Design	Metropolitan Area
Region	Regional Office
County	Nassau
Council	Long Island
	NORTHWELL
Network	HEALTH
Reporting Organization	Plainview Hospital
Reporting Organization Id	0552
Reporting Organization Type	Hospital (pfi)
Data Entity	Plainview Hospital

HOSPITAL INFORMATION

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) ?
3rd patient requiring				
inpatient dialysis. Monday-				
Saturday 8am-830pm 3	1	1.0	2	2
bays 2nd f M- F stents, balloon	1	1.6	2	2
pump, diagnostic cath	2	4	1	1
basement Pre surgical	2	<u>т</u>	1	
testing Mon- Fri 8am-4pm				
1:1 -3bays	1	0.4	18	18
1st various medical				
conditions ranging from				
Minor injuries , Acute and				
critical 1:12 21 bays	6	1.01	34	5.6
Basement IR M-F 8am-4pm				
PICC, thoracentesis,				
paracentesis, drains 1:1				
procedure 1:4pre/post	3	3.75	6	3
1st M-F 7am-5pm upper and lower endoscopy 1-2				
RN's per procedure 2 rooms	3	1.6	14	4.6
1st PACU- Mon- Fri post op				
total joints general surgery,				
GYN, urological 1;1, 1:2-3,				
1:4 9 bays	4	2	15	3.75

1st OR M- F 7-3 -7 OR's run				
General surgery, GYN, Total				
Joints, urological 1:1 or				
1RN/1 Tech	7	2	12	1.7
1st Pre op/ASU- M- F 6am-				
4pm patients awaiting				
surgery 1:4-7 bays	2	0.75	20	10
Medical surgical patients				
requiring continuous				
cardiac/pulse oxygen				
monitoring third floor	6	1.33	36	6
medical surgical patients,				
oncological patients various				
medical conditions third				
floor	2	0.89	18	9
Medical surgical patients				
,post operative procedures				
and various medical				
conditions second floor	3	1	24	9
Various acute conditions				
requiring intensive care				
treatments/modalities first				
floor	5	3.83	10	2
medical surgical unit various				
medical conditions first				
floor	2	0.89	18	9

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)
3rd patient requiring		
inpatient dialysis. Monday-		
Saturday 8am-830pm 3		
bays	0	0
2nd f M- F stents, balloon		
pump, diagnostic cath	0	0
basement Pre surgical		
testing Mon- Fri 8am-4pm		
1:1 -3bays	0	0
1st various medical		
conditions ranging from		
Minor injuries , Acute and		
critical 1:12 21 bays	0	0
Basement IR M-F 8am-4pm		
PICC, thoracentesis,		
paracentesis, drains 1:1		
procedure 1:4pre/post	0	0
1st M-F 7am-5pm upper and lower endoscopy 1-2		
RN's per procedure 2 rooms	0	0
1st PACU- Mon- Fri post op		
total joints general surgery,		
GYN, urological 1;1, 1:2-3,		
1:4 9 bays	0	0

1st OR M- F 7-3 -7 OR's run		
General surgery, GYN, Total		
Joints, urological 1:1 or		
1RN/1 Tech	0	0
1st Pre op/ASU- M- F 6am-		
4pm patients awaiting		
surgery 1:4-7 bays	0	0
Medical surgical patients		
requiring continuous		
cardiac/pulse oxygen		
monitoring third floor	0	0
medical surgical patients,		
oncological patients various		
medical conditions third		
floor	0	0
Medical surgical patients		
,post operative procedures		
and various medical		
conditions second floor	0	0
Various acute conditions		
requiring intensive care		
treatments/modalities first		
floor	0	0
medical surgical unit various		
medical conditions first		
floor	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)
3rd patient requiring		
inpatient dialysis. Monday-		
Saturday 8am-830pm 3	0	0
bays 2nd f M- F stents, balloon	U	U
pump, diagnostic cath	1	4
basement Pre surgical	±	
testing Mon- Fri 8am-4pm		
1:1 -3bays	0	0
1st various medical		
conditions ranging from		
Minor injuries , Acute and		
critical 1:12 21 bays	0	0
Basement IR M-F 8am-4pm		
PICC, thoracentesis,		
paracentesis, drains 1:1		
procedure 1:4pre/post	0	0
1st M-F 7am-5pm upper		
and lower endoscopy 1-2		
RN's per procedure 2 rooms	0	0
1st PACU- Mon- Fri post op		
total joints general surgery,		
GYN, urological 1;1, 1:2-3,		
1:4 9 bays	0	0

1st OR M- F 7-3 -7 OR's run		
General surgery, GYN, Total		
Joints, urological 1:1 or		
1RN/1 Tech	1	2
1st Pre op/ASU- M- F 6am-		
4pm patients awaiting		
surgery 1:4-7 bays	0	0
Medical surgical patients		
requiring continuous		
cardiac/pulse oxygen		
monitoring third floor	5	53.8
medical surgical patients,		
oncological patients various		
medical conditions third		
floor	5	28.5
Medical surgical patients		
,post operative procedures		
and various medical		
conditions second floor	5	48.6
Various acute conditions		
requiring intensive care		
treatments/modalities first		
floor	5	22.5
medical surgical unit various		
medical conditions first		
floor	5	32.3

