HOSPITAL INFORMATION

| Region | Metropolitan Area Regional Office |
|-----------------------------|---|
| County | Suffolk |
| Council | Long Island |
| Network | CATHOLIC HEALTH SERVICES OF LONG ISLAND |
| Reporting Organization | St Charles Hospital |
| Reporting Organization Id | 0896 |
| Reporting Organization Type | Hospital (pfi) |
| Data Entity | St Charles Hospital |

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in | 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 | 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 |
|---|---|--|--|---|
| the hospital. | | digits. Ex: 10.50) | | digits. Ex: 10.50) ? |
| Labor and Delivery Unit- Delivery Room | 4 | 29.09 | 1.1 | 0.28 |
| Pre-surgical Testing- PST | 3 | 1.33 | 18 | 6 |
| Hyperbaric Oxygen and | | | | |
| Wound Care Center | 2 | 2.29 | 7 | 3.5 |
| Special Procedures | 6 | 1.85 | 26 | 4.33 |
| Post Acute Care Unit -PACU | 8 | 2.62 | 24.4 | 3.05 |
| Ambulatory Surgery | 6.75 | 1.33 | 40.7 | 6.03 |
| Operating Room | 9 | 3.09 | 23.3 | 2.59 |
| Emergency Department | 5.5 | 3.41 | 12.9 | 2.35 |
| 3 East Medical Surgical | 6 | 1.37 | 35 | 5.83 |
| 4 East- Acute Inpatient Rehabilitation | 7 | 1.27 | 44 | 6.29 |
| Intensive Care Unit | 8 | 4 | 16 | 2 |
| 2 North- Medically | | | | |
| Managed Withdrawal and | | | | |
| Stabilization | 3 | 1.2 | 20 | 6.67 |
| 3 West Pediatrics/ Pediatric | | | | |
| and Adult Acute | | | | |
| Rehabilitation | 3 | 1.33 | 18 | 6 |
| 5 North Chemical | | 0.5 | 10 | 40.00 |
| Dependency Rehabilitation | 3 | 0.6 | 40 | 13.33 |
| Nursery/ OB Couplets | 6 | 1.41 | 34 | 5.67 |

| Neonatal Intensive Care | | | | |
|-----------------------------|---|------|----|------|
| Unit | 4 | 3.56 | 9 | 2.25 |
| 3 North - Medical/ Surgical | 3 | 1.5 | 16 | 5.33 |

LPN DAY SHIFT STAFFING

| 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) |
| Labor and Delivery Unit- | | |
| Delivery Room | 0 | 0 |
| Pre-surgical Testing- PST | 0 | 0 |
| Hyperbaric Oxygen and | | |
| Wound Care Center | 0 | 0 |
| Special Procedures | 0 | 0 |
| Post Acute Care Unit -PACU | 0 | 0 |
| Ambulatory Surgery | 0 | 0 |
| Operating Room | 0 | 0 |
| Emergency Department | 0 | 0 |
| 3 East Medical Surgical | 0 | 0 |
| 4 East- Acute Inpatient | | |
| Rehabilitation | 0 | 0 |
| Intensive Care Unit | 0 | 0 |
| 2 North- Medically Managed Withdrawal and Stabilization | 0 | 0 |

| 3 West Pediatrics/ Pediatric | | |
|------------------------------|---|---|
| and Adult Acute | | |
| Rehabilitation | 0 | 0 |
| | | |
| 5 North Chemical | | |
| Dependency Rehabilitation | 0 | 0 |
| Nursery/ OB Couplets | 0 | 0 |
| Neonatal Intensive Care | | |
| Unit | 0 | 0 |
| 3 North - Medical/ Surgical | 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) |
|---|--|---|
| Labor and Delivery Unit- Delivery Room | 2 | 16 |
| Pre-surgical Testing- PST | 2 | 16 |
| Hyperbaric Oxygen and | | - |
| Wound Care Center | 2 | 16 |
| Special Procedures | 0 | 0 |
| Post Acute Care Unit -PACU | 1 | 8 |
| Ambulatory Surgery | 1 | 8 |
| Operating Room | 2 | 16 |
| Emergency Department | 2 | 16 |
| 3 East Medical Surgical | 2 | 16 |
| 4 East- Acute Inpatient | | |
| Rehabilitation | 2 | 16 |
| Intensive Care Unit | 2 | 16 |

