HOSPITAL INFORMATION

Region	Central Regional Office
County	Сауида
Council	Central New York
Network	INDEPENDENT
Reporting Organization	Auburn Community Hospital
Reporting Organization Id	0085
Reporting Organization Type	Hospital (pfi)
Data Entity	Auburn Community Hospital

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
CCU	4	4	7.4	2
DUU			0.0	4
BHU	3	4	9.6	4
OB	3	4 3	7.2	3
	-			
ОВ	3	3	7.2	3
OB 3M (Inpatient Med/Surg)	3	3	7.2	3

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	0	0
BHU	0	0

ОВ	0	0
3M (Inpatient Med/Surg)	0	0
4C (Inpatient Med/Surg		
unit)	0	0
2M (inpatient Med/Surg)	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	1	0
BHU	1	0
OB	1	0
3M (Inpatient Med/Surg)	3	0
3M (Inpatient Med/Surg) 4C (Inpatient Med/Surg	3	0
	3	0

DAY SHIFT UNLICENSED STAFFING

	Planned average number	Planned total hours of
	of unlicensed personnel	unlicensed personnel
Provide a description of	(e.g., patient care	care per patient
Clinical Unit, including a	technicians) on the unit	including adjustment for
description of typical	providing direct patient	case mix and acuity on
patient services provided	care per day on the Day	the Day Shift (Please
on the unit and the	Shift? (Please provide a	provide a number with
unit's location in	number with up to 4	up to 4 digits. Ex: 10.50)
the hospital.	digits. Ex: 10.50)	
CCU	1	1

BHU	1	0.78
OB	1	1
3M (Inpatient Med/Surg)	3	1
4C (Inpatient Med/Surg		
unit)	3	1
2M (inpatient Med/Surg)	1	1.5

DAY SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a	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
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
	unit secretary, additional resources are assessed and utilized based upon the
	patient acuity and patient volume (We are exploring
	the options to utilize LPN's
CCU	as part of our care team)

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BHU	Unit Secretary. additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
ОВ	unit secretary and depending on acuity and patient volume additional resources will be assessed and utilized. (exploring the options of utilizing LPN's in our care team.)
3M (Inpatient Med/Surg)	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
4C (Inpatient Med/Surg unit)	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
2M (inpatient Med/Surg)	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)

DAY SHIFT CONSENSUS INFORMATION

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

		a ratio of 4:1. First, the	reflects current Hospital	
		staffing reflected in the CSP	staffing of the units. These	
		set forth above reflects	levels have been put in	
		current Hospital staffing of	place by our providers and	
		the units. These levels have	our clinical staff as levels	
		been put in place by our	with which we can achieve	
		providers and our clinical	quality care and operate a	
		staff as levels with which	financially viable Hospital in	
		we can achieve quality care	a safe manner. Second,	
		and operate a financially	these staffing levels are	
		viable Hospital in a safe	consistent with the	
		manner. Second, these	negotiated levels in the	
		staffing levels are consistent	collective bargaining	
		with the negotiated levels	agreements between the	
		in the collective bargaining	Hospital and 1199SEIU and	
		agreements between the	the Hospital and AFSCME	
		Hospital and 1199SEIU and	Local 3124. Third, these	
		the Hospital and AFSCME	levels are consistent with	
		Local 3124. Third, these	recognized national	
		levels are consistent with	standards and staffing in	
		recognized national	our region of New York	
		standards and staffing in	State. Fourth, we deviate	
		our region of New York	from the staffing set forth in	
		State. Fourth, we deviate	this CSP when needed due	
		from the staffing set forth in	to acuity and emergent	employee representatives
		this CSP when needed due	circumstances. At times, we	of the CSC proposed to use
3M (Inpatient Med/Surg)	No	to acuity and emergent	staff above the levels set	a ratio of 4:1.

