEDICAL SURGICAL UNIT	0	0
NURSING 9A MEDICAL SURGICAL UNIT	0	0
NURSING 8B MEDICAL SURGICAL UNIT	0	0
14A MEDICAL SURGICAL UNIT	0	0
10A MEDICAL SURGICAL UNIT	0	0
9B MEDICAL UNIT	0	0
NURSING 8AS CRITICAL CARE STEPDOWN-Annex	0	0
NURSING 8A SOUTH NEUROSURGICAL	0	0
8AW-ADULT MEDICAL/SURGICAL ICU	0	0
8AE-NURSING INTENSIVE CARE UNIT	0	0
7G ADULT PSYCH UNIT	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)
Endoscopy	1	0.44
Addictions Outpatient Treatment Program (AOTP)- Closing December 2023	0	0
Comprehensive Psychiatric Emergency Program (CPEP)	1	0.11
ECHO LAB	21	0.24
MRI	5	40
Acute HemoDialysis	1	1.2
Radiation Oncology	1	6
Emergency Department	3	24
Cardio-Vascular Institute	8	48
Institute for Advanced Medicine (IAM) /Samuel's Clinic	6	36
OPD	6	0.4
ASU	5	18.5
OR	22	436
PACU	2	24
Interventional Radiology	2	0.48
14B MEDICAL SURGICAL UNIT	2.96	2.96
9C - ADDICTION INSTITUTE - REHAB NURSING	2.96	0.68



3G-ADULT REHAB UNIT	3.96	1.58
NURSING NEONATAL INTENSIVE CARE UNIT	2	0.57
NURSING 11A MCH	2	0.59
NURSING 11B MCH	3	1.04
LABOR AND DELIVERY-WST	3	0.86
NURSING 10B MEDICAL SURGICAL UNIT	4.96	1.65
NURSING 9A MEDICAL SURGICAL UNIT	4.96	1.24
NURSING 8B MEDICAL SURGICAL UNIT	4.96	1.98
14A MEDICAL SURGICAL UNIT	3.96	1.27
10A MEDICAL SURGICAL UNIT	4.96	1.47
9B MEDICAL UNIT	4.96	1.13
NURSING 8AS CRITICAL CARE STEPDOWN-Annex	1	2
NURSING 8A SOUTH NEUROSURGICAL	1	0.8
8AW-ADULT MEDICAL/SURGICAL ICU	1	2
8AE-NURSING INTENSIVE CARE UNIT	2	1.6
7G ADULT PSYCH UNIT	4.96	1.13

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>
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Endoscopy	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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<p>Addictions Outpatient Treatment Program (AOTP)- Closing December 2023</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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Comprehensive Psychiatric  
Emergency Program (CPEP)

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

ECHO LAB	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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MRI	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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Acute HemoDialysis	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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Radiation Oncology	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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Emergency Department	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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Cardio-Vascular Institute	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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Institute for Advanced  
Medicine (IAM) /Samuel's  
Clinic

Unit Secretary: Performs  
clerical and receptionist  
duties  
essential to the operation of  
patient care as directed and  
also  
receives instructions from  
physicians and nurses.  
Insures  
correct patient  
identification on all patient  
care medical record  
forms, documents and  
requisitions. 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  
(security, case managers,  
social workers, physical  
therapists,  
etc...).

OPD	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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ASU	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

OR

PACU	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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Interventional Radiology	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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14B MEDICAL SURGICAL  
UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

9C - ADDICTION INSTITUTE -  
REHAB NURSING

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

3G-ADULT REHAB UNIT	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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NURSING NEONATAL  
INTENSIVE CARE UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

NURSING 11A MCH

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

NURSING 11B MCH

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

LABOR AND DELIVERY-WST

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).



NURSING 10B MEDICAL SURGICAL UNIT	Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).
NURSING 9A MEDICAL SURGICAL UNIT	Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions.

NURSING 8B MEDICAL  
SURGICAL UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

14A MEDICAL SURGICAL  
UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

10A MEDICAL SURGICAL  
UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

9B MEDICAL UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

NURSING 8AS CRITICAL  
CARE STEPDOWN-Annex

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

<p>NURSING 8A SOUTH NEUROSURGICAL</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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8AW-ADULT  
MEDICAL/SURGICAL ICU

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).