| 2 North- Medically | | |
|------------------------------|---|----|
| Managed Withdrawal and | | |
| Stabilization | 0 | 0 |
| 3 West Pediatrics/ Pediatric | | |
| and Adult Acute | | |
| Rehabilitation | 1 | 8 |
| | | |
| 5 North Chemical | | |
| Dependency Rehabilitation | 1 | 8 |
| Nursery/ OB Couplets | 1 | 8 |
| Neonatal Intensive Care | | |
| Unit | 0 | 0 |
| 3 North - Medical/ Surgical | 2 | 16 |

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 4 digits. Ex: 10.50) | 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 4 digits. Ex: 10.50) |
|---|--|---|
| Labor and Delivery Unit- | uigits. Lx. 10.30) | |
| Delivery Room | 1 | 7.27 |
| Pre-surgical Testing- PST | 1 | 0.44 |
| Hyperbaric Oxygen and | | |
| Wound Care Center | 0 | 0 |
| Special Procedures | 0 | 0 |
| Post Acute Care Unit -PACU | 1.5 | 0.49 |
| Ambulatory Surgery | 2.88 | 0.57 |
| Operating Room | 9 | 3.09 |
| Emergency Department | 2.5 | 1.55 |
| 3 East Medical Surgical | 6 | 1.37 |

| 4 East- Acute Inpatient | | |
|------------------------------|---|------|
| Rehabilitation | 5 | 0.91 |
| Intensive Care Unit | 2 | 1 |
| 2 North- Medically | | |
| Managed Withdrawal and | | |
| Stabilization | 2 | 0.8 |
| 3 West Pediatrics/ Pediatric | | |
| and Adult Acute | | |
| Rehabilitation | 3 | 1.33 |
| | | |
| 5 North Chemical | | |
| Dependency Rehabilitation | 1 | 0.2 |
| Nursery/ OB Couplets | 2 | 0.47 |
| Neonatal Intensive Care | | |
| Unit | 0 | 0 |
| 3 North - Medical/ Surgical | 3 | 1.5 |

DAY SHIFT ADDITIONAL RESOURCES

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the | Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, |
|--|---|
| unit's location in the hospital. | licensed practical nurses, and ancillary staff. |
| • | 1 Nursing assistant 3 days a |
| Labor and Delivery Unit- | week 7a-7p; 1 on call RN as |
| Delivery Room | needed |
| | 2 Nurse Practitioners- 3x |
| Pre-surgical Testing- PST | week |

| Hyperbaric Oxygen and | |
|------------------------------|------------------------------|
| Wound Care Center | None |
| Special Procedures | None |
| | |
| Post Acute Care Unit -PACU | None |
| Ambulatory Surgery | None |
| Operating Room | None |
| Emergency Department | None |
| | |
| | Admission/ Discharge RN |
| 3 East Medical Surgical | (11a-11p) on 3 variable days |
| 4 East- Acute Inpatient | |
| Rehabilitation | None |
| Intensive Care Unit | None |
| 2 North- Medically | |
| Managed Withdrawal and | |
| Stabilization | 1 Counselor |
| 3 West Pediatrics/ Pediatric | |
| and Adult Acute | |
| Rehabilitation | None |
| | |
| 5 North Chemical | |
| Dependency Rehabilitation | 1 Counselor |
| | 1 Transition Nurse with |
| | variable hours based on the |
| Nursery/ OB Couplets | census |
| Neonatal Intensive Care | |
| Unit | None |
| 3 North - Medical/ Surgical | None |
| | |