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		of the CSC proposed to use	in the CSP set forth above	
		a ratio of 5:1. First, the	reflects current Hospital	
		staffing reflected in the CSP	staffing of the units. These	
		set forth above reflects	levels have been put in	
		current Hospital staffing of	place by our providers and	
		the units. These levels have	our clinical staff as levels	
		been put in place by our	with which we can achieve	
		providers and our clinical	quality care and operate a	
		staff as levels with which	financially viable Hospital in	
		we can achieve quality care	a safe manner. Second,	
		and operate a financially	these staffing levels are	
		viable Hospital in a safe	consistent with the	
		manner. Second, these	negotiated levels in the	
		staffing levels are consistent	collective bargaining	
		with the negotiated levels	agreements between the	
		in the collective bargaining	Hospital and 1199SEIU and	
		agreements between the	the Hospital and AFSCME	
		Hospital and 1199SEIU and	Local 3124. Third, these	
		the Hospital and AFSCME	levels are consistent with	
		Local 3124. Third, these	recognized national	
		levels are consistent with	standards and staffing in	
		recognized national	our region of New York	
		standards and staffing in	State. Fourth, we deviate	
		our region of New York	from the staffing set forth in	
		State. Fourth, we deviate	this CSP when needed due	
		from the staffing set forth in	to acuity and emergent	Employee representatives
4C (Inpatient Med/Surg		this CSP when needed due		of the CSC proposed the use
unit)	No	to acuity and emergent	staff above the levels set	of a ratio of 5:1.

		a ratio of 5:1. First, the staffing reflected in the CSP	reflects current Hospital staffing of the units. These	
		set forth above reflects	levels have been put in	
		current Hospital staffing of	place by our providers and	
		the units. These levels have	our clinical staff as levels	
		been put in place by our	with which we can achieve	
		providers and our clinical	quality care and operate a	
		staff as levels with which	financially viable Hospital in	
		we can achieve quality care	a safe manner. Second,	
		and operate a financially	these staffing levels are	
		viable Hospital in a safe	consistent with the	
		manner. Second, these	negotiated levels in the	
		staffing levels are consistent	collective bargaining	
		with the negotiated levels	agreements between the	
		in the collective bargaining	Hospital and 1199SEIU and	
		agreements between the	the Hospital and AFSCME	
		Hospital and 1199SEIU and	Local 3124. Third, these	
		the Hospital and AFSCME	levels are consistent with	
		Local 3124. Third, these	recognized national	
		levels are consistent with	standards and staffing in	
		recognized national	our region of New York	
		standards and staffing in	State. Fourth, we deviate	
		our region of New York	from the staffing set forth in	
		State. Fourth, we deviate	this CSP when needed due	
		from the staffing set forth in	to acuity and emergent	employee representatives
		this CSP when needed due	circumstances. At times, we	of the CSC proposed to use
2M (inpatient Med/Surg)	No	to acuity and emergent	staff above the levels set	a ratio of 5:1.

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a	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
unit's location in the hospital.		provide a number with	number with up to 4	provide a number with
unit's location in the hospital. CCU	4	- · ·		. .
the hospital.	4 3	provide a number with up to 4 digits. Ex: 10.50)	number with up to 4 digits. Ex: 10.50)	provide a number with
the hospital. CCU	-	provide a number with up to 4 digits. Ex: 10.50) 4	number with up to 4 digits. Ex: 10.50) 7.4	provide a number with up to 4 digits. Ex: 10.50)? 2
the hospital. CCU BHU	3	provide a number with up to 4 digits. Ex: 10.50) 4 2.4	number with up to 4 digits. Ex: 10.50) 7.4 9.3	provide a number with up to 4 digits. Ex: 10.50)? 2 4
the hospital. CCU BHU OB	3	provide a number with up to 4 digits. Ex: 10.50) 4 2.4 4	number with up to 4 digits. Ex: 10.50) 7.4 9.3 5.7	provide a number with up to 4 digits. Ex: 10.50)? 2 4 2

