

## HOSPITAL INFORMATION

|                                    |                                      |
|------------------------------------|--------------------------------------|
| <b>Region</b>                      | Metropolitan Area<br>Regional Office |
| <b>County</b>                      | Suffolk                              |
| <b>Council</b>                     | Long Island                          |
| <b>Network</b>                     | NORTHWELL<br>HEALTH                  |
| <b>Reporting Organization</b>      | Huntington<br>Hospital               |
| <b>Reporting Organization Id</b>   | 0913                                 |
| <b>Reporting Organization Type</b> | Hospital (pfi)                       |
| <b>Data Entity</b>                 | Huntington<br>Hospital               |

RN DAY SHIFT STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50) | Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) | Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50) | What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ? |
|---|---|---|---|--|
| Behavioral Health   | 3   | 1.3   | 19  | 6.3  |
| Pediatrics  | 1   | 2.7   | 3   | 3  |
| Mother/Baby   | 2   | 1.3   | 12  | 6  |
| Medical/Surgical - 1 North  | 3   | 1.5   | 16  | 5.3  |
| Medical/Surgical - 2 North  | 3   | 1.5   | 16  | 5.3  |
| Medical Surgical - 2 Southwest  | 2   | 1.3   | 12  | 6  |
| Medical/Surgical 2 South  | 2   | 1.1   | 14  | 7  |
| Medical/Surgical - 5 South  | 3   | 1.5   | 22  | 5.5  |
| Medical/Surgical - 5 East   | 3   | 1.4   | 23  | 5.8  |
| Telemetry 3 East  | 4   | 1.5   | 21  | 6.25   |
| Telemetry - 3 North   | 4   | 1.5   | 22  | 5.5  |
| Step Down - SICU  | 2   | 2.3   | 7   | 3.5  |
| Critical Care - ICU   | 5   | 4   | 10  | 2  |
| Critical Care - CCU   | 5   | 4.4   | 9   | 1.8  |

LPN DAY SHIFT STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50) | Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) |
|---|--|--|
| Behavioral Health   | 0  | 0  |
| Pediatrics  | 0  | 0  |
| Mother/Baby   | 0  | 0  |
| Medical/Surgical - 1 North  | 0  | 0  |
| Medical/Surgical - 2 North  | 0  | 0  |
| Medical Surgical - 2 Southwest  | 0  | 0  |
| Medical/Surgical 2 South  | 0  | 0  |
| Medical/Surgical - 5 South  | 0  | 0  |
| Medical/Surgical - 5 East   | 0  | 0  |
| Telemetry 3 East  | 0  | 0  |
| Telemetry - 3 North   | 0  | 0  |
| Step Down - SICU  | 0  | 0  |
| Critical Care - ICU   | 0  | 0  |
| Critical Care - CCU   | 0  | 0  |

DAY SHIFT ANCILLARY STAFF

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|---|--|
| Behavioral Health  | 2.7   | 1.5  |
| Pediatrics   | 1.35  | 0.75   |
| Mother/Baby  | 2   | 1.2  |
| Medical/Surgical - 1 North   | 3.3   | 1.44   |
| Medical/Surgical - 2 North   | 3.6   | 1.64   |
| Medical Surgical - 2 Southwest   | 2.7   | 2.1  |
| Medical/Surgical 2 South   | 2.7   | 1.5  |
| Medical/Surgical - 5 South   | 3.6   | 1.23   |
| Medical/Surgical - 5 East  | 3.6   | 1.23   |
| Telemetry 3 East   | 3.7   | 1.33   |
| Telemetry - 3 North  | 3.7   | 1.23   |
| Step Down - SICU   | 1.2   | 1.2  |
| Critical Care - ICU  | 2.3   | 1.9  |
| Critical Care - CCU  | 1.9   | 1.6  |