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): |
|---|---|--|---|---|
| Labor and Delivery Unit- | | | | |
| Delivery Room | Yes | | | |
| Pre-surgical Testing- PST | Yes | | | |
| Hyperbaric Oxygen and | | | | |
| Wound Care Center | Yes | | | |
| Special Procedures | Yes | | | |
| Post Acute Care Unit -PACU Ambulatory Surgery | Yes Yes | | | |
| Operating Room | Yes | | | |
| Emergency Department | Yes | | | |
| 3 East Medical Surgical | Yes | | | |
| 4 East- Acute Inpatient Rehabilitation | Yes | | | |
| Intensive Care Unit | Yes | | | |
| 2 North- Medically Managed Withdrawal and Stabilization | Yes | | | |
| 3 West Pediatrics/ Pediatric and Adult Acute Rehabilitation | Yes | | | |
| 5 North Chemical Dependency Rehabilitation | Yes | | | |
| Nursery/ OB Couplets | Yes | | | |
| Neonatal Intensive Care Unit | Yes | | | |
| 3 North - Medical/ Surgical | Yes | | | |

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the | Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50) | Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please | Planned average number of patients on the unit per day on the Evening Shift? (Please provide a | What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please |
|--|---|--|--|---|
| unit's location in the hospital. | | provide a number with up to 4 digits. Ex: 10.50) | number with up to 4 digits. Ex: 10.50) | provide a number with up to 4 digits. Ex: 10.50)? |
| Labor and Delivery- Delivery Room | 4 | 29.09 | 1.1 | 0.28 |
| Pre-Surgical Testing | 0 | 0 | 0 | 0 |
| Hyperbaric Oxygen and Wound Care Center | 0 | 0 | 0 | 0 |
| Special Procedures | 0 | 0 | 0 | 0 |
| Post Acute Care Unit- PACU | 5 | 2.61 | 15.3 | 3.06 |
| Ambulatory Surgery Unit | 1.44 | 1.32 | 8.7 | 6.04 |
| Operating Room | 3 | 3.08 | 7.8 | 2.6 |
| Emergency Department- ED | 7 | 3.39 | 16.5 | 2.36 |
| 3 East Medical Surgical | 6 | 1.37 | 35 | 5.83 |
| 4 East- Acute Inpatient Rehabilitation | 7 | 1.27 | 44 | 6.29 |
| Intensive Care Unit | 8 | 4 | 16 | 2 |
| 2 North- Medically Managed Withdrawal and Stabilization | 3 | 1.2 | 20 | 6.67 |
| 3 West Pediatrics/ Pediatric and Adult Acute Inpatient Rehabilitation | 3 | 1.33 | 18 | 6 |
| 5 North/ South- Chemical Dependency Inpatient | 3 | 2.00 | 10 | 3 |
| Rehabilitation | 3 | 0.6 | 40 | 13.33 |

| Nursery/ OB Couplets | 6 | 1.41 | 34 | 5.67 |
|------------------------------|---|------|----|-------|
| Neonatal Intensive Care | | | | |
| Unit | 4 | 3.56 | 9 | 2.25 |
| | | | | |
| 3 North - Medical / Surgical | 3 | 1.5 | 16 | 5.33 |
| 5 North/ South- Chemical | | | | |
| Dependency Inpatient | | | | |
| Rehabilitation | 3 | 0.6 | 40 | 13.33 |

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) |
|---|--|--|
| Labor and Delivery- Delivery | | . , |
| Room | 0 | 0 |
| Pre-Surgical Testing | 0 | 0 |
| Hyperbaric Oxygen and | | |
| Wound Care Center | 0 | 0 |
| Special Procedures | 0 | 0 |
| Post Acute Care Unit- PACU | 0 | 0 |
| Ambulatory Surgery Unit | 0 | 0 |
| Operating Room | 0 | 0 |
| Emergency Department- ED | 0 | 0 |
| 3 East Medical Surgical | 0 | 0 |
| 4 East- Acute Inpatient Rehabilitation | 0 | 0 |
| Intensive Care Unit | 0 | 0 |
| 2 North- Medically Managed Withdrawal and Stabilization | 0 | 0 |

| 2 West Dedictries / Dedictrie | | |
|-------------------------------|---|---|
| 3 West Pediatrics/ Pediatric | | |
| and Adult Acute Inpatient | | |
| Rehabilitation | 0 | 0 |
| 5 North/ South- Chemical | | |
| Dependency Inpatient | | |
| Rehabilitation | 0 | 0 |
| Nursery/ OB Couplets | 0 | 0 |
| Neonatal Intensive Care | | |
| Unit | 0 | 0 |
| | | |
| 3 North - Medical / Surgical | 0 | 0 |
| 5 North/ South- Chemical | | |
| Dependency Inpatient | | |
| Rehabilitation | 0 | 0 |