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	Evening Shift? (Please provide a number with	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with
the hospital.	up to 4 digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
CCU	0	0
BHU	0	0
OB	0	0
3M	0	0
4C	0	0
2M	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	1	0
BHU	1	0
OB	1	0
3M	3	0
4C	3	0
2M	1	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	(Please provide a number with up to 4	the Evening Shift (Please provide a number with
the hospital.	digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
CCU	1	1
BHU	1	1.24
OB	1	1.3
3M	3	1.1
4C	3	1.05
2M	1	0.66

EVENING SHIFT ADDITIONAL RESOURCES

	Description of additional
	resources available to
	support unit level
	patient care on the
	Evening Shift. These
	resources include but are
	not limited to unit
Provide a description of	clerical staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
	unit secretary, additional
	resources are assessed and
	utilized based upon the
	patient acuity and patient
	volume (We are exploring
	the options to utilize LPN's
CCU	as part of our care team)
	additional resources are
	assessed and utilized
	dependent upon patient
	acuity and unit volume.
	(We are exploring the
	options of LPN's in our care
BHU	team)
	unit secretary and
	depending on acuity and
	patient volume additional resources will be assessed
	and utilized. (exploring the
	options of utilizing LPN's in
OB	our care team.)
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3М	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
	unit secretary, additional
	resources are assessed and utilized based upon the
	patient acuity and patient
	volume (We are exploring
10	the options to utilize LPN's
4C	as part of our care team)
	unit secretary, additional
	resources are assessed and
	utilized based upon the
	patient acuity and patient
	volume (We are exploring
2M	the options to utilize LPN's
۲۱۷۱	as part of our care team)

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of				
Clinical Unit, including a			Statement by members	
description of typical		lf no,	of clinical staffing	
patient services provided	Our Clinical Staffing	Chief Executive Officer	committee selected by	
on the unit and the	Committee reached	Statement in support of	the general hospital	
unit's location in	consensus on the clinical	clinical staffing plan for	administration	
the hospital.	staffing plan for this unit:	this unit:	(management members):	
CCU	Yes			
BHU	Yes			
OB	Yes			

		· · · ·		
		of the CSC proposed to use	in the CSP set forth above	
		a ratio of 4:1. First, the	reflects current Hospital	
		staffing reflected in the CSP	staffing of the units. These	
		set forth above reflects	levels have been put in	
		current Hospital staffing of	place by our providers and	
		the units. These levels have	our clinical staff as levels	
		been put in place by our	with which we can achieve	
		providers and our clinical	quality care and operate a	
		staff as levels with which	financially viable Hospital in	
		we can achieve quality care	a safe manner. Second,	
		and operate a financially	these staffing levels are	
		viable Hospital in a safe	consistent with the	
		manner. Second, these	negotiated levels in the	
		staffing levels are consistent	collective bargaining	
		with the negotiated levels	agreements between the	
		in the collective bargaining	Hospital and 1199SEIU and	
		agreements between the	the Hospital and AFSCME	
		Hospital and 1199SEIU and	Local 3124. Third, these	
		the Hospital and AFSCME	levels are consistent with	
		Local 3124. Third, these	recognized national	
		levels are consistent with	standards and staffing in	
		recognized national	our region of New York	
		standards and staffing in	State. Fourth, we deviate	
		our region of New York	from the staffing set forth in	
		State. Fourth, we deviate	this CSP when needed due	
		from the staffing set forth in	to acuity and emergent	
		this CSP when needed due	circumstances. At times, we	
3M	No	to acuity and emergent	staff above the levels set	