**DAY SHIFT UNLICENSED STAFFING**

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|---|--|
| Behavioral Health  | 2   | 0.84   |

|                                |   |      |
|--------------------------------|---|------|
| Pediatrics                     | 1 | 2.7  |
| Mother/Baby                    | 1 | 0.63 |
| Medical/Surgical - 1 North     | 3 | 1.41 |
| Medical/Surgical - 2 North     | 3 | 1.41 |
| Medical Surgical - 2 Southwest | 2 | 1.25 |
| Medical/Surgical 2 South       | 2 | 1.07 |
| Medical/Surgical - 5 South     | 4 | 1.36 |
| Medical/Surgical - 5 East      | 4 | 1.3  |
| Telemetry 3 East               | 4 | 1.45 |
| Telemetry - 3 North            | 4 | 1.38 |
| Step Down - SICU               | 1 | 1.1  |
| Critical Care - ICU            | 1 | 0.75 |
| Critical Care - CCU            | 1 | 0.83 |

DAY SHIFT ADDITIONAL RESOURCES

|   |   |
|---|---|
| <p><b>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.</b></p> | <p><b>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, licensed practical nurses, and ancillary staff.</b></p> |
| Behavioral Health   | 1 Unit Secretary & 1 Charge RN/ Manager /ANM  |
| Pediatrics  | 1 Charge RN/ Manager /ANM   |

|                                   |   |
|-----------------------------------|---|
| Mother/Baby                       | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Medical/Surgical - 1 North        | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Medical/Surgical - 2 North        | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Medical Surgical - 2<br>Southwest | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Medical/Surgical 2 South          | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Medical/Surgical - 5 South        | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Medical/Surgical - 5 East         | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Telemetry 3 East                  | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Telemetry - 3 North               | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Step Down - SICU                  | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Critical Care - ICU               | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |
| Critical Care - CCU               | 1 Unit Secretary & 1 Charge<br>RN/ Manager /ANM |

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): |
|---|--|--|---|---|
| Behavioral Health   | Yes  |  |   |   |
| Pediatrics  | Yes  |  |   |   |
| Mother/Baby   | Yes  |  |   |   |
| Medical/Surgical - 1 North  | Yes  |  |   |   |
| Medical/Surgical - 2 North  | Yes  |  |   |   |
| Medical Surgical - 2 Southwest  | Yes  |  |   |   |
| Medical/Surgical 2 South  | Yes  |  |   |   |
| Medical/Surgical - 5 South  | Yes  |  |   |   |
| Medical/Surgical - 5 East   | Yes  |  |   |   |
| Telemetry 3 East  | Yes  |  |   |   |
| Telemetry - 3 North   | Yes  |  |   |   |
| Step Down - SICU  | Yes  |  |   |   |
| Critical Care - ICU   | Yes  |  |   |   |
| Critical Care - CCU   | Yes  |  |   |   |

**RN EVENING SHIFT STAFFING**

| <b>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.</b> | <b>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)</b> | <b>Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b> | <b>Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b> | <b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?</b> |
|--|--|--|--|--|
| Behavioral Health  | 3  | 1.3  | 19   | 6.3  |
| Pediatrics   | 1  | 2.7  | 3  | 3  |
| Mother/Baby  | 2  | 1.3  | 12   | 6  |
| Medical/Surgical - 1 North   | 3  | 1.5  | 16   | 5.3  |
| Medical/Surgical - 2 North   | 3  | 1.5  | 16   | 5.3  |
| Medical Surgical - 2 Southwest   | 2  | 1.3  | 12   | 6  |
| Medical/Surgical - 2 South   | 2  | 1.1  | 14   | 7  |
| Medical/Surgical - 5 South   | 4  | 1.5  | 22   | 5.5  |
| Medical/Surgical - 5 East  | 4  | 1.4  | 23   | 5.8  |
| Telemetry - 3 East   | 4  | 1.5  | 21   | 6.25   |
| Telemetry - 3 North  | 4  | 1.5  | 22   | 5.5  |
| Step Down - SICU   | 2  | 2.3  | 7  | 3.5  |
| Critical Care - ICU  | 5  | 4  | 10   | 2  |
| Critical Care - CCU  | 5  | 4.4  | 9  | 1.8  |