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)
3rd patient requiring		
inpatient dialysis. Monday- Saturday 8am-830pm 3		
bays	0	0
2nd f M- F stents, balloon		
pump, diagnostic cath	0	0
basement Pre surgical		
testing Mon- Fri 8am-4pm		
1:1 -3bays	1	0.4
1st various medical		
conditions ranging from		
Minor injuries , Acute and		
critical 1:12 21 bays	2	1.01
Basement IR M-F 8am-4pm		
PICC, thoracentesis,		
paracentesis, drains 1:1		
procedure 1:4pre/post	1	3.75
1st M-F 7am-5pm upper and lower endoscopy 1-2		
RN's per procedure 2 rooms	0	0
1st PACU- Mon- Fri post op		
total joints general surgery,		
GYN, urological 1;1, 1:2-3,		
1:4 9 bays	1	2

1st OR M- F 7-3 -7 OR's run		
General surgery, GYN, Total		
Joints, urological 1:1 or		
1RN/1 Tech	0	0
1st Pre op/ASU- M- F 6am-		
4pm patients awaiting		
surgery 1:4-7 bays	1	0.75
Medical surgical patients		
requiring continuous		
cardiac/pulse oxygen		
monitoring third floor	4	1.45
medical surgical patients,		
oncological patients various		
medical conditions third		
floor	2	0.89
Medical surgical patients		
,post operative procedures		
and various medical		
conditions second floor	3	1
Various acute conditions		
requiring intensive care		
treatments/modalities first		
floor	1	0.5
medical surgical unit various		
medical conditions first		
floor	2	0.89

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.
	Manager, ANM, Director, RRT, respiratory, Dialysis
3rd patient requiring	tech, hospitalist, MD,
inpatient dialysis. Monday-	intensivist, EVS, transport
Saturday 8am-830pm 3	hospital operations
bays	manager, SW, CM
	Unit Director, anesthesia,
	RRT, unit clerk, hospitalist ,
	Intensivist , NP , CM, SW,
2nd f M- F stents, balloon	EVS, Hospital Operations
pump, diagnostic cath	Manager
	unit management, Director, respiratory, Unit Clerk, NP, RRT, SW, CM, Hospitalist,
basement Pre surgical	Staff Educator, Spiritual
testing Mon- Fri 8am-4pm	Services, EVS, hospital
1:1 -3bays	operations Manager, EVS

	Manager, ANM, Director,
	respiratory, residents , PA's,
	NP's hospitalist, intensivist,
	RRT, SW, CM, Clinical
	pharmacists, Hospital
	Operations Manager,
1st various medical	radiology, admitting, Unit
conditions ranging from	clerks, admission RN, EVS,
Minor injuries , Acute and	phlebotomy, tele technician
critical 1:12 21 bays	, transporter, off shift ADN
	Unit ANM, Director,
	administrative support,
	Anesthesia, resident,
	Intensivist, Hospitalist, RRT,
Basement IR M-F 8am-4pm	Hospital Operations
PICC, thoracentesis,	Manager, off shift ADN,
paracentesis, drains 1:1	Respiratory, Transport, EVS,
procedure 1:4pre/post	CM, SW
	Unit manager, Unit ANM,
	Director, Respiratory,
	anesthesia, Dietician, RRT,
1st M-F 7am-5pm upper	Hospitalist , Intensivist, Unit
and lower endoscopy 1-2	Clerk, SW, CM, Hospital
RN's per procedure 2 rooms	operations manager
	Unit Manager, Unit ANM,
	Director, Unit Clerk,
	Respiratory, RRT, CM, SW,
1st PACU- Mon- Fri post op	Physical therapy ,
total joints general surgery,	Hospitalist, Intensivist, PA,
GYN, urological 1;1, 1:2-3,	Hospital Operations
1:4 9 bays	manager, EVS

	1
	Unit manager, Director,
	Unit Clerk, respiratory,
	anesthesia, RRT,CM,SW,
1st OR M- F 7-3 -7 OR's run	radiology, intensivist, PA,
General surgery, GYN, Total	Resident, Hospital
Joints, urological 1:1 or	operations manager, Off
1RN/1 Tech	shift ADN ,EVS
	Unit manager/ ANM,
	Director, Respiratory, Unit
	Clerk, RRT, SW, CM,
1st Pre op/ASU- M- F 6am-	Hospitalist, Intensivist,
4pm patients awaiting	Anesthesia, Hospital
surgery 1:4- 7 bays	Operations Manager
	secretary, Assistant Nurse
	Manager, Manager,
	Dietician, Spiritual services,
Medical surgical patients	Rapid Response Team,
requiring continuous	transport , EVS, Tele tech,
cardiac/pulse oxygen	Admission /discharge nurse,
monitoring third floor	Educator
	Secretary,
	Admission/Discharge nurse,
	Assistant Nurse Manager,
medical surgical patients,	Manager, Spiritual services ,
oncological patients various	Dietician, rapid response
medical conditions third	team, Hospitalist,
floor	Residents, NP, Tele Tech
11001	
	Secretary, Assistant Nurse
Medical surgical patients	Manager, Nurse Manager,
,post operative procedures	Admission /Discharge
and various medical	
	Nurse, EVS, Transport,
conditions second floor	Spiritual Services, Tele Tech

	secretary, Assistant Nurse
Various acute conditions	Manager, Manager,
requiring intensive care	Intensivist/PA/NP,
treatments/modalities first	educator, spiritual services,
floor	Dietician, Transport, EVS
	Secretary, Assistant Nurse
	Manager, Manager,
	educator, rapid response
	team , dietician , Spiritual
medical surgical unit various	services, Hospitalist,
medical conditions first	residents, NP. EVS,
floor	Transport, Tele Tech

DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
3rd patient requiring				
inpatient dialysis. Monday- Saturday 8am-830pm 3				
bays	Yes			
2nd f M- F stents, balloon				
pump, diagnostic cath	Yes			
basement Pre surgical				
testing Mon- Fri 8am-4pm				
1:1 -3bays	Yes			

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		several items upon which	specific staffing plan. The	
		the Committee was unable	plan includes minimal	
		to agree, and I was called	staffing for each shift based	
		upon to render a decision.	on the New York State	
		Currently the management	Nurses Association	
		representatives have	collective bargaining	
		provided me with written	agreement. The rational for	
		justification of their	the staffing plan includes	
1st various medical		proposal, the labor	impact on nursing sensitive	
conditions ranging from		representatives have not	indicators, employee	
Minor injuries , Acute and		submitted a written	engagement, patient	A statement was not
critical 1:12 21 bays	No	justification.In addition to	experience, and acuity.	provided by frontline team.