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		of the CSC proposed to use	in the CSP set forth above	
		a ratio of 5:1. First, the	reflects current Hospital	
		staffing reflected in the CSP	staffing of the units. These	
		set forth above reflects	levels have been put in	
		current Hospital staffing of	place by our providers and	
		the units. These levels have	our clinical staff as levels	
		been put in place by our	with which we can achieve	
		providers and our clinical	quality care and operate a	
		staff as levels with which	financially viable Hospital in	
		we can achieve quality care	a safe manner. Second,	
		and operate a financially	these staffing levels are	
		viable Hospital in a safe	consistent with the	
		manner. Second, these	negotiated levels in the	
		staffing levels are consistent	collective bargaining	
		with the negotiated levels	agreements between the	
		in the collective bargaining	Hospital and 1199SEIU and	
		agreements between the	the Hospital and AFSCME	
		Hospital and 1199SEIU and	Local 3124. Third, these	
		the Hospital and AFSCME	levels are consistent with	
		Local 3124. Third, these	recognized national	
		levels are consistent with	standards and staffing in	
		recognized national	our region of New York	
		standards and staffing in	State. Fourth, we deviate	
		our region of New York	from the staffing set forth in	
		State. Fourth, we deviate	this CSP when needed due	
		from the staffing set forth in	to acuity and emergent	
		this CSP when needed due	circumstances. At times, we	
4C	No	to acuity and emergent	staff above the levels set	

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		of the CSC proposed to use	in the CSP set forth above	
		a ratio of 5:1. First, the	reflects current Hospital	
		staffing reflected in the CSP	staffing of the units. These	
		set forth above reflects	levels have been put in	
		current Hospital staffing of	place by our providers and	
		the units. These levels have	our clinical staff as levels	
		been put in place by our	with which we can achieve	
		providers and our clinical	quality care and operate a	
		staff as levels with which	financially viable Hospital in	
		we can achieve quality care	a safe manner. Second,	
		and operate a financially	these staffing levels are	
		viable Hospital in a safe	consistent with the	
		manner. Second, these	negotiated levels in the	
		staffing levels are consistent	collective bargaining	
		with the negotiated levels	agreements between the	
		in the collective bargaining	Hospital and 1199SEIU and	
		agreements between the	the Hospital and AFSCME	
		Hospital and 1199SEIU and	Local 3124. Third, these	
		the Hospital and AFSCME	levels are consistent with	
		Local 3124. Third, these	recognized national	
		levels are consistent with	standards and staffing in	
		recognized national	our region of New York	
		standards and staffing in	State. Fourth, we deviate	
		our region of New York	from the staffing set forth in	
		State. Fourth, we deviate	this CSP when needed due	
		from the staffing set forth in	to acuity and emergent	
		this CSP when needed due	circumstances. At times, we	
2M	No	to acuity and emergent	staff above the levels set	

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
CCU	4	4.6	7	2.3
BHU	2	1.7	9.4	4
OB	2	2.6	6	3
3M	3	1	21	7
4C	3	1.1	22	7
2m	2	3.2	5	3

LPN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	0	0
BHU	0	0
OB	0	0
3M	0	0
4C	0	0
2m	0	0

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	1	0
BHU	1	0
OB	1	0
3M	3	0
4C	3	0
2m	1	0

NIGHT SHIFT UNLICENSED STAFFING

	Planned average number	Planned total hours of
Provide a description of	of unlicensed personnel	unlicensed personnel
Clinical Unit, including a	on the unit providing	care per patient
description of typical	direct patient care per	including adjustment for
patient services provided	day on the Night Shift?	case mix and acuity on
on the unit and the	(Please provide a	the Night Shift (Please
unit's location in	number with up to 4	provide a number with
the hospital.	digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
0011		
CCU	1	1.1
ВНО	1 1	1.1 0.85
	1 1 1	
BHU	-	0.85
BHU OB	1	0.85

NIGHT SHIFT ADDITIONAL RESOURCES

	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
Provide a description of	staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
	additional resources are
	assessed and utilized based
	upon the patient acuity and
	patient volume (We are
	exploring the options to
	utilize LPN's as part of our
CCU	care team)
	additional resources are
	assessed and utilized based
	upon the patient acuity and
	patient volume (We are
	exploring the options to
	utilize LPN's as part of our
BHU	care team)
	additional resources are
	assessed and utilized based
	upon the patient acuity and
	patient volume (We are
	exploring the options to
ОВ	utilize LPN's as part of our care team)

