#### **HOSPITAL INFORMATION**

Region	Metropolitan Area Regional Office
County	Nassau
Council	Long Island
Network	NORTHWELL HEALTH
Reporting Organization	Long Island Jewish Valley Stream
Reporting Organization Id	0518
Reporting Organization Type	Hospital (pfi)
Data Entity	Long Island Jewish Valley Stream

#### 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)?
ICU/CCU - Critical Care Units	6	4	12	2
2W - Orthopedic Surgery				
Unit	2	1.67	9	4.5
2E - Medical Surgical Unit	3	0.94	24	8
2D - Telemetry Medical Surgical Unit	4	1.25	24	6
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor				
main building	4	1.24	24	6
1E - Medical Surgical	3	0.94	24	8
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	3	0.94	24	8

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
ICU/CCU - Critical Care Units	0	0
2W - Orthopedic Surgery Unit	0	0
2E - Medical Surgical Unit	0	0
2D - Telemetry Medical Surgical Unit	0	0
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	0	0
1E - Medical Surgical	0	0
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	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)
ICU/CCU - Critical Care Units	5	14.4
2W - Orthopedic Surgery		
Unit	4	22.9
2E - Medical Surgical Unit	4	16.4
2D - Telemetry Medical		
Surgical Unit	5	21.4
2C - Telemetry Med-Surg		
Unit providing cardiac and		
spO2 monitoring. 2nd floor		
main building	4	23.6
1E - Medical Surgical	4	18.8
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	4	18.9

## 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)	

ICU/CCU - Critical Care Units	1	1.25
	-	1.25
2W - Orthopedic Surgery		
Unit	1	0.83
2E - Medical Surgical Unit	3	0.94
2D - Telemetry Medical		
Surgical Unit	3	0.94
2C - Telemetry Med-Surg		
Unit providing cardiac and		
spO2 monitoring. 2nd floor		
main building	3	0.94
1E - Medical Surgical	3	0.94
1B - Medical Surgical Unit		
30 bed unit located on 1st		
floor hospital main building	3	0.94

## DAY SHIFT ADDITIONAL RESOURCES

	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
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.
	Unit Secretary, Respiratory
	Therapists, Pharmacist,
ICU/CCU - Critical Care Units	Physical Therapists

	Unit Secretary, Case
	Management, Social Work,
	Physical Therapy,
	Occupational Therapy,
2W - Orthopedic Surgery	Physician Assistants,
Unit	Residents,
	Unit Secretary. Case
	Management, Social Work,
2E - Medical Surgical Unit	Respiratory Therapy
2D - Telemetry Medical	
Surgical Unit	Unit Secretary
2C - Telemetry Med-Surg	
Unit providing cardiac and	Unit Secretary, Case
spO2 monitoring. 2nd floor	Management, Social Work,
main building	Physician Assistant,
1E - Medical Surgical	Unit Secretary
1B - Medical Surgical Unit	
30 bed unit located on 1st	Unit Secretary, Case
floor hospital main building	Management, Social Work,