	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		
	constraints.		
	The members of the Clinical		
	Staffing Committee worked		
	diligently over the last few		
	months and reached		
	consensus on several	The general hospital	
	components of the staffing	administration committee	
	plan. However, there were	staffing plan includes a unit	
	several items upon which	specific staffing plan. The	
	the Committee was unable	plan includes minimal	
	to agree, and I was called	staffing for each shift based	
	upon to render a decision.	on the New York State	
	Currently the management	Nurses Association	
	representatives have	collective bargaining	
	provided me with written	agreement. The rational for	
	justification of their	the staffing plan includes	
	proposal, the labor	impact on nursing sensitive	
	representatives have not	indicators, employee	
	submitted a written	engagement, patient	A statement was not
No	justification.In addition to	experience, and acuity.	provided by frontline team.
	Νο	and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written	and determined the outcomes as listed.Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision.The general hospital administration committee staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		several items upon which	specific staffing plan. The	
		the Committee was unable	plan includes minimal	
		to agree, and I was called	staffing for each shift based	
		upon to render a decision.	on the New York State	
		Currently the management	Nurses Association	
		representatives have	collective bargaining	
		provided me with written	agreement. The rational for	
		justification of their	the staffing plan includes	
		proposal, the labor	impact on nursing sensitive	
1st M-F 7am-5pm upper		representatives have not	indicators, employee	
and lower endoscopy 1-2		submitted a written	engagement, patient	A statement was not
RN's per procedure 2 rooms	No	justification.In addition to	experience, and acuity.	provided by frontline team.
		· · · · ·	, , , ,	, ,

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		several items upon which	specific staffing plan. The	
		the Committee was unable	plan includes minimal	
		to agree, and I was called	staffing for each shift based	
		upon to render a decision.	on the New York State	
		Currently the management	Nurses Association	
		representatives have	collective bargaining	
		provided me with written	agreement. The rational for	
		justification of their	the staffing plan includes	
1st PACU- Mon- Fri post op		proposal, the labor	impact on nursing sensitive	
total joints general surgery,		representatives have not	indicators, employee	
GYN, urological 1;1, 1:2-3,		submitted a written	engagement, patient	A statement was not
1:4 9 bays	No	justification.In addition to	experience, and acuity.	provided by frontline team.

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		several items upon which	specific staffing plan. The	
		the Committee was unable	plan includes minimal	
		to agree, and I was called	staffing for each shift based	
		upon to render a decision.	on the New York State	
		Currently the management	Nurses Association	
		representatives have	collective bargaining	
		provided me with written	agreement. The rational for	
		justification of their	the staffing plan includes	
1st OR M- F 7-3 -7 OR's run		proposal, the labor	impact on nursing sensitive	
General surgery, GYN, Total		representatives have not	indicators, employee	
Joints, urological 1:1 or		submitted a written	engagement, patient	A statement was not
1RN/1 Tech	No	justification.In addition to	experience, and acuity.	provided by frontline team.

		1		
		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		several items upon which	specific staffing plan. The	
		the Committee was unable	plan includes minimal	
		to agree, and I was called	staffing for each shift based	
		upon to render a decision.	on the New York State	
		Currently the management	Nurses Association	
		representatives have	collective bargaining	
		provided me with written	agreement. The rational for	
		justification of their	the staffing plan includes	
		proposal, the labor	impact on nursing sensitive	
1st Pre op/ASU- M- F 6am-		representatives have not	indicators, employee	
4pm patients awaiting		submitted a written	engagement, patient	A statement was not
surgery 1:4-7 bays	No	justification.In addition to	experience, and acuity.	provided by frontline team.

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		a number of items upon	specific staffing plan. The	
		which the Committee was	plan includes minimal	
		unable to agree, and I was	staffing for each shift based	
		called upon to render a	on the New York State	
		decision.	Nurses Association	
		At this time the	collective bargaining	
		management	agreement. The rational for	A statement was not
		representatives have	the staffing plan includes	provided by frontline team,
Medical surgical patients		provided me with written	impact on nursing sensitive	though the CEO did meet
requiring continuous		justification of their	indicators, employee	with both committees to
cardiac/pulse oxygen		proposal, the labor	engagement, patient	hear their rational for
monitoring third floor	No	representatives have not	experience, and acuity.	suggested staffing plan.

		and determined the		
		outcomes as listed.		
		Decisions were based on		
		our enhanced model of		
		patient care delivery, the		
		collaboration between		
		disciplines, and budgetary		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		a number of items upon	specific staffing plan. The	
		which the Committee was	plan includes minimal	
		unable to agree, and I was	staffing for each shift based	
		called upon to render a	on the New York State	
		decision.	Nurses Association	
		At this time the	collective bargaining	
		management	agreement. The rational for	A statement was not
		representatives have	the staffing plan includes	provided by frontline team,
medical surgical patients,		provided me with written	impact on nursing sensitive	though the CEO did meet
oncological patients various		justification of their	indicators, employee	with both committees to
medical conditions third		proposal, the labor	engagement, patient	hear their rational for
floor	No	representatives have not	experience, and acuity.	suggested staffing plan.