**LPN EVENING SHIFT STAFFING**



| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|---|---|
| Behavioral Health  | 0   | 0   |
| Pediatrics   | 0   | 0   |
| Mother/Baby  | 0   | 0   |
| Medical/Surgical - 1 North   | 0   | 0   |
| Medical/Surgical - 2 North   | 0   | 0   |
| Medical Surgical - 2 Southwest   | 0   | 0   |
| Medical/Surgical - 2 South   | 0   | 0   |
| Medical/Surgical - 5 South   | 0   | 0   |
| Medical/Surgical - 5 East  | 0   | 0   |
| Telemetry - 3 East   | 0   | 0   |
| Telemetry - 3 North  | 0   | 0   |
| Step Down - SICU   | 0   | 0   |
| Critical Care - ICU  | 0   | 0   |
| Critical Care - CCU  | 0   | 0   |

**EVENING SHIFT ANCILLARY STAFF**

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|---|--|
| Behavioral Health  | 2.7   | 1.5  |
| Pediatrics   | 1.35  | 0.75   |

|                                |     |     |
|--------------------------------|-----|-----|
| Mother/Baby                    | 0   | 0   |
| Medical/Surgical - 1 North     | 0.3 | 0.1 |
| Medical/Surgical - 2 North     | 0.3 | 0.1 |
| Medical Surgical - 2 Southwest | 0.3 | 0.2 |
| Medical/Surgical - 2 South     | 0.3 | 0.2 |
| Medical/Surgical - 5 South     | 0.3 | 0.1 |
| Medical/Surgical - 5 East      | 0.3 | 0.1 |
| Telemetry - 3 East             | 0.3 | 0.1 |
| Telemetry - 3 North            | 0.3 | 0.1 |
| Step Down - SICU               | 0.2 | 0.2 |
| Critical Care - ICU            | 0.5 | 0.4 |
| Critical Care - CCU            | 0.5 | 0.4 |

**EVENING SHIFT UNLICENSED STAFFING**

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|--|--|
| Behavioral Health  | 2  | 0.84   |
| Pediatrics   | 1  | 2.7  |
| Mother/Baby  | 1  | 0.63   |
| Medical/Surgical - 1 North   | 2  | 0.94   |
| Medical/Surgical - 2 North   | 2  | 0.94   |
| Medical Surgical - 2 Southwest   | 2  | 1.25   |
| Medical/Surgical - 2 South   | 2  | 1.07   |
| Medical/Surgical - 5 South   | 3  | 1.02   |
| Medical/Surgical - 5 East  | 3  | 0.98   |
| Telemetry - 3 East   | 4  | 1.45   |
| Telemetry - 3 North  | 4  | 1.38   |
| Step Down - SICU   | 1  | 1.1  |
| Critical Care - ICU  | 1  | 0.75   |

|                     |   |      |
|---------------------|---|------|
| Critical Care - CCU | 1 | 0.83 |
|---------------------|---|------|

EVENING SHIFT ADDITIONAL RESOURCES

| <p><b>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.</b></p> | <p><b>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p> |
|---|---|
| Behavioral Health   | 1 Unit Secretary & 1 Charge RN/ Manager /ANM  |
| Pediatrics  | 1 Charge RN/ Manager /ANM   |
| Mother/Baby   | 1 Unit Secretary & 1 Charge RN/ Manager /ANM  |
| Medical/Surgical - 1 North  | 1 Unit Secretary & 1 Charge RN/ Manager /ANM  |
| Medical/Surgical - 2 North  | 1 Unit Secretary & 1 Charge RN/ Manager /ANM  |
| Medical Surgical - 2 Southwest  | 1 Unit Secretary & 1 Charge RN/ Manager /ANM  |
| Medical/Surgical - 2 South  | 1 Unit Secretary & 1 Charge RN/ Manager /ANM  |

|                            |  |
|----------------------------|--|
| Medical/Surgical - 5 South | 1 Unit Secretary & 1 Charge RN/ Manager /ANM |
| Medical/Surgical - 5 East  | 1 Unit Secretary & 1 Charge RN/ Manager /ANM |
| Telemetry - 3 East         | 1 Unit Secretary & 1 Charge RN/ Manager /ANM |
| Telemetry - 3 North        | 1 Unit Secretary & 1 Charge RN/ Manager /ANM |
| Step Down - SICU           | 1 Unit Secretary & 1 Charge RN/ Manager /ANM |
| Critical Care - ICU        | 1 Unit Secretary & 1 Charge RN/ Manager /ANM |
| Critical Care - CCU        | 1 Unit Secretary & 1 Charge RN/ Manager /ANM |