## DAY SHIFT CONSENSUS INFORMATION

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

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		executive director		
		considered both rationales		
		and determined the		
		appropriate staffing model.		
		Decisions were based on		
		our enhanced model of		
		patient care delivery, the		
		collaboration		
		between disciplines, and		
		budgetary guidelines. It is	A staffing plan was created	
		our mission to provide	for this unit utilizing the	
		adequate, safe and efficient	principles of safe staffing	
		staffing to support the best	and the guidelines from our	
		patient care possible	collective bargaining	
		cognizant of	agreement. The Admin Co-	
		team member experience	leads considered many	
		and the necessary support.	factors in determining safe,	
		Our hospital monitors	minimum staffing	
		staffing needs and quality	requirements for this unit.	
		outcomes for our patients.	Patient acuity is assessed	
		Our hospital has been	continuously by nursing	
		actively involved in	leadership and staffing	
		organizational strategies	adjustments are made	
		working	accordingly. Staffing is a	The frontline staff worked
		to enhance team member	dynamic process that	to create an enhanced
		career experience,	requires oversight and open	model of care focused on
		engagement, and retention.	communication with the	patient safety and staff
ICU/CCU - Critical Care Units	No	We have established	frontline staff.	support.
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		executive director		
		considered both rationales		
		and determined the		
		outcomes as		
		listed. Decisions were based		
		on our enhanced model of		
		patient care delivery, the		
		collaboration		
		between disciplines, and		
		budgetary guidelines. The	A staffing plan was created	
		volume of this unit varies	for this unit utilizing the	
		with day of the week and	principles of safe staffing	
		OR schedule. Staffing is	and the guidelines from our	
		adjusted to the volume and	collective bargaining	
		patient needs. It is our	agreement. The Admin Co-	
		mission to provide	leads considered many	
		adequate staffing to	factors in determining safe,	
		support the best patient	minimum staffing	
		care possible cognizant of	requirements for this unit.	
		team member experience	Patient acuity is assessed	
		and the necessary support.	continuously by nursing	
		Our hospital monitors	leadership and staffing	
		staffing needs and quality	adjustments are made	
		outcomes for our patients.	accordingly. Staffing is a	The frontline staff worked
		Our hospital has been	dynamic process that	to create an enhanced
		actively involved in	requires oversight and open	model of care focused on
2W - Orthopedic Surgery		organizational strategies	communication with the	patient safety and staff
Unit	No	working	frontline staff.	support

			1	
		executive director		
		considered both rationales		
		and determined the		
		appropriate staffing model.		
		Decisions were based on		
		our enhanced model of	A staffing plan was created	
		patient care delivery, the	for this unit utilizing the	
		collaboration	principles of safe staffing	
		between disciplines, and	and the guidelines from our	
		budgetary guidelines. It is	collective bargaining	
		our mission to provide	agreement. The Admin Co-	
		adequate, safe and efficient	leads considered many	
		staffing to support the best	factors in determining safe,	
		patient care possible	minimum staffing	
		cognizant of	requirements for this unit.	
		team member experience	Patient acuity is assessed	
		and the necessary support.	continuously by nursing	
		Our hospital monitors	leadership and staffing	
		staffing needs and quality	adjustments are made	
		outcomes for our patients.	accordingly. Staffing is a	
		Our hospital has been	dynamic process that	
		actively involved in	requires oversight and open	
		organizational strategies	communication with the	
		working	frontline staff. We are	The frontline staff worked
		to enhance team member	committed to the delivery	to create an enhanced
		career experience,	of excellent care focused on	model of care focused on
		•	patient safety and improved	patient safety and staff
2E - Medical Surgical Unit	No	We have established	patient experience.	support.
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		For the above unit, the		
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		executive director		
		considered both rationales		
		and determined the		
		outcomes as		
		listed. Decisions were based		
		on our enhanced model of		
		patient care delivery, the		
		collaboration	A staffing plan was created	
		between disciplines, and	for this unit utilizing the	
		budgetary guidelines.	principles of safe staffing	
		Next steps for Northwell	and the guidelines from our	
		and Long Island Jewish	collective bargaining	
		Valley Stream are focused	agreement. The Admin Co-	
		on maintaining the Clinical	leads considered many	
		Staffing Committees and	factors in determining safe,	
		increasing awareness of the	minimum staffing	
		committee's responsibility	requirements for this unit.	
		through targeted and	Patient acuity is assessed	
		coordinated communication	continuously by nursing	
		campaigns in hospital. We	leadership and staffing	
		will continue to provide	adjustments are made	
		educational	accordingly. Staffing is a	The frontline staff worked
		opportunities to increase	dynamic process that	to create an enhanced
		the operational knowledge	requires oversight and open	model of care focused on
2D - Telemetry Medical		and connection to direct	communication with the	patient safety and staff
Surgical Unit	No	patient care.	frontline staff.	support.