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		a number of items upon	specific staffing plan. The	
		which the Committee was	plan includes minimal	
		unable to agree, and I was	staffing for each shift based	
		called upon to render a	on the New York State	
		decision.	Nurses Association	
		At this time the	collective bargaining	
		management	agreement. The rational for	A statement was not
		representatives have	the staffing plan includes	provided by frontline team,
Medical surgical patients		provided me with written	impact on nursing sensitive	though the CEO did meet
,post operative procedures		justification of their	indicators, employee	with both committees to
and various medical		proposal, the labor	engagement, patient	hear their rational for
conditions second floor	No	representatives have not	experience, and acuity.	suggested staffing plan.

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		a number of items upon	specific staffing plan. The	
		which the Committee was	plan includes minimal	
		unable to agree, and I was	staffing for each shift based	
		called upon to render a	on the New York State	
		decision.	Nurses Association	
		At this time the	collective bargaining	
		management	agreement. The rational for	A statement was not
		representatives have	the staffing plan includes	provided by frontline team,
Various acute conditions		provided me with written	impact on nursing sensitive	though the CEO did meet
requiring intensive care		justification of their	indicators, employee	with both committees to
treatments/modalities first		proposal, the labor	engagement, patient	hear their rational for
floor	No	representatives have not	experience, and acuity.	suggested staffing plan.

		and determined the		
		outcomes as listed.		
		Decisions were based on		
		our enhanced model of		
		patient care delivery, the		
		collaboration between		
		disciplines, and budgetary		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		a number of items upon	specific staffing plan. The	
		which the Committee was	plan includes minimal	
		unable to agree, and I was	staffing for each shift based	
		called upon to render a	on the New York State	
		decision.	Nurses Association	
		At this time the	collective bargaining	
		management	agreement. The rational for	A statement was not
		representatives have	the staffing plan includes	provided by frontline team,
		provided me with written	impact on nursing sensitive	though the CEO did meet
nedical surgical unit various		justification of their	indicators, employee	with both committees to
medical conditions first		proposal, the labor	engagement, patient	hear their rational for
floor	No	representatives have not	experience, and acuity.	suggested staffing plan.

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)?
Third floor patients	4	1.0	1	1
requiring dialysis.	1	1.6	1	1
second floor Stents Balloon pump and diagnostic cath	2	4	1	0
OR variety of general				
surgery, urological, GYN,				
total Joints 3pm-5pm- 5				
OR's Run	5	2	3	1.6
OR various surgery general,				
GYN, urological 5pm-7pm-3				
OR's run	3	2	3	1
PACU - post op patients from OR	2	2.87	5	4
First floor various medical	-	,		
conditions ranging from				
Minor injuries , Acute and				
critical	6	1.86	37	6.1
Medical surgical unit				
various medical conditions				
requiring continuous				
cardiac/pulse monitoring				
third floor	6	1.33	36	6

medical surgical patients,				
oncological patients various				
medical conditions third				
floor	2	0.89	18	9
Medical surgical patients				
,post operative procedures				
and various medical				
conditions second floor	3	1	24	9
Various acute conditions				
requiring intensive care				
treatments/modalities first				
floor	5	3.83	10	2
medical surgical unit various				
medical conditions first				
floor	2	0.89	18	9

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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)
Third floor patients requiring dialysis.	0	0
second floor Stents Balloon pump and diagnostic cath	0	0
OR variety of general surgery, urological , GYN, total Joints 3pm-5pm- 5		
OR's Run	0	0

OR various surgery general,		
GYN, urological 5pm-7pm- 3		
	0	0
OR's run	0	0
PACU - post op patients		
from OR	0	0
First floor various medical		
conditions ranging from		
Minor injuries , Acute and		
critical	0	0
Medical surgical unit		
various medical conditions		
requiring continuous		
cardiac/pulse monitoring		
third floor	0	0
medical surgical patients,		
oncological patients various		
medical conditions third		
floor	0	0
11001	0	0
Madical curgical patients		
Medical surgical patients		
,post operative procedures		
and various medical		
conditions second floor	0	0
Various acute conditions		
requiring intensive care		
treatments/modalities first		
floor	0	0
medical surgical unit various		
medical conditions first		
floor	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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)
Third floor patients	0	0
requiring dialysis.	0	0
second floor Stents Balloon pump and diagnostic cath	1	1.5
OR variety of general		
surgery, urological, GYN,		
total Joints 3pm-5pm- 5		
OR's Run	0	0
OR various surgery general,		
GYN, urological 5pm-7pm-3	-	
OR's run	0	0
PACU - post op patients		
from OR	0	0
First floor various medical		
conditions ranging from		
Minor injuries , Acute and	0	0
critical	0	0
Medical surgical unit various medical conditions		
requiring continuous cardiac/pulse monitoring		
third floor	5	16.8
medical surgical patients,	5	10.0
oncological patients various		
medical conditions third		
floor	5	7.3
	-	-

Medical surgical patients		
,post operative procedures		
and various medical		
conditions second floor	5	9.6
Various acute conditions		
requiring intensive care		
treatments/modalities first		
floor	4	8
medical surgical unit various		
medical conditions first		
floor	5	9

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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)
Third floor patients requiring dialysis.	0	0
second floor Stents Balloon pump and diagnostic cath	0	0
OR variety of general surgery, urological , GYN, total Joints 3pm-5pm- 5		
OR's Run OR various surgery general, GYN, urological 5pm-7pm- 3	1	2
OR's run	1	2
PACU - post op patients from OR	1	2.87

