HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Westchester
Council	Mid-Hudson
Network	INDEPENDENT
Reporting Organization	St Josephs Medical Center
Reporting Organization Id	1098
Reporting Organization Type	Hospital (pfi)
Data Entity	St Josephs Medical Center

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)?
ASU per-surgical unit	2	4.2	6.7	4.02
within the operative suite. Post Anesthesia Care Unit	2 6	1.2 1.42	6.7 8.5	4.02 2.01
Endoscopy suite within the peri-operative services.	3.83	1.75	6.7	1
Emergency Department. treating patients needing emergency care including stroke, cardiac, fractures.	4	1.38	14	4.83
Operating Room	3.17	2.68	8.5	4.65
Hall 3 - Behavioral Unit	1	0.62	13	13
Hall 2 - Behavioral Health Unit	4	1.14	28	6
Hall 6 - Medical/Surgical/Telemetry Hall 5 - Medical/Surgical	3.33	1.33	20	6
Unit	2.67	1.33	16	6
Intensive Care Unit	3	4.8	5	1.67

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)
ASU per-surgical unit within the operative suite.	0	0
Post Anesthesia Care Unit	0	0
Endoscopy suite within the peri-operative services.	0	0
Emergency Department. treating patients needing emergency care including stroke, cardiac, fractures.	0	0
Operating Room	0	0
Hall 3 - Behavioral Unit	1	0.62
Hall 2 - Behavioral Health Unit	0	0
Hall 6 - Medical/Surgical/Telemetry	0	0
Hall 5 - Medical/Surgical Unit	0	0
Intensive Care Unit	0	0

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the 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)
ASU per-surgical unit	0.40	4.5
within the operative suite.	0.19	1.5
Post Anesthesia Care Unit	0.12	1
Endoscopy suite within the peri-operative services.	0.69	5.5
Emergency Department.		
treating patients needing		
emergency care including		
stroke, cardiac, fractures.	5.6	45
Operating Room	4	32
Hall 3 - Behavioral Unit	9.55	76.4
Hall 2 - Behavioral Health Unit	12.05	96.4
Hall 6 - Medical/Surgical/Telemetry	6.8	54.4
Hall 5 - Medical/Surgical		
Unit	6.8	54.4
Intensive Care Unit	4.3	34.4

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)
ASU per-surgical unit	4.25	10
within the operative suite. Post Anesthesia Care Unit	1.25	10
Post Anestnesia Care Unit	1.25	10
Endoscopy suite within the peri-operative services.	2.25	18
Emergency Department.		
treating patients needing		
emergency care including		
stroke, cardiac, fractures.	2.3	26.5
Operating Room	6.5	52
Hall 3 - Behavioral Unit	1.45	11.6
Hall 2 - Behavioral Health Unit	2.95	23.6
Hall 6 - Medical/Surgical/Telemetry	3.2	25.6
Hall 5 - Medical/Surgical		
Unit	3.2	25.6
Intensive Care Unit	2.2	17.6

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.
ASU per-surgical unit	Unit Clerk, transporter,
within the operative suite.	Nursing Leadership, C.N.A.
The second secon	Unit clerk, transporter,
Post Anesthesia Care Unit	C.N.A, Nursing Leadership,
	transporter, Endo.
Endoscopy suite within the	technician, Nursing
peri-operative services.	Leadership. Anesthesiology.
	Unit clerk, transporter,
	Technicians, Physical
	Therapist, Psychiatrist,
Emergency Department.	Psych. Nurse Practitioner,
treating patients needing	ED physicians, Residents,
emergency care including	Respiratory Therapists,
stroke, cardiac, fractures.	Nursing Leadership.
	Unit clerk, Transporter,
	Instrument technician,
	surgical technicians,
	scheduler, Nursing
	Leadership,
Operating Room	Anessthesiologist.

Additional personnel supporting the RNs on the units include a transporter, social worker, activity therapist, Nurse Practitioner, Psych Leadership, EKG Technicians, physical therapists and a program director during the day, psychiatrists for days, evenings during the week and all shifts on the weekend and, for all shifts, Hospitalists, Residents, **Respiratory Therapists** and RN leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not intended to be at all times.