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		For the above unit, the		
		executive director		
		considered both rationales		
		and determined the	The administrative co-leads	
		outcomes as	were in full support of	
		listed. Decisions were based	enhancing the RN ratio on	
		on our enhanced model of	this unit to 1:6 to maintain	
		patient care delivery, the	our staffing standards for	
		collaboration	telemetry patients. We	
		between disciplines, and	submitted the initial plan	
		budgetary guidelines. The	with the guidelines	
		RN staffing model was	specified in our collective	
		changed to reflect the	bargaining agreement.	
		current state of the addition	Patient acuity is assessed	
		of telemetry patients on	continuously by nursing	
		this unit and to align our	leadership and staffing	
		standards for nursing	adjustments are made	
		care of telemetry patients.	accordingly. Staffing is a	The frontline staff worked
2C - Telemetry Med-Surg		Our collective bargaining	dynamic process that	to create an enhanced
Unit providing cardiac and			requires oversight and open	model of care focused on
spO2 monitoring. 2nd floor		ratio in the staffing	communication with the	patient safety and staff
main building	No	guidelines.	frontline staff.	support.

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		adequate staffing to		
		support the best patient		
		care possible cognizant of		
		team member experience		
		and the necessary support.		
		Our hospital monitors		
		staffing needs and quality		
		outcomes for our patients.		
		Our hospital has been		
		actively involved in	A staffing plan was created	
		organizational strategies	for this unit utilizing the	
		working	principles of safe staffing	
		to enhance team member	and the guidelines from our	
		career experience,	collective bargaining	
		engagement, and retention.	agreement. The Admin Co-	
		We have established	leads considered many	
		multiple feedback	factors in determining safe,	
		opportunities to ensure our	minimum staffing	
		clinical staff have a place to	requirements for this unit.	
		voice concerns.	Patient acuity is assessed	
		Next steps for Northwell	continuously by nursing	
		and Long Island Jewish	leadership and staffing	
		Valley Stream are focused	adjustments are made	
		on maintaining the Clinical	accordingly. Staffing is a	The frontline staff worked
		Staffing Committees and	dynamic process that	to create an enhanced
		increasing awareness of the	requires oversight and open	model of care focused on
		committee's responsibility	communication with the	patient safety and staff
1E - Medical Surgical	No	through targeted and	frontline staff.	support.

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	adequate staffing to		
	support the best patient		
	care possible cognizant of		
	team member experience		
	and the necessary support.		
	Our hospital monitors		
	staffing needs and quality		
	outcomes for our patients.	A staffing plan was created	
	Our hospital has been	for this unit utilizing the	
	actively involved in	principles of safe staffing	
	organizational strategies	and the guidelines from our	
	working	collective bargaining	
	to enhance team member	agreement. The Admin Co-	
	career experience,	leads considered many	
	engagement, and retention.	factors in determining safe,	
	We have established	minimum staffing	
	multiple feedback	requirements for this unit.	
	opportunities to ensure our	Patient acuity is assessed	
	clinical staff have a place to	continuously by nursing	
	voice concerns.	leadership and staffing	
	We will continue to provide	adjustments are made	
	educational	accordingly. Staffing is a	The frontline staff worked
	opportunities to increase	dynamic process that	to create an enhanced
	the operational knowledge	requires oversight and open	model of care focused on
	and connection to direct	communication with the	patient safety and staff
No	patient care.	frontline staff.	support.
	No	care possible cognizant of team member experience and the necessary support.  Our hospital monitors staffing needs and quality outcomes for our patients.  Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.  We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.  We will continue to provide educational opportunities to increase the operational knowledge and connection to direct	adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. We will continue to provide educational opportunities to increase the operational knowledge and connection to direct

#### RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
ICU/CCU - Critical Care				
Units. 16 bed critical care unit located on the 2nd				
floor of main hospital	6	4	12	2
2W - Orthopedic Surgery		'	12	
Unit	2	1.67	9	4.5
2E - Medical Surgical Unit	3	0.94	24	8
2D - Telemetry Medical				
Surgical unit	4	1.25	24	6
2C - Telemetry Medical				
Surgical Unit	4	1.25	24	6
1E - Medical Surgical Unit	3	0.94	24	8
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	3	0.94	24	8