EVENING SHIFT ANCILLARY STAFF

| EVENING SHILL ANCIELANT S | | |
|---|--|---|
| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50) | Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50) |
| Labor and Delivery- Delivery | , | , |
| Room | 0 | 0 |
| Pre-Surgical Testing | 0 | 0 |
| Hyperbaric Oxygen and | | |
| Wound Care Center | 0 | 0 |
| Special Procedures | 0 | 0 |
| Post Acute Care Unit- PACU | 0 | 0 |
| Ambulatory Surgery Unit | 0 | 0 |
| Operating Room | 0 | 0 |
| Emergency Department- ED | 1 | 8 |

| 3 East Medical Surgical | 1 | 8 |
|------------------------------|---|----|
| 4 East- Acute Inpatient | | |
| Rehabilitation | 1 | 8 |
| Intensive Care Unit | 2 | 12 |
| 2 North- Medically | | |
| Managed Withdrawal and | | |
| Stabilization | 0 | 0 |
| 3 West Pediatrics/ Pediatric | | |
| and Adult Acute Inpatient | | |
| Rehabilitation | 0 | 0 |
| 5 North/ South- Chemical | | |
| Dependency Inpatient | | |
| Rehabilitation | 0 | 0 |
| Nursery/ OB Couplets | 0 | 0 |
| Neonatal Intensive Care | | |
| Unit | 0 | 0 |
| | | |
| 3 North - Medical / Surgical | 1 | 4 |
| 5 North/ South- Chemical | | |
| Dependency Inpatient | | |
| Rehabilitation | 1 | 8 |
| 1 ' ' | 1 | 8 |

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) |
|---|--|---|
| Labor and Delivery- Delivery | | |
| Room | 1 | 7.27 |
| Pre-Surgical Testing | 0 | 0 |
| Hyperbaric Oxygen and | | |
| Wound Care Center | 0 | 0 |
| Special Procedures | 0 | 0 |

| Post Acute Care Unit- PACU | 1.5 | 0.78 |
|------------------------------|------|------|
| Ambulatory Surgery Unit | 0.88 | 0.81 |
| Operating Room | 3 | 3.08 |
| | | |
| Emergency Department- ED | 3 | 1.45 |
| 3 East Medical Surgical | 6 | 1.37 |
| 4 East- Acute Inpatient | | |
| Rehabilitation | 5 | 0.91 |
| Intensive Care Unit | 2 | 1 |
| 2 North- Medically | | |
| Managed Withdrawal and | | |
| Stabilization | 2 | 0.8 |
| 3 West Pediatrics/ Pediatric | | |
| and Adult Acute Inpatient | | |
| Rehabilitation | 3 | 1.33 |
| 5 North/ South- Chemical | | |
| Dependency Inpatient | | |
| Rehabilitation | 1 | 0.2 |
| Nursery/ OB Couplets | 2 | 0.47 |
| Neonatal Intensive Care | | |
| Unit | 0 | 0 |
| | | |
| 3 North - Medical / Surgical | 3 | 1.5 |
| 5 North/ South- Chemical | | |
| Dependency Inpatient | | |
| Rehabilitation | 1 | 0.2 |