2	1.86
4	1.45
2	0.89
2	1
1	0.5
2	0.89
	4 2 2 1

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	
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.
	ANM, Director, RRT,
	respiratory, Dialysis tech,
	hospitalist, MD, intensivist,
	EVS, transport hospital
Third floor patients	operations manager, SW,
requiring dialysis.	CM, off shift ADN
	Director, off shift ADN,
second floor Stents Balloon	respiratory, RRT, SW,CM,
pump and diagnostic cath	EVS, Unit Clerk
OR variety of general	Off shift ADN, RRT,
surgery, urological, GYN,	anesthesia, PA, intensivist,
total Joints 3pm-5pm- 5	Hospitalist, radiology,
OR's Run	turnover techs, EVS
	off shift ADN, RRT,
	anesthesia, resident
OR various surgery general,	respiratory, hospitalist , PA,
GYN, urological 5pm-7pm-3	intensivist, radiology,
OR's run	turnover techs, EVS
	Off shift ADN, Respiratory,
	anesthesia, RRT, EVS, Unit
PACU - post op patients	Clerk, Hospitalist, PA,
from OR	Intensivist, radiology

	Manager, ANM, Director,
	respiratory, residents, PA's,
	NP's hospitalist, intensivist,
	RRT, SW, CM, Clinical
	pharmacists, Hospital
	Operations Manager,
First floor various medical	radiology, admitting, Unit
conditions ranging from	clerks, admission RN, EVS,
Minor injuries , Acute and	phlebotomy, tele technician
critical	, transporter, off shift ADN
	Secretary , Assistant Nurse
	Manager, Manager, EVS,
Medical surgical unit	Rapid Response Team,
various medical conditions	Spiritual Services,
requiring continuous	Transport, Hospitalist,
cardiac/pulse monitoring	Residents, NP, Educator,
third floor	Tele Tech
	Secretary, Assistant Nurse
	Manager, Manager, EVS,
medical surgical patients,	Rapid response team,
oncological patients various	spiritual services , educator,
medical conditions third	Hospitalist, residents, NP,
floor	transport, Tele Tech
	Coorotony Accistant Numer
	Secretary, Assistant Nurse
	Manager, Nurse Manager
Madical aurainal maticate	Admission/discharge,
Medical surgical patients	Spiritual services , educator,
,post operative procedures and various medical	EVS, Transport, Rapid
	Response team, resident,
conditions second floor	Hospitalist, NP, Tele Tech

	Secretary,
Various acute conditions	Intensivist/PA/NP, Assistant
requiring intensive care	Nurse Manager, Manager,
treatments/modalities first	EVS, dietician, transport,
floor	spiritual services, Educator,
	Secretary, Assistant Nurse
	Manager, Manager, EVS,
	Transport, Dietician,
	educator, Residents,
medical surgical unit various	Hospitalist, NP, spiritual
medical conditions first	Services, Rapid Response
floor	Team, Tele Tech

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	01	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):
Third floor patients requiring dialysis.	Yes			
second floor Stents Balloon pump and diagnostic cath	Yes			

considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the	
outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the	
Decisions were based on our enhanced model of patient care delivery, the	
our enhanced model of patient care delivery, the	
patient care delivery, the	
collaboration between	
disciplines, and budgetary	
constraints.	
The members of the Clinical	
Staffing Committee worked	
diligently over the last few	
months and reached	
consensus on several The general hospital	
components of the staffing administration committee	
plan. However, there were staffing plan includes a unit	
several items upon which specific staffing plan. The	
the Committee was unable plan includes minimal	
to agree, and I was called staffing for each shift based	
upon to render a decision. On the New York State	
Currently the management Nurses Association	
representatives have collective bargaining	
provided me with written agreement. The rational for	
justification of their the staffing plan includes	
OR variety of general proposal, the labor impact on nursing sensitive	
surgery, urological , GYN, representatives have not indicators, employee	
	nt was not
OR's Run No justification. In addition to experience, and acuity. provided by fr	ontline team.

	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		
	constraints.		
	The members of the Clinical		
	Staffing Committee worked		
	diligently over the last few		
	months and reached		
	consensus on several	The general hospital	
	components of the staffing	administration committee	
	plan. However, there were	staffing plan includes a unit	
	several items upon which	specific staffing plan. The	
	the Committee was unable	plan includes minimal	
	to agree, and I was called	staffing for each shift based	
	upon to render a decision.	on the New York State	
	Currently the management	Nurses Association	
	representatives have	collective bargaining	
	provided me with written	agreement. The rational for	
	justification of their	the staffing plan includes	
	proposal, the labor	impact on nursing sensitive	
	representatives have not	indicators, employee	
	submitted a written	engagement, patient	A statement was not
No	justification.In addition to	experience, and acuity.	provided by frontline team.
	Νο	and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written	and determined the outcomes as listed.Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision.The general hospital administration committee staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient

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 constraints.The members of the Clinical Staffing Committee worked diligently over the last few months and reached components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called	
outcomes as listed.Decisions were based onour enhanced model ofpatient care delivery, thecollaboration betweendisciplines, and budgetaryconstraints.The members of the ClinicalStaffing Committee workeddiligently over the last fewmonths and reachedconsensus on severalcomponents of the staffingplan. However, there wereseveral items upon whichspecific staffing plan. Theplan. includes a unitspecific staffing plan. Theplan. includes minimal	
Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unableThe general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal	
our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.disciplines, and budgetary constraints.The members of the Clinical Staffing Committee worked diligently over the last few months and reachedMonths and reached consensus on severalThe general hospital administration committee staffing plan includes a unit several items upon whichJanuary Laboration several items upon which the Committee was unableStaffing plan. The plan includes minimal	
patient care delivery, the collaboration between disciplines, and budgetary constraintsThe members of the Clinical Staffing Committee worked diligently over the last few months and reached-Consensus on several consensus on severalThe general hospital administration committeePlan. However, there were several items upon which the Committee was unableStaffing plan. The plan includes a unit specific staffing plan. The plan includes minimal	
collaboration between disciplines, and budgetary constraints.The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several plan. However, there were several items upon which the Committee was unableThe general hospital administration committee specific staffing plan. The plan includes minimal	
disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several Components of the staffing administration committee staffing plan includes a unit several items upon which the Committee was unable plan includes minimal	
constraints.The members of the ClinicalStaffing Committee workeddiligently over the last fewmonths and reachedconsensus on severalcomponents of the staffingplan. However, there wereseveral items upon whichthe Committee was unableplan includes minimal	
The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on severalThe general hospital administration committeeComponents of the staffing plan. However, there were several items upon which the Committee was unableStaffing plan. The plan includes minimal	
Staffing Committee worked diligently over the last few months and reached-Months and reached-Consensus on severalThe general hospitalComponents of the staffingadministration committeeplan. However, there werestaffing plan includes a unitseveral items upon whichspecific staffing plan. Thethe Committee was unableplan includes minimal	
diligently over the last few months and reached consensus on severalThe general hospital administration committeecomponents of the staffing 	
months and reached consensus on severalThe general hospital administration committeecomponents of the staffing plan. However, there werestaffing plan includes a unit specific staffing plan. The plan includes minimal	
consensus on severalThe general hospitalcomponents of the staffingadministration committeeplan. However, there werestaffing plan includes a unitseveral items upon whichspecific staffing plan. Thethe Committee was unableplan includes minimal	
components of the staffing plan. However, there wereadministration committeeseveral items upon which the Committee was unablespecific staffing plan. The plan includes minimal	
plan. However, there were staffing plan includes a unit several items upon which specific staffing plan. The the Committee was unable plan includes minimal	
several items upon which specific staffing plan. The the Committee was unable plan includes minimal	
the Committee was unable plan includes minimal	
to agree, and I was called staffing for each shift based	
upon to render a decision. On the New York State	
Currently the management Nurses Association	
representatives have collective bargaining	
provided me with written agreement. The rational for	
justification of their the staffing plan includes	
proposal, the labor impact on nursing sensitive	
representatives have not indicators, employee	
PACU - post op patients submitted a written engagement, patient A statement was not	CU - post op patients
from OR No justification. In addition to experience, and acuity. provided by frontline tea	

1				
		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		several items upon which	specific staffing plan. The	
		the Committee was unable	plan includes minimal	
		to agree, and I was called	staffing for each shift based	
		upon to render a decision.	on the New York State	
		Currently the management	Nurses Association	
		representatives have	collective bargaining	
		provided me with written	agreement. The rational for	
		justification of their	the staffing plan includes	
First floor various medical		proposal, the labor	impact on nursing sensitive	
conditions ranging from		representatives have not	indicators, employee	
Minor injuries , Acute and		submitted a written	engagement, patient	A statement was not
critical	No	justification.In addition to	experience, and acuity.	provided by frontline team.

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		a number of items upon	specific staffing plan. The	
		which the Committee was	plan includes minimal	
		unable to agree, and I was	staffing for each shift based	
		called upon to render a	on the New York State	
		decision.	Nurses Association	
		At this time the	collective bargaining	
		management	agreement. The rational for	A statement was not
Medical surgical unit		representatives have	the staffing plan includes	provided by frontline team,
various medical conditions		provided me with written	impact on nursing sensitive	though the CEO did meet
requiring continuous		justification of their	indicators, employee	with both committees to
cardiac/pulse monitoring		proposal, the labor	engagement, patient	hear their rational for
third floor	No	representatives have not	experience, and acuity.	suggested staffing plan.

		and determined the		
		outcomes as listed.		
		Decisions were based on		
		our enhanced model of		
		patient care delivery, the		
		collaboration between		
		disciplines, and budgetary		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		a number of items upon	specific staffing plan. The	
		which the Committee was	plan includes minimal	
		unable to agree, and I was	staffing for each shift based	
		called upon to render a	on the New York State	
		decision.	Nurses Association	
		At this time the	collective bargaining	
		management	agreement. The rational for	A statement was not
		representatives have	the staffing plan includes	provided by frontline team,
medical surgical patients,		provided me with written	impact on nursing sensitive	though the CEO did meet
oncological patients various		justification of their	indicators, employee	with both committees to
medical conditions third		proposal, the labor	engagement, patient	hear their rational for
floor	No	representatives have not	experience, and acuity.	suggested staffing plan.

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		a number of items upon	specific staffing plan. The	
		which the Committee was	plan includes minimal	
		unable to agree, and I was	staffing for each shift based	
		called upon to render a	on the New York State	
		decision.	Nurses Association	
		At this time the	collective bargaining	
		management	agreement. The rational for	A statement was not
		representatives have	the staffing plan includes	provided by frontline team,
Medical surgical patients		provided me with written	impact on nursing sensitive	though the CEO did meet
,post operative procedures		justification of their	indicators, employee	with both committees to
and various medical		proposal, the labor	engagement, patient	hear their rational for
conditions second floor	No	representatives have not	experience, and acuity.	suggested staffing plan.