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
ICU/CCU - Critical Care	ap to 1 angless 2m 2010 of	up to 1 angitor 2m 2000/
Units. 16 bed critical care		
unit located on the 2nd		
floor of main hospital	0	0
2W - Orthopedic Surgery		
Unit	0	0
2E - Medical Surgical Unit	0	0
2D - Telemetry Medical		
Surgical unit	0	0
2C - Telemetry Medical		
Surgical Unit	0	0
1E - Medical Surgical Unit	0	0
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	0	0

#### **EVENING SHIFT ANCILLARY STAFF**

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

ICU/CCU - Critical Care		
Units. 16 bed critical care		
unit located on the 2nd		
floor of main hospital	5	14.4
2W - Orthopedic Surgery		
Unit	4	10.7
2E - Medical Surgical Unit	4	2.6
2D - Telemetry Medical		
Surgical unit	4	2.6
2C - Telemetry Medical		
Surgical Unit	3	10.5
1E - Medical Surgical Unit	2	8.5
1B - Medical Surgical Unit		
30 bed unit located on 1st		
floor hospital main building	1	6.5

## **EVENING SHIFT UNLICENSED STAFFING**

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift?  (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
ICU/CCU - Critical Care Units. 16 bed critical care		
unit located on the 2nd floor of main hospital	1	0.68
2W - Orthopedic Surgery		
Unit	1	0.83
2E - Medical Surgical Unit	3	0.94
2D - Telemetry Medical		
Surgical unit	3	0.94
2C - Telemetry Medical Surgical Unit	3	0.94

1E - Medical Surgical Unit	3	0.94
1B - Medical Surgical Unit		
30 bed unit located on 1st		
floor hospital main building	3	0.94

EVENING SHIFT ADDITIONAL RESOURCES		
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	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,	
the hospital.  ICU/CCU - Critical Care	and ancillary staff.	
Units. 16 bed critical care		
unit located on the 2nd	Unit Secretary,	
floor of main hospital	RespiratoryTherapist	
2W - Orthopedic Surgery	Unit Secretary, Physical	
Unit	Therapist	
	Unit Secretary, Admission	
2E - Medical Surgical Unit	Discharge RN	
	Unit Secretary, Respiratory	
2D - Telemetry Medical	Therapist,	
Surgical unit	Admission/Discharge RN	
	Unit Secretary,	
2C - Telemetry Medical	Admission/Discharge RN,	
Surgical Unit	Respiratory Therapist	
15 Madical Constant U.S.	Unit Secretary, Respiratory	
1E - Medical Surgical Unit	Therapist	

1B - Medical Surgical Unit	
30 bed unit located on 1st	
floor hospital main building	Unit Secretary

## **EVENING SHIFT CONSENSUS INFORMATION**

Provide a description of			
Clinical Unit, including a			Statement by members
description of typical		If no,	of clinical staffing
patient services provided	Our Clinical Staffing	<b>Chief Executive Officer</b>	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):

		executive director		
		considered both rationales		
		and determined the		
		outcomes as		
		listed. Decisions were based		
		on our enhanced model of		
		patient care delivery, the		
		collaboration		
		between disciplines, and		
		budgetary guidelines. It is	A staffing plan was created	
		our mission to provide	for this unit utilizing the	
		adequate staffing to	principles of safe staffing	
		support the best patient	and the guidelines from our	
		care possible cognizant of	collective bargaining	
		team member experience	agreement. The Admin Co-	
		and the necessary support.	leads considered many	
		Our hospital monitors	factors in determining safe,	
		staffing needs and quality	minimum staffing	
		outcomes for our patients.	requirements for this unit.	
		Our hospital has been	Patient acuity is assessed	
		actively involved in	continuously by nursing	
		organizational strategies	leadership and staffing	
		working	adjustments are made	
		to enhance team member	accordingly. Staffing is a	
ICU/CCU - Critical Care		career experience,	dynamic process that	
Units. 16 bed critical care		engagement, and retention.	· ·	
unit located on the 2nd		We have established	communication with the	
floor of main hospital	No	multiple feedback	frontline staff.	