Hall 3 - Behavioral Unit

Additional personnel supporting the RNs on the units include a transporter, social workers, activity therapist, Nurse Practitioner, Psych Leadership, EKG Technicians and physical therapists during the day, psychiatrists for days, evenings during the week and all shifts on the weekend and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not

intended to be at all times.

Hall 2 - Behavioral Health Unit

Technology is utilized to assist in the treatment of these patients in the form of a beeper system which alerts the RN to a rhythm that needs to be addressed. Additional personnel supporting the RNs on the units include a transporter, case managers, EKG Technicians and physical therapists during the day and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not

Hall 6 - presented per shift and not Medical/Surgical/Telemetry intended to be at all times.

	Additional personnel
	supporting the RNs on the
	units include a transporter,
	case manager. EKG
	technicians and physical
	therapists during the day
	and, for all shifts,
	Hospitalists, Residents
	Respiratory Therapists and
	RN leadership.
	Sitters are assigned to the
	unit to provide for one-to-
	one patient observation as
	needed.
	All staffing levels are
Hall 5 - Medical/Surgical	presented per shift and not
Unit	intended to be at all times.
	Additional personnel
	supporting the RNs on the
	units include a transporter,
	case managers, EKG
	technicians, physical
	therapists and
	intensivists during the day
	and, for all shifts,
	Hospitalists, Residents,
	Respiratory Therapists and

Respiratory Therapists and RN Leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not intended to be at all Intensive Care Unit times.

Provide a description of Clinical Unit, including a description of typical patient services provided		If no, Chief Executive Officer	Statement by members of clinical staffing committee selected by	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses,
on the unit and the	Committee reached	Statement in support of	the general hospital	and ancillary members of
• •	consensus on the clinical	clinical staffing plan for	administration	the frontline team
the hospital.	staffing plan for this unit:	this unit:	(management members):	(employee members):
ASU per-surgical unit	.,			
within the operative suite.	Yes			
Post Anesthesia Care Unit	Yes			
Endoscopy suite within the				
peri-operative services.	Yes			
Emergency Department.		The RN staffing proposals are in sync under the new CBA. The unit clerk staffing is in sync for both sides as well. For the non RN related staffing, the CEO has reviewed input from both proposals, management and staff. Taking into consideration a number of factors including patient safety, patient satisfaction, historical success in staffing, fiscal viability and contractual staffing requirements, the CEO has selected the management	Management is working	
treating patients needing		proposal as the more	with staff towards the goal	Staff/union have not
emergency care including		effective and viable	of maintaining successful	provided a written
stroke, cardiac, fractures.	No	proposal.	staffing model.	statement
Operating Room	Yes			

Hall 3 - Behavioral Unit	Yes			
Hall 2 - Behavioral Health				
Unit	Yes			
		The RN staffing proposals		
		are in sync under the new		
		CBA. For the non RN related		
		staffing, the CEO has		
		reviewed input from both		
		proposals, management		
		and staff. Taking into		
		consideration a number of		
		factors including patient		
		safety, patient satisfaction,		
		historical success in staffing,		
		fiscal viability and		
		contractual staffing		
		requirements, the CEO has		
		selected the management		
		proposal as the more		
		effective and viable	The Committee has reached	
		proposal. with the following	consensus on the RN's and	
		exceptions. The CEO has	the Unit Clerks but not on	
		acknowledged staffs need	the CNAs. There is not	
		for additional unit clerk	sufficient telemetry volume	
		support during the night	to justify an independent	
		shift. Accordingly, he has	unit. Incorporated into the	
		approved the addition of a	RN staffing ratios, no RN	Staff/Union have not
Hall 6 -		night floating Unit Clerk to	will be assigned more than	provided a written
Medical/Surgical/Telemetry	No	address the need.	4 telemetry patient.	statement
			The Committee has	
		The RN staffing proposals	consensus on the RN's and	Staff/Union have not
Hall 5 - Medical/Surgical		are in sync under the new	the unit clerks but not on	provided a written
Unit	No	CBA.	the CNAs.	statement