**EVENING SHIFT CONSENSUS INFORMATION**

| <b>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.</b> | <b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b> | <b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b> | <b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b> |  |
|--|---|---|--|--|
| Behavioral Health  | Yes   |   |  |  |
| Pediatrics   | Yes   |   |  |  |
| Mother/Baby  | Yes   |   |  |  |
| Medical/Surgical - 1 North   | Yes   |   |  |  |
| Medical/Surgical - 2 North   | Yes   |   |  |  |
| Medical Surgical - 2 Southwest   | Yes   |   |  |  |
| Medical/Surgical - 2 South   | Yes   |   |  |  |
| Medical/Surgical - 5 South   | Yes   |   |  |  |

|                           |     |  |  |  |
|---------------------------|-----|--|--|--|
| Medical/Surgical - 5 East | Yes |  |  |  |
| Telemetry - 3 East        | Yes |  |  |  |
| Telemetry - 3 North       | Yes |  |  |  |
| Step Down - SICU          | Yes |  |  |  |
| Critical Care - ICU       | Yes |  |  |  |
| Critical Care - CCU       | Yes |  |  |  |

**RN NIGHT SHIFT STAFFING**

| <b>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.</b> | <b>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)</b> | <b>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)</b> | <b>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)</b> | <b>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)?</b> |
|--|--|--|--|--|
| Behavioral Health  | 3  | 1.3  | 19   | 6.3  |
| Pediatrics   | 1  | 2.7  | 3  | 3  |
| Mother/Baby  | 2  | 1.3  | 12   | 6  |
| Medical/Surgical 1 North   | 3  | 1.5  | 16   | 5.3  |
| Medical/Surgical - 2 North   | 3  | 1.5  | 16   | 5.3  |
| Medical/Surgical - 2 Southwest   | 2  | 1.3  | 12   | 6  |
| Medical/Surgical - 2 South   | 2  | 1.1  | 14   | 7  |
| Medical/Surgical - 5 South   | 4  | 1.5  | 22   | 5.5  |
| Medical/Surgical - 5 East  | 4  | 1.4  | 23   | 5.8  |
| Telemetry - 3 East   | 4  | 1.5  | 21   | 6.25   |
| Telemetry - 3 North  | 4  | 1.5  | 22   | 5.5  |
| Step Down - SICU   | 2  | 2.3  | 7  | 3.5  |
| Critical Care - ICU  | 5  | 4  | 10   | 2  |
| Critical Care - CCU  | 5  | 4.4  | 9  | 1.8  |

**LPN NIGHT SHIFT STAFFING**

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|---|---|
| Behavioral Health  | 0   | 0   |

|                                |   |   |
|--------------------------------|---|---|
| Pediatrics                     | 0 | 0 |
| Mother/Baby                    | 0 | 0 |
| Medical/Surgical 1 North       | 0 | 0 |
| Medical/Surgical - 2 North     | 0 | 0 |
| Medical/Surgical - 2 Southwest | 0 | 0 |
| Medical/Surgical - 2 South     | 0 | 0 |
| Medical/Surgical - 5 South     | 0 | 0 |
| Medical/Surgical - 5 East      | 0 | 0 |
| Telemetry - 3 East             | 0 | 0 |
| Telemetry - 3 North            | 0 | 0 |
| Step Down - SICU               | 0 | 0 |
| Critical Care - ICU            | 0 | 0 |
| Critical Care - CCU            | 0 | 0 |

NIGHT SHIFT ANCILLARY STAFF

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|---|--|
| Behavioral Health  | 2.7   | 1.5  |
| Pediatrics   | 1.35  | 0.75   |
| Mother/Baby  | 0   | 0  |
| Medical/Surgical 1 North   | 0.2   | 0.1  |
| Medical/Surgical - 2 North   | 0.2   | 0.1  |
| Medical/Surgical - 2 Southwest   | 0.2   | 0.1  |
| Medical/Surgical - 2 South   | 0.2   | 0.1  |
| Medical/Surgical - 5 South   | 0.2   | 0.1  |
| Medical/Surgical - 5 East  | 0.2   | 0.1  |
| Telemetry - 3 East   | 0.2   | 0.1  |
| Telemetry - 3 North  | 0.2   | 0.1  |

|                     |     |     |
|---------------------|-----|-----|
| Step Down - SICU    | 0.1 | 0.1 |
| Critical Care - ICU | 0.3 | 0.2 |
| Critical Care - CCU | 0.3 | 0.3 |