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		executive director		
		considered both rationales		
		and determined the		
		outcomes as		
		listed. Decisions were based		
		on our enhanced model of		
		patient care delivery, the		
		collaboration		
		between disciplines, and		
		budgetary guidelines. The	A staffing plan was created	
		volume of this unit varies	for this unit utilizing the	
		with day of the week and	principles of safe staffing	
		OR schedule. Staffing is	and the guidelines from our	
		adjusted to the volume and	collective bargaining	
		patient needs.It is our	agreement. The Admin Co-	
		mission to provide	leads considered many	
		adequate staffing to	factors in determining safe,	
		support the best patient	minimum staffing	
		care possible cognizant of	requirements for this unit.	
		team member experience	Patient acuity is assessed	
		and the necessary support.	continuously by nursing	
		Our hospital monitors	leadership and staffing	
		staffing needs and quality	adjustments are made	
		outcomes for our patients.	accordingly. Staffing is a	
		Our hospital has been	dynamic process that	
		actively involved in	requires oversight and open	
2W - Orthopedic Surgery		organizational strategies	communication with the	
Unit	No	working	frontline staff.	

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		executive director		
		considered both rationales		
		and determined the		
		outcomes as		
		listed. Decisions were based		
		on our enhanced model of		
		patient care delivery, the		
		collaboration		
		between disciplines, and		
		budgetary guidelines. It is	A staffing plan was created	
		our mission to provide	for this unit utilizing the	
		adequate staffing to	principles of safe staffing	
		support the best patient	and the guidelines from our	
		care possible cognizant of	collective bargaining	
		team member experience	agreement. The Admin Co-	
		and the necessary support.	leads considered many	
		Our hospital monitors	factors in determining safe,	
		staffing needs and quality	minimum staffing	
		outcomes for our patients.	requirements for this unit.	
		Our hospital has been	Patient acuity is assessed	
		actively involved in	continuously by nursing	
		organizational strategies	leadership and staffing	
		working	adjustments are made	
		to enhance team member	accordingly. Staffing is a	
		career experience,	dynamic process that	
		•	requires oversight and open	
		We have established	communication with the	
2E - Medical Surgical Unit	No	multiple feedback	frontline staff.	

		For the above unit, the		
		·		
		executive director		
		considered both rationales		
		and determined the		
		outcomes as		
		listed. Decisions were based		
		on our enhanced model of		
		patient care delivery, the		
		collaboration	A staffing plan was created	
		between disciplines, and	for this unit utilizing the	
		budgetary guidelines.	principles of safe staffing	
		Next steps for Northwell	and the guidelines from our	
		and Long Island Jewish	collective bargaining	
		Valley Stream are focused	agreement. The Admin Co-	
		on maintaining the Clinical	leads considered many	
		Staffing Committees and	factors in determining safe,	
		increasing awareness of the	minimum staffing	
		committee's responsibility	requirements for this unit.	
		through targeted and	Patient acuity is assessed	
		coordinated communication	continuously by nursing	
		campaigns in hospital. We	leadership and staffing	
		will continue to provide	adjustments are made	
		educational	accordingly. Staffing is a	
		opportunities to increase	dynamic process that	
		the operational knowledge	requires oversight and open	
2D - Telemetry Medical		and connection to direct	communication with the	
Surgical unit	No	patient care.	frontline staff.	

		For the above unit, the		
		executive director		
		considered both rationales		
		and determined the	The administrative co-leads	
		outcomes as	were in full support of	
		listed. Decisions were based	enhancing the RN ratio on	
		on our enhanced model of	this unit to 1:6 to maintain	
		patient care delivery, the	our staffing standards for	
		collaboration	telemetry patients. We	
		between disciplines, and	submitted the initial plan	
		budgetary guidelines. The	with the guidelines	
		RN staffing model was	specified in our collective	
		changed to reflect the	bargaining agreement.	
		current state of the addition	Patient acuity is assessed	
		of telemetry patients on	continuously by nursing	
		this unit and to align our	leadership and staffing	
		standards for nursing	adjustments are made	
		care of telemetry patients.	accordingly. Staffing is a	
		Our collective bargaining	dynamic process that	
		agreement defines a 1:6 RN	requires oversight and open	
2C - Telemetry Medical		ratio in the staffing	communication with the	
Surgical Unit	No	guidelines.	frontline staff.	