8AE-NURSING INTENSIVE  
CARE UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

7G ADULT PSYCH UNIT	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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DAY SHIFT CONSENSUS INFORMATION

<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>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>	<p><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></p>
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Endoscopy	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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<p>Addictions Outpatient Treatment Program (AOTP)- Closing December 2023</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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<p>Comprehensive Psychiatric Emergency Program (CPEP)</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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ECHO LAB	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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MRI	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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<p>Acute HemoDialysis</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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Radiation Oncology	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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Emergency Department	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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<p>Cardio-Vascular Institute</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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<p>Institute for Advanced Medicine (IAM) /Samuel's Clinic</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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<p>OPD</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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ASU	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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OR	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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<p>PACU</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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Interventional Radiology	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must</p>
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<p>14B MEDICAL SURGICAL UNIT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>
<p>9C - ADDICTION INSTITUTE - REHAB NURSING</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>

3G-ADULT REHAB UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment
NURSING NEONATAL INTENSIVE CARE UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment

NURSING 11A MCH	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment
NURSING 11B MCH	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment

LABOR AND DELIVERY-WST	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment
NURSING 10B MEDICAL SURGICAL UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment

<p>NURSING 9A MEDICAL SURGICAL UNIT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>
<p>NURSING 8B MEDICAL SURGICAL UNIT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>

<p>14A MEDICAL SURGICAL UNIT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>
<p>10A MEDICAL SURGICAL UNIT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>

9B MEDICAL UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment
NURSING 8AS CRITICAL CARE STEPDOWN-Annex	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment



<p>NURSING 8A SOUTH NEUROSURGICAL</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>
<p>8AW-ADULT MEDICAL/SURGICAL ICU</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>

8AE-NURSING INTENSIVE CARE UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment
7G ADULT PSYCH UNIT	No	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment	Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions.

## 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 Department	20	165.5	34.3	4.83
14B MEDICAL SURGICAL UNIT	2	1.6	10	5
9C - ADDICTION INSTITUTE - REHAB NURSING (previously 9G)	5	1.14	35	7
3G-ADULT REHAB UNIT	4	1.6	20	5
NURSING NEONATAL INTENSIVE CARE UNIT	14	4	28	2
NURSING 11A MCH	9	2.67	27	3
NURSING 11B MCH	8	2.78	23	3
LABOR AND DELIVERY-WST	17	4.86	28	3
NURSING 10B MEDICAL SURGICAL UNIT	4	1.33	24	6
NURSING 9A MEDICAL SURGICAL UNIT	5	1.25	32	6
NURSING 8B MEDICAL SURGICAL UNIT	4	1.6	20	5
14A MEDICAL SURGICAL UNIT	4	1.28	25	6
10A MEDICAL SURGICAL UNIT	6	1.78	27	5
9B MEDICAL UNIT	7	1.6	35	5

NURSING 8AS CRITICAL CARE STEPDOWN-Annex	1	2	4	4
NURSING 8A SOUTH NEUROSURGICAL	6	4.8	10	2
8AW-ADULT MEDICAL/SURGICAL ICU	2	4	4	2
8AE-NURSING INTENSIVE CARE UNIT	6	4.8	10	2
7G ADULT PSYCH UNIT	5	1.14	35	7

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>
Emergency Department	0	0
14B MEDICAL SURGICAL UNIT	0	0
9C - ADDICTION INSTITUTE - REHAB NURSING (previously 9G)	0	0
3G-ADULT REHAB UNIT	0	0
NURSING NEONATAL INTENSIVE CARE UNIT	0	0
NURSING 11A MCH	0	0
NURSING 11B MCH	0	0
LABOR AND DELIVERY-WST	0	0
NURSING 10B MEDICAL SURGICAL UNIT	0	0
NURSING 9A MEDICAL SURGICAL UNIT	0	0

NURSING 8B MEDICAL SURGICAL UNIT	0	0
14A MEDICAL SURGICAL UNIT	0	0
10A MEDICAL SURGICAL UNIT	0	0
9B MEDICAL UNIT	0	0
NURSING 8AS CRITICAL CARE STEPDOWN-Annex	0	0
NURSING 8A SOUTH NEUROSURGICAL	0	0
8AW-ADULT MEDICAL/SURGICAL ICU	0	0
8AE-NURSING INTENSIVE CARE UNIT	0	0
7G ADULT PSYCH UNIT	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 Department	0	0
14B MEDICAL SURGICAL UNIT	0	0
9C - ADDICTION INSTITUTE - REHAB NURSING (previously 9G)	0	0
3G-ADULT REHAB UNIT	0	0
NURSING NEONATAL INTENSIVE CARE UNIT	0	0
NURSING 11A MCH	0	0

