

Staffing Plan
Samaritan-St. Mary's Campus
Pfi 755
(Art. 28's)
1300 Massachusetts Ave.
Troy, NY
12180
2023-2024

DHDTC DAL# 22-05 (June 23, 2022)

DHDTC DAL#: 23-16 (October 25, 2023)

NYS PHL Section 2805-t

Samaritan-St. Mary's Campus General Staffing Plan

DAY SHIFT 7A-3P

11/07/2023		1	2
		2023	2023
DAY SHIFT		St. Peter's Medical Oncology/ Hematology Art 28	Troy Pediatric Health Center Art. 28
1	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? * (Please provide a number with up to 4 digits. Ex: 10.50)	3	2
2	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift? * (Please provide a number with up to 4 digits. Ex: 10.50)	1.166	0.5
3	Planned average number of patients on the unit per day on the Day Shift? * (Please provide a number with up to 4 digits. Ex: 10.50)	28	20
4	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ? *	9.33	4
5	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? * (Please provide a number with up to 4 digits. Ex: 10.50)	0	3
6	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift?*(Please provide a number with up to 4 digits. Ex: 10.50)	0	0.5
7	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? * (Please provide a number with up to 4 digits. Ex: 10.50)	7.00	5.00
7a	Other ancillary	3	1
7b	PT	0	0
7c	OT	0	0
7d	Speech	0	0
7e	Resp Ther	0	0
7f	MD	2	3
7g	NPP	2	1
7h	CLINICIANS	0	0
8	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift?*(Please provide a number with up to 4 digits. Ex: 10.50)	0.0875	1.25
9	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? *	2	1
10	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift?*(Please provide a number with up to 4 digits. Ex: 10.50)	1.75	0.4
11	Describe additional resources on Day Shift. (IA = Unit Secretary)(Please provide a number with up to 4 digits. Ex: 10.50)	1	0