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			A staffing plan was created	
			for this unit utilizing the	
			principles of safe staffing	
			and the guidelines from our	
			collective bargaining	
			agreement. The Admin Co-	
			leads considered many	
			factors in determining safe,	
		For the above unit, the	minimum staffing	
		executive director	requirements for this unit.	
		considered both rationales	Patient acuity is assessed	
		and determined the	continuously by nursing	
		outcomes as	leadership and staffing	
		listed. Decisions were based	adjustments are made	
		on our enhanced model of	accordingly. Staffing is a	
		patient care delivery, the	dynamic process that	
		collaboration	requires oversight and open	
		between disciplines, and	communication with the	
1E - Medical Surgical Unit	No	budgetary guidelines.	frontline staff.	

		adequate staffing to		
		support the best patient		
		care possible cognizant of		
		team member experience		
		and the necessary support.		
		Our hospital monitors		
		staffing needs and quality		
		outcomes for our patients.		
		Our hospital has been		
		actively involved in	A staffing plan was created	
		organizational strategies	for this unit utilizing the	
		working	principles of safe staffing	
		to enhance team member	and the guidelines from our	
		career experience,	collective bargaining	
		engagement, and retention.	agreement. The Admin Co-	
		We have established	leads considered many	
		multiple feedback	factors in determining safe,	
		opportunities to ensure our	minimum staffing	
		clinical staff have a place to	requirements for this unit.	
		voice concerns.	Patient acuity is assessed	
		Next steps for Northwell	continuously by nursing	
		and Long Island Jewish	leadership and staffing	
		Valley Stream are focused	adjustments are made	
		on maintaining the Clinical	accordingly. Staffing is a	
		Staffing Committees and	dynamic process that	
1B - Medical Surgical Unit		•	requires oversight and open	
30 bed unit located on 1st		committee's responsibility	communication with the	
floor hospital main building	No	through targeted and	frontline staff.	

#### **RN NIGHT SHIFT STAFFING**

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
ICU/CCU - Critical Care Units	6	4	12	2
2W - Orthopedic Surgery	U	4	12	2
Unit	2	1.67	9	4.5
2E - Medical Surgical Unit	3	0.94	24	8
2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2	4	1.25	24	6
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	3	1.25	24	6
1E - Medical Surgical unit 27 beds, located on 1st floor main hospital building	3	0.94	24	8
beds, located on 1st floor	3	0.94 0.94	24 24	8 8

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)
ICU/CCU - Critical Care Units	0	0
2W - Orthopedic Surgery Unit	0	0
2E - Medical Surgical Unit	0	0
2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2	0	0
2C - Telemetry Med-Surg	0	0
Unit providing cardiac and spO2 monitoring. 2nd floor main building	0	0
1E - Medical Surgical unit 27 beds, located on 1st floor		
main hospital building	0	0
1B - Medical Surgical Unit	0	0

NIGHT SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
ICU/CCU - Critical Care Units	1	7.5
2W - Orthopedic Surgery	1	7.5
Unit	4	10.7
2E - Medical Surgical Unit	4	2.6
2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2	2	8.5
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	1	2.5
1E - Medical Surgical unit 27 beds, located on 1st floor main hospital building		2.5
1B - Medical Surgical Unit	2	4.5

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift?  (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
ICU/CCU - Critical Care Units	2	1.25
2W - Orthopedic Surgery		1.25
Unit	1	0.83
2E - Medical Surgical Unit	3	0.94
2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2	3	0.94
2C - Telemetry Med-Surg	3	0.54
Unit providing cardiac and spO2 monitoring. 2nd floor main building	3	0.94
1E - Medical Surgical unit 27 beds, located on 1st floor main hospital building	3	0.94
1B - Medical Surgical Unit	3	0.94