NURSING 11B MCH	0	0
LABOR AND DELIVERY-WST	0	0
NURSING 10B MEDICAL SURGICAL UNIT	0	0
NURSING 9A MEDICAL SURGICAL UNIT	0	0
NURSING 8B MEDICAL SURGICAL UNIT	0	0
14A MEDICAL SURGICAL UNIT	0	0
10A MEDICAL SURGICAL UNIT	0	0
9B MEDICAL UNIT	0	0
NURSING 8AS CRITICAL CARE STEPDOWN-Annex	0	0
NURSING 8A SOUTH NEUROSURGICAL	0	0
8AW-ADULT MEDICAL/SURGICAL ICU	0	0
8AE-NURSING INTENSIVE CARE UNIT	0	0
7G ADULT PSYCH UNIT	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 Department	3	30
14B MEDICAL SURGICAL UNIT	2.96	2.96

9C - ADDICTION INSTITUTE - REHAB NURSING (previously 9G)	2.96	0.68
3G-ADULT REHAB UNIT	3.96	1.58
NURSING NEONATAL INTENSIVE CARE UNIT	2	0.57
NURSING 11A MCH	2	0.59
NURSING 11B MCH	3	1.04
LABOR AND DELIVERY-WST	3	0.86
NURSING 10B MEDICAL SURGICAL UNIT	4.96	1.65
NURSING 9A MEDICAL SURGICAL UNIT	4.96	1.24
NURSING 8B MEDICAL SURGICAL UNIT	4.96	1.98
14A MEDICAL SURGICAL UNIT	3.96	1.27
10A MEDICAL SURGICAL UNIT	4.96	1.47
9B MEDICAL UNIT	4.96	1.13
NURSING 8AS CRITICAL CARE STEPDOWN-Annex	1	2
NURSING 8A SOUTH NEUROSURGICAL	1	0.8
8AW-ADULT MEDICAL/SURGICAL ICU	1	2
8AE-NURSING INTENSIVE CARE UNIT	2	1.6
7G ADULT PSYCH UNIT	4.96	1.13

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>
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Emergency Department	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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14B MEDICAL SURGICAL  
UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

9C - ADDICTION INSTITUTE -  
REHAB NURSING (previously  
9G)

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

3G-ADULT REHAB UNIT	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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NURSING NEONATAL  
INTENSIVE CARE UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

NURSING 11A MCH

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

NURSING 11B MCH

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

LABOR AND DELIVERY-WST

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).



NURSING 10B MEDICAL  
SURGICAL UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

NURSING 9A MEDICAL  
SURGICAL UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

NURSING 8B MEDICAL  
SURGICAL UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

14A MEDICAL SURGICAL  
UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

10A MEDICAL SURGICAL  
UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

9B MEDICAL UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

NURSING 8AS CRITICAL  
CARE STEPDOWN-Annex

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

NURSING 8A SOUTH  
NEUROSURGICAL

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).



8AW-ADULT  
MEDICAL/SURGICAL ICU

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

8AE-NURSING INTENSIVE  
CARE UNIT

Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).

7G ADULT PSYCH UNIT	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>
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**EVENING SHIFT CONSENSUS INFORMATION**

<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>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>	<p><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></p>
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Emergency Department	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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<p>14B MEDICAL SURGICAL UNIT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>
<p>9C - ADDICTION INSTITUTE - REHAB NURSING (previously 9G)</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>

3G-ADULT REHAB UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment
NURSING NEONATAL INTENSIVE CARE UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment

NURSING 11A MCH	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>
NURSING 11B MCH	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>

LABOR AND DELIVERY-WST	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment
NURSING 10B MEDICAL SURGICAL UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment



<p>NURSING 9A MEDICAL SURGICAL UNIT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>
<p>NURSING 8B MEDICAL SURGICAL UNIT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>

<p>14A MEDICAL SURGICAL UNIT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>
<p>10A MEDICAL SURGICAL UNIT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>

9B MEDICAL UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment
NURSING 8AS CRITICAL CARE STEPDOWN-Annex	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment

<p>NURSING 8A SOUTH NEUROSURGICAL</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>
<p>8AW-ADULT MEDICAL/SURGICAL ICU</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment</p>

8AE-NURSING INTENSIVE CARE UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment
7G ADULT PSYCH UNIT	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment

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)
Psychiatry	Comprehensive Psychiatric Emergency Program (CPEP)	1	8	4
Other	PACU	2	16	3.75
Emergency Department	Emergency Department	11	77	34.3
Medical/Surgical	14B MEDICAL SURGICAL UNIT	2	1.6	10
Rehabilitaion	9C - ADDICTION INSTITUTE - REHAB NURSING	5	1.14	35
Rehabilitaion	3G-ADULT REHAB UNIT	4	1.6	20
Neonatal	NURSING NEONATAL INTENSIVE CARE UNIT	14	4	28
Obstetrics/Gynecology	NURSING 11A MCH	9	2.67	27
Obstetrics/Gynecology	NURSING 11B MCH	8	2.78	21
Obstetrics/Gynecology	LABOR AND DELIVERY-WST	18	4.86	28
Medical/Surgical	NURSING 10B MEDICAL SURGICAL UNIT	6	1.33	24
Medical/Surgical	NURSING 9A MEDICAL SURGICAL UNIT	5	1.25	32
Medical/Surgical	NURSING 8B MEDICAL SURGICAL UNIT	4	1.6	20
Telemetry	14A MEDICAL SURGICAL UNIT	4	1.28	25
Medical/Surgical	10A MEDICAL SURGICAL UNIT	7	1.78	27
Medical/Surgical	9B MEDICAL UNIT	7	1.6	35

Critical Care	NURSING 8AS CRITICAL CARE STEPDOWN-Annex	1	2	4
Critical Care	NURSING 8A SOUTH NEUROSURGICAL	6	4.8	10
Medical/Surgical	8AW-ADULT MEDICAL/SURGICAL ICU	2	4	4
Intensive Care	8AE-NURSING INTENSIVE CARE UNIT	6	4.8	10
Psychiatry	7G ADULT PSYCH UNIT	5	1.14	35

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>
Psychiatry	2	0
Other	4.27	0
Emergency Department	2.24	0
Medical/Surgical	5	0
Rehabilitaion	7	0
Rehabilitaion	5	0
Neonatal	2	0
Obstetrics/Gynecology	3	0
Obstetrics/Gynecology	3	0
Obstetrics/Gynecology	3	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Medical/Surgical	5	0
Telemetry	6	0
Medical/Surgical	5	0
Medical/Surgical	5	0
Critical Care	4	0
Critical Care	2	0

Medical/Surgical	2	0
Intensive Care	2	0
Psychiatry	7	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>
Psychiatry	0	0
Other	0	0
Emergency Department	0	0
Medical/Surgical	0	0
Rehabilitaion	0	0
Rehabilitaion	0	0
Neonatal	0	0
Obstetrics/Gynecology	0	0
Obstetrics/Gynecology	0	0
Obstetrics/Gynecology	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Telemetry	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Critical Care	0	0
Critical Care	0	0
Medical/Surgical	0	0
Intensive Care	0	0
Psychiatry	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)
Psychiatry	0	1
Other	0	0
Emergency Department	0	2
Medical/Surgical	0	2.96
Rehabilitaion	0	2.96
Rehabilitaion	0	3.96
Neonatal	0	2
Obstetrics/Gynecology	0	2
Obstetrics/Gynecology	0	3
Obstetrics/Gynecology	0	3
Medical/Surgical	0	4.96
Medical/Surgical	0	4.96
Medical/Surgical	0	4.96
Telemetry	0	3.96
Medical/Surgical	0	4.96
Medical/Surgical	0	4.96
Critical Care	0	1
Critical Care	0	1
Medical/Surgical	0	1
Intensive Care	0	2
Psychiatry	0	4.96

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)
Psychiatry	8
Other	0
Emergency Department	16
Medical/Surgical	2.96
Rehabilitaion	0.68
Rehabilitaion	1.58
Neonatal	0.57
Obstetrics/Gynecology	0.59
Obstetrics/Gynecology	1.04
Obstetrics/Gynecology	0.86
Medical/Surgical	1.65
Medical/Surgical	1.24
Medical/Surgical	1.98
Telemetry	1.27
Medical/Surgical	1.47
Medical/Surgical	1.13
Critical Care	2
Critical Care	0.8
Medical/Surgical	2
Intensive Care	1.6
Psychiatry	1.13

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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<p>Psychiatry</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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Other	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Emergency Department</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Medical/Surgical</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Rehabilitaion</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Neonatal</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Obstetrics/Gynecology</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Obstetrics/Gynecology</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Medical/Surgical</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Medical/Surgical</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Telemetry</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Medical/Surgical</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Critical Care</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Intensive Care</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Psychiatry</p>	<p>Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. 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 (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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CBA INFORMATION

<p><b>We have one or more collective bargaining agreements:</b></p>	<p>Yes</p>
<p><b>If yes, then:</b></p> <p><b>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</b></p> <p><b>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.)</b></p>	<p>New York State Nurses Association, SEIU 1199</p>
<p><b>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</b></p>	<p>12/31/2025 12:00 AM</p>

<p><b>The number of hospital employees represented by New York State Nurses Association is:</b></p>	<p>955</p>
<p><b>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</b></p>	<p>09/30/2026 12:00 AM</p>
<p><b>The number of hospital employees represented by SEIU 1199 is:</b></p>	<p>1798</p>