EVENING SHIFT ADDITIONAL RESOURCES

| | Description of additional |
|------------------------------|-----------------------------|
| | resources available to |
| | support unit level |
| | patient care on the |
| | Evening Shift. These |
| | resources include but are |
| | not limited to unit |
| Provide a description of | clerical staff, |
| Clinical Unit, including a | admission/discharge |
| description of typical | nurse, and other |
| patient services provided | coverage provided to |
| on the unit and the | registered nurses, |
| unit's location in | licensed practical nurses, |
| the hospital. | and ancillary staff. |
| | 1 Nursing Assistant 3x week |
| Labor and Delivery- Delivery | 7a-7p; 1 on call RN as |
| Room | needed |
| Pre-Surgical Testing | None |
| Hyperbaric Oxygen and | |
| Wound Care Center | None |
| Special Procedures | None |
| Deal As to Constitute BACH | News |
| Post Acute Care Unit- PACU | None |
| Ambulatory Surgery Unit | None |
| Operating Room | None |
| Emergency Department- ED | None |
| Emergency Department LD | Admission and discharge |
| | nurse scheduled for 3 |
| | variable days per week as |
| | needed, based on the OR |
| 3 East Medical Surgical | schedule |
| 4 East- Acute Inpatient | |
| Rehabilitation | None |
| Intensive Care Unit | None |
| | - |

| 2 North- Medically | |
|------------------------------|-----------------------------|
| Managed Withdrawal and | |
| Stabilization | None |
| 3 West Pediatrics/ Pediatric | |
| and Adult Acute Inpatient | |
| Rehabilitation | None |
| 5 North/ South- Chemical | |
| Dependency Inpatient | |
| Rehabilitation | 1 Counselor |
| | Transition nurse with |
| | variable hours based on the |
| Nursery/ OB Couplets | census |
| Neonatal Intensive Care | |
| Unit | None |
| | |
| 3 North - Medical / Surgical | None |
| 5 North/ South- Chemical | |
| Dependency Inpatient | |
| Rehabilitation | 1 Counselor |

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: | • . | Statement by members of clinical staffing committee selected by the general hospital administration (management members): | |
|---|---|-----|---|--|
| Labor and Delivery- Delivery | | | | |
| Room | Yes | | | |
| Pre-Surgical Testing | Yes | | | |
| Hyperbaric Oxygen and | | | | |
| Wound Care Center | Yes | | | |
| Special Procedures | Yes | | | |
| Post Acute Care Unit- PACU | | | | |
| Ambulatory Surgery Unit | Yes | | | |
| Operating Room | Yes | | | |

| Emergency Department- ED | Yes | | |
|------------------------------|-----|--|--|
| 3 East Medical Surgical | Yes | | |
| 4 East- Acute Inpatient | | | |
| Rehabilitation | Yes | | |
| Intensive Care Unit | Yes | | |
| 2 North- Medically | | | |
| Managed Withdrawal and | | | |
| Stabilization | Yes | | |
| 3 West Pediatrics/ Pediatric | | | |
| and Adult Acute Inpatient | | | |
| Rehabilitation | Yes | | |
| 5 North/ South- Chemical | | | |
| Dependency Inpatient | | | |
| Rehabilitation | Yes | | |
| Nursery/ OB Couplets | Yes | | |
| Neonatal Intensive Care | | | |
| Unit | Yes | | |
| | | | |
| 3 North - Medical / Surgical | Yes | | |
| 5 North/ South- Chemical | | | |
| Dependency Inpatient | | | |
| Rehabilitation | Yes | | |

| 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)? |
|---|---|---|---|---|
| Labor and Delivery- Delivery | | | | |
| Room | 4 | 29.09 | 1.1 | 0.28 |
| Pre-Surgical Testing- PST | 0 | 0 | 0 | 0 |
| Hyperbaric Oxygen and Wound Care | 0 | 0 | 0 | 0 |
| Special Procedures | 0 | 0 | 0 | 0 |
| Post Acute Care Unit - PACU | 1 | 2.58 | 3.1 | 3.1 |
| Ambulatory Surgery Unit | 0.69 | 1.35 | 4.1 | 5.94 |
| Operating Room- OR | 1 | 3.08 | 2.6 | 2.6 |
| Emergency Department | 4.5 | 3.4 | 10.6 | 2.36 |
| 3 East Medical Surgical 4 East- Acute Inpatient Rehabilitation | 6 7 | 1.37 | 35 44 | 5.83 6.29 |
| Intensive Care Unit | 8 | 4 | 16 | 2 |
| 2 North- Medically Managed Withdrawal and Stabilization | 3 | 1.2 | 20 | 6.67 |
| 3 West Acute Pediatrics/ Pediatric and Adult Inpatient Rehabilitation | 3 | 1.33 | 18 | 6 |
| 5 North Chemical Dependency Inpatient Rehabilittion | 3 | 0.6 | 40 | 13.33 |
| Nursery/ OB Couplets | 6 | 1.41 | 34 | 5.67 |
| Neonatal Intensive Care Unit | 4 | 3.56 | 9 | 2.25 |

| 3 North- Medical / Surgical | 3 | 1.5 | 16 | 5.33 |
|-----------------------------|---|-----|----|-------|
| 5 North Chemical | | | | |
| Dependency Inpatient | | | | |
| Rehabilittion | 3 | 0.6 | 40 | 13.33 |