NIGHT SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.  ICU/CCU - Critical Care Units	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.  Unit Secretary, Respiratory Therapist
2W - Orthopedic Surgery Unit 2E - Medical Surgical Unit	Unit Secretary Unit Secretary
2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2 2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	Unit Secretary  Respiratory Therapist
1E - Medical Surgical unit 27 beds, located on 1st floor main hospital building	Respiratory Therapist Unit Secretary, Respiratory
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• '	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
		executive director considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of		
		patient care delivery, the collaboration between disciplines, and budgetary guidelines. It is our mission to provide adequate staffing to	A staffing plan was created for this unit utilizing the principles of safe staffing	
		support the best patient care possible cognizant of team member experience and the necessary support.  Our hospital monitors	and the guidelines from our collective bargaining agreement. The Admin Coleads considered many factors in determining safe, minimum staffing	
		staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies	requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing	
ICU/CCU - Critical Care Units	No	working to enhance team member career experience, engagement, and retention. We have established multiple feedback	adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.	The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.

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		executive director		
		considered both rationales		
		and determined the		
		outcomes as		
		listed. Decisions were based		
		on our enhanced model of		
		patient care delivery, the		
		collaboration		
		between disciplines, and		
		budgetary guidelines. The	A staffing plan was created	
		volume of this unit varies	for this unit utilizing the	
		with day of the week and	principles of safe staffing	
		OR schedule. Staffing is	and the guidelines from our	
		adjusted to the volume and	collective bargaining	
		patient needs.It is our	agreement. The Admin Co-	
		mission to provide	leads considered many	
		adequate staffing to	factors in determining safe,	
		support the best patient	minimum staffing	
		care possible cognizant of	requirements for this unit.	
		team member experience	Patient acuity is assessed	
		and the necessary support.	continuously by nursing	
		Our hospital monitors	leadership and staffing	
		staffing needs and quality	adjustments are made	
		outcomes for our patients.	accordingly. Staffing is a	The frontline staff worked
		Our hospital has been	dynamic process that	to create an enhanced
		actively involved in	requires oversight and open	model of care focused on
2W - Orthopedic Surgery		organizational strategies	communication with the	patient safety and staff
Unit	No	working	frontline staff.	support.

			1	
		executive director		
		considered both rationales		
		and determined the		
		outcomes as		
		listed. Decisions were based		
		on our enhanced model of		
		patient care delivery, the		
		collaboration		
		between disciplines, and		
		budgetary guidelines.It is	A staffing plan was created	
		our mission to provide	for this unit utilizing the	
		adequate staffing to	principles of safe staffing	
		support the best patient	and the guidelines from our	
		care possible cognizant of	collective bargaining	
		team member experience	agreement. The Admin Co-	
		and the necessary support.	leads considered many	
		Our hospital monitors	factors in determining safe,	
		staffing needs and quality	minimum staffing	
		outcomes for our patients.	requirements for this unit.	
		Our hospital has been	Patient acuity is assessed	
		actively involved in	continuously by nursing	
		organizational strategies	leadership and staffing	
		working	adjustments are made	
		to enhance team member	accordingly. Staffing is a	The frontline staff worked
		career experience,	dynamic process that	to create an enhanced
		engagement, and retention.	requires oversight and open	model of care focused on
		We have established	communication with the	patient safety and staff
2E - Medical Surgical Unit	No	multiple feedback	frontline staff.	support.

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		For the above unit, the		
	1	executive director		
	1	considered both rationales		
	1			
	1	and determined the		
	1	outcomes as		
	1	listed. Decisions were based		
	1	on our enhanced model of		
	1	patient care delivery, the		
	1	collaboration	A staffing plan was created	
	1	between disciplines, and	for this unit utilizing the	
	1	budgetary guidelines.	principles of safe staffing	
	1	Next steps for Northwell	and the guidelines from our	
	1	and Long Island Jewish	collective bargaining	
	1	Valley Stream are focused	agreement. The Admin Co-	
	1	on maintaining the Clinical	leads considered many	
	1	Staffing Committees and	factors in determining safe,	
	1	increasing awareness of the	minimum staffing	
	1	committee's responsibility	requirements for this unit.	
	1	through targeted and	Patient acuity is assessed	
	1	coordinated communication	continuously by nursing	
	1	campaigns in hospital. We	leadership and staffing	
	1	will continue to provide	adjustments are made	
		educational	accordingly. Staffing is a	The frontline staff worked
2D Telemetry Med-Surg		opportunities to increase	dynamic process that	to create an enhanced
Unit. 30 bed unit on second		the operational knowledge	requires oversight and open	model of care focused on
floor main building		and connection to direct	communication with the	patient safety and staff
providing cardiac and spO2	No	patient care.	frontline staff.	support.