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached		
		consensus on several	The general hospital	
		components of the staffing	administration committee	
		plan. However, there were	staffing plan includes a unit	
		a number of items upon	specific staffing plan. The	
		which the Committee was	plan includes minimal	
		unable to agree, and I was	staffing for each shift based	
		called upon to render a	on the New York State	
		decision.	Nurses Association	
		At this time the	collective bargaining	
		management	agreement. The rational for	A statement was not
		representatives have	the staffing plan includes	provided by frontline team,
Various acute conditions		provided me with written	impact on nursing sensitive	though the CEO did meet
requiring intensive care		justification of their	indicators, employee	with both committees to
treatments/modalities first		proposal, the labor	engagement, patient	hear their rational for
floor	No	representatives have not	experience, and acuity.	suggested staffing plan.

		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		
		constraints.		
		The members of the Clinical		
		Staffing Committee worked		
		diligently over the last few		
		months and reached	The general hospital	
		consensus on several	administration committee	
		components of the staffing	staffing plan includes a unit	
		plan. However, there were	specific staffing plan. The	
		a number of items upon	plan includes minimal	
		which the Committee was	staffing for each shift based	
		unable to agree, and I was	on the New York State	
		called upon to render a	Nurses Association	
		decision.	collective bargaining	
		At this time the	agreement. The rational for	A statement was not
		management	the staffing plan includes	provided by frontline team,
		representatives have	impact on nursing sensitive	though the CEO did meet
nedical surgical unit various		provided me with written	indicators, employee	with both committees to
medical conditions first		justification of their	engagement, patient	hear their rational for
floor	No	proposal, the labor	experience, and acuity.	suggested staffing plan.

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)	RN nursing care per patient including adjustment for case mix	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)
	1st floor OR varying general			
Other	surgery , GYN, Urological 7pm-11pm 2 OR's Run	2	2	2
Emergency Department	First floor various medical conditions ranging from Minor injuries , Acute and critical	4	2.5	12
	Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring			
Telemetry	third floor	6	1.33	36
Medical/Surgical	medical surgical patients, oncological patients various medical conditions third floor	2	0.89	18
Medical/Surgical	Medical surgical patients ,post operative procedures and various medical conditions second floor	3	1	24
Critical Care	Various acute conditions requiring intensive care treatments/modalities first floor	5	3.83	10

	medical surgical unit various			
	medical conditions first			
Medical/Surgical	floor	2	0.89	18

LPN NIGHT SHIFT STAFFING

LPN NIGHT SHIFT STAFFING		
Name of Clinical Unit:	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)?	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)
Other	1	0
Emergency Department	3	0
Telemetry	6	0
Medical/Surgical	9	0
Medical/Surgical	9	0
Critical Care	2	0
Medical/Surgical	9	0

NIGHT SHIFT ANCILLARY STAFF

	case mix and acuity on the Night Shift (Please provide a number with	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
Name of Clinical Unit:	up to 5 digits. Ex: 101.50)	digits. Ex: 101.50)
Other	0	0
Emergency Department	0	0
Telemetry	0	2
Medical/Surgical	0	1

Medical/Surgical	0	2
Critical Care	0	2
Medical/Surgical	0	2

NIGHT SHIFT UNLICENSED STAFFING

	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	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
Name of Clinical Unit:	digits. Ex: 101.50)	digits. Ex: 101.50)
Other	0	1
Other Emergency Department	0	1 2
	0	1
Emergency Department	0	1 2
Emergency Department Telemetry	0 0 4.1	1 2 4
Emergency Department Telemetry Medical/Surgical	0 0 4.1 1.2	1 2 4 2

NIGHT SHIFT ADDITIONAL RESOURCES

	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
Name of Clinical Unit:	up to 5 digits. Ex: 101.50)
Other	2
Emergency Department	2.5
Telemetry	1.45
Medical/Surgical	0.89
Medical/Surgical	1
Critical Care	0.5

Medical/Surgical	0.89]		
IGHT SHIFT CONSENSUS I	NFORMATION			
	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			Statement by member
	nurse, and other		lf no,	of clinical staffing
	coverage provided to	Our Clinical Staffing	Chief Executive Officer	committee selected by
	registered nurses,	Committee reached	Statement in support of	the general hospital
	licensed practical nurses,	consensus on the clinical	clinical staffing plan for	administration
Name of Clinical Unit:	and ancillary staff.	staffing plan for this unit:	this unit:	(management members

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			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	
			constraints.	
			The members of the Clinical	
			Staffing Committee worked	
			diligently over the last few	
			months and reached	
			consensus on several	The general hospital
			components of the staffing	administration committee
			plan. However, there were	staffing plan includes a unit
			several items upon which	specific staffing plan. The
			the Committee was unable	plan includes minimal
			to agree, and I was called	staffing for each shift based
			upon to render a decision.	on the New York State
			Currently the management	Nurses Association
			representatives have	collective bargaining
			provided me with written	agreement. The rational for
			justification of their	the staffing plan includes
	Off Shift ADN, anesthesia,		proposal, the labor	impact on nursing sensitive
	respiratory, RRT, Resident,		representatives have not	indicators, employee
	PA, Intensivist, Hospitalist		submitted a written	engagement, patient
Other	Radiology, EVS.	No	justification.In addition to	experience, and acuity.