LPN NIGHT SHIFT STAFFING

| 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) |
| Labor and Delivery- Delivery | | |
| Room | 0 | 0 |
| Pre-Surgical Testing- PST | 0 | 0 |
| Hyperbaric Oxygen and | | |
| Wound Care | 0 | 0 |
| Special Procedures | 0 | 0 |
| Post Acute Care Unit - PACU | 0 | 0 |
| Ambulatory Surgery Unit | 0 | 0 |
| Operating Room- OR | 0 | 0 |
| Emergency Department | 0 | 0 |
| 3 East Medical Surgical | 0 | 0 |
| 4 East- Acute Inpatient Rehabilitation | 0 | 0 |
| Intensive Care Unit | 0 | 0 |
| 2 North- Medically | | |
| Managed Withdrawal and | | |
| Stabilization | 0 | 0 |
| 3 West Acute Pediatrics/ | | |
| Pediatric and Adult | | |
| Inpatient Rehabilitation | 0 | 0 |

| 5 North Chemical | | |
|-----------------------------|---|---|
| Dependency Inpatient | | |
| Rehabilittion | 0 | 0 |
| Nursery/ OB Couplets | 0 | 0 |
| Neonatal Intensive Care | | |
| Unit | 0 | 0 |
| | | |
| 3 North- Medical / Surgical | 0 | 0 |
| 5 North Chemical | | |
| Dependency Inpatient | | |
| Rehabilittion | 0 | 0 |

NIGHT SHIFT ANCILLARY STAFF

| NIGHT SHIFT ANCILLARY STA | 1 1 | |
|---|--|---|
| 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) |
| Labor and Delivery- Delivery | | |
| Room | 0 | 0 |
| Pre-Surgical Testing- PST | 0 | 0 |
| Hyperbaric Oxygen and | | |
| Wound Care | 0 | 0 |
| Special Procedures | 0 | 0 |
| | | |
| Post Acute Care Unit - PACU | 0 | 0 |
| Ambulatory Surgery Unit | 0 | 0 |
| Operating Room- OR | 0 | 0 |
| Emergency Department | 1 | 8 |
| 3 East Medical Surgical | 0 | 0 |
| 4 East- Acute Inpatient | | |
| Rehabilitation | 0 | 0 |
| Intensive Care Unit | 1 | 8 |

| 2 North- Medically | | |
|-----------------------------|---|---|
| Managed Withdrawal and | | |
| Stabilization | 0 | 0 |
| 3 West Acute Pediatrics/ | | |
| Pediatric and Adult | | |
| Inpatient Rehabilitation | 0 | 0 |
| 5 North Chemical | | |
| Dependency Inpatient | | |
| Rehabilittion | 0 | 0 |
| Nursery/ OB Couplets | 0 | 0 |
| Neonatal Intensive Care | | |
| Unit | 0 | 0 |
| | | |
| 3 North- Medical / Surgical | 0 | 0 |
| 5 North Chemical | | |
| Dependency Inpatient | | |
| Rehabilittion | 1 | 8 |