		1		
		executive director		
		considered both rationales		
		and determined the		
		outcomes as		
		listed. Decisions were based		
		on our enhanced model of		
		patient care delivery, the		
		collaboration		
		between disciplines, and		
		budgetary guidelines. The	A staffing plan was created	
		RN staffing model was	for this unit utilizing the	
		changed to reflect the	principles of safe staffing	
		current state of the addition	and the guidelines from our	
		of telemetry patients on	collective bargaining	
		this unit and to align our	agreement. The Admin Co-	
		standards for nursing	leads considered many	
		care of telemetry patients.	factors in determining safe,	
		Our collective bargaining	minimum staffing	
		agreement defines a 1:6 RN	requirements for this unit.	
		ratio in the staffing	Patient acuity is assessed	
		guidelines. It is our mission	continuously by nursing	
		to provide adequate	leadership and staffing	
		staffing to support the best	adjustments are made	
		patient care possible	accordingly. Staffing is a	The frontline staff worked
2C - Telemetry Med-Surg		cognizant of	dynamic process that	to create an enhanced
Unit providing cardiac and		team member experience	requires oversight and open	model of care focused on
spO2 monitoring. 2nd floor		and the necessary support.	communication with the	patient safety and staff
main building	No	Our hospital monitors	frontline staff.	support.

			A staffing plan was created	
			for this unit utilizing the	
			principles of safe staffing	
			and the guidelines from our	
			collective bargaining	
			agreement. The Admin Co-	
			leads considered many	
			factors in determining safe,	
		For the above unit, the	minimum staffing	
		executive director	requirements for this unit.	
		considered both rationales	Patient acuity is assessed	
		and determined the	continuously by nursing	
		outcomes as	leadership and staffing	
		listed. Decisions were based	adjustments are made	
		on our enhanced model of	accordingly. Staffing is a	The frontline staff worked
		patient care delivery, the	dynamic process that	to create an enhanced
1E - Medical Surgical unit 27		collaboration	requires oversight and open	model of care focused on
beds, located on 1st floor		between disciplines, and	communication with the	patient safety and staff
main hospital building	No	budgetary guidelines.	frontline staff.	support.

	career experience, engagement, and retention.	collective bargaining agreement. The Admin Co-	
	We have established multiple feedback	leads considered many factors in determining safe,	
	opportunities to ensure our clinical staff have a place to	minimum staffing requirements for this unit.	
	clinical staff have a place to	requirements for this unit.	
	voice concerns.	Patient acuity is assessed	
		•	
	voice concerns. Next steps for Northwell	Patient acuity is assessed continuously by nursing	
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	opportunities to ensure our	minimum staffing	
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	We have established	leads considered many	
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	to enhance team member	and the guidelines from our	
	working	principles of safe staffing	
	organizational strategies	for this unit utilizing the	
	actively involved in	A staffing plan was created	
	Our hospital has been		
	outcomes for our patients.		
	staffing needs and quality		
	Our hospital monitors		
	and the necessary support.		
	team member experience		
	care possible cognizant of		
	support the best patient		
	adequate staffing to		

# **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): New York State \*\*Please select association and identify staff Nurses (e.g. nurses, ancillary staff, etc.) Associatio represented. n,SEIU 1199

Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:	12/31/20 23 12:00 AM
The number of hospital employees represented by New York State Nurses Association is:	204
ASSOCIATION IS:	281
Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	12/31/20 24 12:00 AM