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the patient acuity and
tient volume (We are
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care team)
ditional resources are
ssed and utilized based
the patient acuity and
tient volume (We are
ploring the options to
ze LPN's as part of our
care team)
ditional resources are
ssed and utilized based
the patient acuity and
tient volume (We are
ploring the options to
ze LPN's as part of our
care team)

NIGHT SHIFT CONSENSUS INFORMATION

the hospital.	Committee reached consensus on the clinical staffing plan for this unit:	• •	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
CCU	Yes			
BHU	Yes			
OB	Yes			

		of the CSC proposed to use	in the CSP set forth above	
		a ratio of 4:1.	reflects current Hospital	
		First, the staffing reflected	staffing of the units. These	
		in the CSP set forth above	levels have been put in	
		reflects current Hospital	place by our providers and	
		staffing of the units. These	our clinical staff as levels	
		levels have been put in	with which we can achieve	
		place by our providers and	quality care and operate a	
		our clinical staff as levels	financially viable Hospital in	
		with which we can achieve	a safe manner. Second,	
		quality care and operate a	these staffing levels are	
		financially viable Hospital in	consistent with the	
		a safe manner. Second,	negotiated levels in the	
		these staffing levels are	collective bargaining	
		consistent with the	agreements between the	
		negotiated levels in the	Hospital and 1199SEIU and	
		collective bargaining	the Hospital and AFSCME	
		agreements between the	Local 3124. Third, these	
		Hospital and 1199SEIU and	levels are consistent with	
		the Hospital and AFSCME	recognized national	
		Local 3124. Third, these	standards and staffing in	
		levels are consistent with	our region of New York	
		recognized national	State. Fourth, we deviate	
		standards and staffing in	from the staffing set forth in	
		our region of New York	this CSP when needed due	
		State. Fourth, we deviate	to acuity and emergent	employee representatives
		from the staffing set forth in	circumstances. At times, we	of the CSC proposed to use
3M	No	this CSP when needed due	staff above the levels set	a ratio of 4:1.

of the CSC proposed to use a ratio of 5:1. First, the staffing reflected in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these tothe the negotiated levels agreements between the Hospital and AFSCME Local 3124. Third, these levels are consistent wit me four gion of New Yorkin the CSP set forth above reflects current Hospital staffing of the units. These place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe consistent with the manner. Second, these tothe Hospital and 1199SEU and the Hospital and AFSCME Local 3124. Third, these levels are consistent the Hospital and AFSCME Local 3124. Third, these levels are consistent with standards and staffing in our region of New Yorkin the CSP set forth above reflects current Hospital standards and staffing in our region of New York			· · · · ·		
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4C No to acuity and emergent staff above the levels set of a ratio of 5:1.	4C	No	to acuity and emergent	staff above the levels set	of a ratio of 5:1.

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		of the CSC proposed to use	in the CSP set forth above	
		a ratio of 5:1. First, the	reflects current Hospital	
		staffing reflected in the CSP	staffing of the units. These	
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		providers and our clinical	quality care and operate a	
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		and operate a financially	these staffing levels are	
		viable Hospital in a safe	consistent with the	
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		from the staffing set forth in	to acuity and emergent	employee representatives
		this CSP when needed due	circumstances. At times, we	of the CSC proposed to use
2m	No	to acuity and emergent	staff above the levels set	a ratio of 5:1.

CBA INFORMATION

We have one or more collective bargaining agreements:	Yes
If yes, then:	
Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):	
**Please select association and identify staff (e.g. nurses, ancillary staff, etc.)	
represented.	Other,SEI U 1199

Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	07/31/20 23 12:00 AM
The number of hospital employees represented by SEIU 1199 is:	135
	100
	1199
Please provide the name of the union:	SEIU