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) |
|---|--|---|
| Labor and Delivery- Delivery Room | 1 | 7.27 |
| Pre-Surgical Testing- PST | 0 | 0 |
| Hyperbaric Oxygen and Wound Care | 0 | 0 |
| Special Procedures | 0 | 0 |
| Post Acute Care Unit - PACU | 0 | 0 |
| Ambulatory Surgery Unit Operating Room- OR | 0.25 1 | 0.49 3.08 |

| Emergency Department | 2 | 1.51 |
|-----------------------------|---|------|
| 3 East Medical Surgical | 6 | 1.37 |
| 4 East- Acute Inpatient | | |
| Rehabilitation | 5 | 0.91 |
| Intensive Care Unit | 2 | 1 |
| 2 North- Medically | | |
| Managed Withdrawal and | | |
| Stabilization | 2 | 0.8 |
| 3 West Acute Pediatrics/ | | |
| Pediatric and Adult | | |
| Inpatient Rehabilitation | 3 | 1.33 |
| 5 North Chemical | | |
| Dependency Inpatient | | |
| Rehabilittion | 1 | 0.2 |
| Nursery/ OB Couplets | 2 | 0.47 |
| Neonatal Intensive Care | | |
| Unit | 0 | 0 |
| | | |
| 3 North- Medical / Surgical | 3 | 1.5 |
| 5 North Chemical | | |
| Dependency Inpatient | | |
| Rehabilittion | 0 | 0 |

NIGHT SHIFT ADDITIONAL RESOURCES

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the | 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, |
|--|---|
| unit's location in | licensed practical nurses, |
| the hospital. | and ancillary staff. |
| Labor and Delivery- Delivery | |
| Room | None |
| Pre-Surgical Testing- PST | None |
| Hyperbaric Oxygen and | |
| Wound Care | None |
| Special Procedures | None |
| Post Acute Care Unit - PACU Ambulatory Surgery Unit | None None |
| Operating Room- OR | None |
| Emergency Department | None |
| 3 East Medical Surgical | None |
| 4 East- Acute Inpatient | 140110 |
| Rehabilitation | None |
| Intensive Care Unit | 1 ANCC |
| 2 North- Medically | |
| Managed Withdrawal and | |
| Stabilization | None |
| 3 West Acute Pediatrics/ | |
| Pediatric and Adult | |
| Inpatient Rehabilitation | None |

| 5 North Chemical | |
|-----------------------------|-------------------------|
| Dependency Inpatient | |
| Rehabilittion | None |
| | Transitional Nurse with |
| | variable hours based on |
| Nursery/ OB Couplets | census |
| Neonatal Intensive Care | |
| Unit | None |
| | |
| 3 North- Medical / Surgical | None |
| 5 North Chemical | |
| Dependency Inpatient | |
| Rehabilittion | None |

NIGHT SHIFT CONSENSUS INFORMATION

| the hospital. | 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): |
|------------------------------|--|--|---|---|
| Labor and Delivery- Delivery | | | | |
| Room | Yes | | | |
| Pre-Surgical Testing- PST | Yes | | | |
| Hyperbaric Oxygen and | | | | |
| Wound Care | Yes | | | |
| Special Procedures | Yes | | | |
| Post Acute Care Unit - PACU | Yes | | | |
| Ambulatory Surgery Unit | Yes | | | |
| Operating Room- OR | Yes | | | |
| Emergency Department | Yes | | | |
| 3 East Medical Surgical | Yes | | | |
| 4 East- Acute Inpatient | | | | |
| Rehabilitation | Yes | | | |

| Laterative Constitution | | | |
|-----------------------------|-----|--|--|
| Intensive Care Unit | Yes | | |
| 2 North- Medically | | | |
| Managed Withdrawal and | | | |
| Stabilization | Yes | | |
| 3 West Acute Pediatrics/ | | | |
| Pediatric and Adult | | | |
| Inpatient Rehabilitation | Yes | | |
| 5 North Chemical | | | |
| Dependency Inpatient | | | |
| Rehabilittion | Yes | | |
| Nursery/ OB Couplets | Yes | | |
| Neonatal Intensive Care | | | |
| Unit | Yes | | |
| | | | |
| 3 North- Medical / Surgical | Yes | | |
| 5 North Chemical | | | |
| Dependency Inpatient | | | |
| Rehabilittion | Yes | | |

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 **Please select association and identify staff State (e.g. nurses, ancillary staff, etc.) Nurses represented. Associatio n

| Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date: | 03/31/20 26 12:00 AM |
|---|----------------------------|
| The number of hospital employees represented by New York State Nurses Association is: | 320 |