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		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	
		constraints.	
		The members of the Clinical	
		Staffing Committee worked	
		diligently over the last few	
		months and reached	
		consensus on several	The general hospital
		components of the staffing	administration committee
		plan. However, there were	staffing plan includes a unit
		'	specific staffing plan. The
		the Committee was unable	plan includes minimal
		to agree, and I was called	staffing for each shift based
			on the New York State
		· ·	Nurses Association
		, ,	collective bargaining
ANM, respiratory, RRT,			agreement. The rational for
			the staffing plan includes
		-	impact on nursing sensitive
			indicators, employee
U // U /			engagement, patient
transporter, off shift ADN	No	justification.In addition to	experience, and acuity.
	ANM, respiratory, RRT, residents, PA's, NP's hospitalist, intensivist, RRT, radiology, admitting, Unit clerks, EVS, tele technician, transporter, off shift ADN	residents , PA's, NP's hospitalist, intensivist, RRT, radiology, admitting, Unit clerks, EVS, tele technician ,	ANM, respiratory, RRT, residents , PA's, NP's hospitalist, intensivist, RRT, radiology, admitting, Unit clerks, EVS, tele technician ,

Telemetry	Tech	No	representatives have not	experience, and acuity.
	Rapid Response Team, Tele		proposal, the labor	engagement, patient
	EVS, Residents, Hospitalist,		justification of their	indicators, employee
	Assistant Nurse Manager,		provided me with written	impact on nursing sensitive
			representatives have	the staffing plan includes
			management	agreement. The rational for
			At this time the	collective bargaining
			decision.	Nurses Association
			called upon to render a	on the New York State
			unable to agree, and I was	staffing for each shift based
			which the Committee was	plan includes minimal
			a number of items upon	specific staffing plan. The
			plan. However, there were	staffing plan includes a unit
			components of the staffing	administration committee
			consensus on several	The general hospital
			months and reached	
			diligently over the last few	
			Staffing Committee worked	
			The members of the Clinical	
			constraints.	
			disciplines, and budgetary	
			collaboration between	
			patient care delivery, the	
			our enhanced model of	
			Decisions were based on	
			outcomes as listed.	
			and determined the	
			considered both rationales	

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			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	
			constraints.	
			The members of the Clinical	
			Staffing Committee worked	
			diligently over the last few	
			months and reached	
			consensus on several	The general hospital
			components of the staffing	administration committee
			plan. However, there were	staffing plan includes a unit
			a number of items upon	specific staffing plan. The
			which the Committee was	plan includes minimal
			unable to agree, and I was	staffing for each shift based
			called upon to render a	on the New York State
			decision.	Nurses Association
			At this time the	collective bargaining
			management	agreement. The rational for
			representatives have	the staffing plan includes
	Assistant nurse manager,		provided me with written	impact on nursing sensitive
	EVS, Rapid Response Team,		justification of their	indicators, employee
	Resident, Hospitalist, Tele		proposal, the labor	engagement, patient
Medical/Surgical	Tech	No	representatives have not	experience, and acuity.
ivicultar/surgical	IECH	NO	representatives have not	experience, and aculty.

			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	
			constraints.	
			The members of the Clinical	
			Staffing Committee worked	
			diligently over the last few	
			months and reached	
			consensus on several	The general hospital
			components of the staffing	administration committee
			plan. However, there were	staffing plan includes a unit
			a number of items upon	specific staffing plan. The
			which the Committee was	plan includes minimal
			unable to agree, and I was	staffing for each shift based
			called upon to render a	on the New York State
			decision.	Nurses Association
			At this time the	collective bargaining
			management	agreement. The rational for
			representatives have	the staffing plan includes
	Assistant Nurse Manager,		provided me with written	impact on nursing sensitive
	EVS, Resident, Hospitalist,		justification of their	indicators, employee
	Rapid Response Team, Tele		proposal, the labor	engagement, patient
Medical/Surgical	Tech	No	representatives have not	experience, and acuity.
ivieuical/sulgical	ieui	NU	representatives have not	experience, and acuity.

Critical Care	manager, EICU	No	representatives have not	experience, and acuity.
	respiratory, assistant nurse		proposal, the labor	engagement, patient
	PA/NP, EVS, Resident,		justification of their	indicators, employee
			provided me with written	impact on nursing sensitive
			representatives have	the staffing plan includes
			management	agreement. The rational for
			At this time the	collective bargaining
			decision.	Nurses Association
			called upon to render a	on the New York State
			unable to agree, and I was	staffing for each shift based
			which the Committee was	plan includes minimal
			a number of items upon	specific staffing plan. The
			plan. However, there were	staffing plan includes a unit
			components of the staffing	administration committee
			consensus on several	The general hospital
			months and reached	
			diligently over the last few	
			Staffing Committee worked	
			The members of the Clinical	
			constraints.	
			disciplines, and budgetary	
			collaboration between	
			patient care delivery, the	
			our enhanced model of	
			Decisions were based on	
			outcomes as listed.	
			and determined the	
			considered both rationales	

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			considered both rationales	
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			outcomes as listed.	
			Decisions were based on	
			our enhanced model of	
			patient care delivery, the	
			collaboration between	
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			The members of the Clinical	
			Staffing Committee worked	
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			consensus on several	The general hospital
			components of the staffing	administration committee
			plan. However, there were	staffing plan includes a unit
			a number of items upon	specific staffing plan. The
			which the Committee was	plan includes minimal
			unable to agree, and I was	staffing for each shift based
			called upon to render a	on the New York State
			decision.	Nurses Association
			At this time the	collective bargaining
			management	agreement. The rational for
			representatives have	the staffing plan includes
	assistant nurse manager,		provided me with written	impact on nursing sensitive
	EVS, Rapid Response Team,		justification of their	indicators, employee
	Resident , Hospitalist, Tele		proposal, the labor	engagement, patient
Medical/Surgical	Tech	No	representatives have not	experience, and acuity.
				experience, and acuity.

CBA INFORMATION

We have one or more collective bargaining agreements:	Yes
	103
If yes, then:	
Our general hospital has a collective	
bargaining agreement with the following	
organizations that represent clinical staff	
(Select all that apply):	
(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

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Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:	12/31/20 25 12:00 AM
The number of hospital employees represented by New York State Nurses Association is:	265
Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	09/30/20 26 12:00 AM