NIGHT SHIFT UNLICENSED STAFFING

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|--|--|
| Behavioral Health  | 2  | 0.84   |
| Pediatrics   | 1  | 2.7  |
| Mother/Baby  | 1  | 0.63   |
| Medical/Surgical 1 North   | 2  | 0.94   |
| Medical/Surgical - 2 North   | 2  | 0.94   |
| Medical/Surgical - 2 Southwest   | 2  | 1.25   |
| Medical/Surgical - 2 South   | 2  | 1.07   |
| Medical/Surgical - 5 South   | 3  | 1.02   |
| Medical/Surgical - 5 East  | 3  | 0.98   |
| Telemetry - 3 East   | 3  | 1.09   |
| Telemetry - 3 North  | 3  | 1.04   |
| Step Down - SICU   | 1  | 1.1  |
| Critical Care - ICU  | 1  | 0.75   |
| Critical Care - CCU  | 1  | 0.83   |

NIGHT SHIFT ADDITIONAL RESOURCES



| <p><b>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.</b></p> | <p><b>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p> |
|---|---|
| Behavioral Health   | 1 Charge RN/ Manager /ANM   |
| Pediatrics  | 1 Charge RN/ Manager /ANM   |
| Mother/Baby   | 1 Charge RN/ Manager /ANM   |
| Medical/Surgical 1 North  | 1 Charge RN/ Manager /ANM   |
| Medical/Surgical - 2 North  | 1 Charge RN/ Manager /ANM   |
| Medical/Surgical - 2 Southwest  | 1 Charge RN/ Manager /ANM   |
| Medical/Surgical - 2 South  | 1 Charge RN/ Manager /ANM   |
| Medical/Surgical - 5 South  | 1 Charge RN/ Manager /ANM   |
| Medical/Surgical - 5 East   | 1 Charge RN/ Manager /ANM   |
| Telemetry - 3 East  | 1 Charge RN/ Manager /ANM   |
| Telemetry - 3 North   | 1 Charge RN/ Manager /ANM   |

|                     |                              |
|---------------------|------------------------------|
| Step Down - SICU    | 1 Charge RN/ Manager<br>/ANM |
| Critical Care - ICU | 1 Charge RN/ Manager<br>/ANM |
| Critical Care - CCU | 1 Charge RN/ Manager<br>/ANM |

**NIGHT SHIFT CONSENSUS INFORMATION**

| <b>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.</b> | <b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b> | <b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b> | <b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b> | <b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b> |
|--|---|---|--|--|
| Behavioral Health  | Yes   |   |  |  |
| Pediatrics   | Yes   |   |  |  |
| Mother/Baby  | Yes   |   |  |  |
| Medical/Surgical 1 North   | Yes   |   |  |  |
| Medical/Surgical - 2 North   | Yes   |   |  |  |
| Medical/Surgical - 2 Southwest   | Yes   |   |  |  |
| Medical/Surgical - 2 South   | Yes   |   |  |  |
| Medical/Surgical - 5 South   | Yes   |   |  |  |
| Medical/Surgical - 5 East  | Yes   |   |  |  |
| Telemetry - 3 East   | Yes   |   |  |  |
| Telemetry - 3 North  | Yes   |   |  |  |
| Step Down - SICU   | Yes   |   |  |  |
| Critical Care - ICU  | Yes   |   |  |  |
| Critical Care - CCU  | Yes   |   |  |  |

CBA INFORMATION

|   |  |
|---|--|
| <p><b>We have one or more collective bargaining agreements:</b></p>   |  |
| <p><b>If yes, then:</b></p> <p><b>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</b></p> <p><b>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.) represented.</b></p> |  |

Yes

Other

Huntingt  
on  
Hospital  
Nurses  
Associati  
on

**Please provide the name of the union:**