		The CEO has reviewed input		
		from both proposals,		
		management and staff.		
		Taking into consideration a		
		number of factors including		
		patient safety, patient		
		satisfaction, historical		
		success in staffing, fiscal		
		viability		
		contractual staffing		
		requirements, the CEO has		
		selected the management		
		proposal as the more		Staff/Union have not
		effective and viable	There is consensus on RN	provided a written
Intensive Care Unit	No	proposal.	staffing, but not on CNAs.	statement

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
Emergency Department				
treating acute emergencies				
including stroke, cardiac, fractures.	6	0.73	40	4.87
Hall 3 - Behavioral Unit	1	0.62	13	13
Hall 2 - Behavioral Health	1	0.02	15	15
Unit	3	0.86	28	6
Hall 6 - Medical/Surgical/Telemetry	3.33	1.33	20	6
Hall 5 - Medical/Surgical				
Unit	2.67	1.33	16	6
Intensive Care Unit	3	4.8	5	1.67

LPN EVENING SHIFT STAFFING

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

Emergency Department		
treating acute emergencies		
including stroke, cardiac,		
fractures.	0	0
Hall 3 - Behavioral Unit	1	0.62
Hall 2 - Behavioral Health		
Unit	0	0
Hall 6 -		
Medical/Surgical/Telemetry	0	0
Hall 5 - Medical/Surgical		
Unit	0	0
Intensive Care Unit	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Emergency Department		
treating acute emergencies		
including stroke, cardiac,		
fractures.	3.75	30
Hall 3 - Behavioral Unit	1.97	15.8
Hall 2 - Behavioral Health		
Unit	2.97	23.8
Hall 6 -		
Medical/Surgical/Telemetry	1.27	10.2
Hall 5 - Medical/Surgical		
Unit	1.97	15.8
Intensive Care Unit	1.97	15.8

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)
Emergency Department		
treating acute emergencies including stroke, cardiac,		
fractures.	4	28
Hall 3 - Behavioral Unit	1.15	9.2
Hall 2 - Behavioral Health		
Unit	2.15	17.2
Hall 6 - Medical/Surgical/Telemetry	3.15	25.2
Hall 5 - Medical/Surgical		
Unit	3.15	25.2
Intensive Care Unit	2.15	17.2

EVENING SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff
the hospital. Emergency Department	and ancillary staff. Unit clerk, transporter, ED
treating acute emergencies	technicians, Psychiatrist, ED
including stroke, cardiac,	physician, Residents,
fractures.	Respiratory Therapist

Additional personnel supporting the RNs on the units include a transporter, social worker, activity therapist, Nurse Practitioner, Psych Leadership, EKG Technicians, physical therapists and a program director during the day, psychiatrists for days, evenings during the week and all shifts on the weekend and, for all shifts, Hospitalists, Residents, **Respiratory Therapists** and RN leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not intended to be at all times.

Hall 3 - Behavioral Unit

Additional personnel supporting the RNs on the units include a transporter, social workers, activity therapist, Nurse Practitioner, Psych Leadership, EKG Technicians and physical therapists during the day, psychiatrists for days, evenings during the week and all shifts on the weekend and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not

intended to be at all times.

Hall 2 - Behavioral Health Unit

Technology is utilized to assist in the treatment of these patients in the form of a beeper system which alerts the RN to a rhythm that needs to be addressed. Additional personnel supporting the RNs on the units include a transporter, case managers, EKG Technicians and physical therapists during the day and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not

Hall 6 - presented per shift and not Medical/Surgical/Telemetry intended to be at all times.

	Additional personnel
	supporting the RNs on the
	units include a transporter,
	case manager. EKG
	technicians and physical
	therapists during the day
	and, for all shifts,
	Hospitalists, Residents
	Respiratory Therapists and
	RN leadership.
	Sitters are assigned to the
	unit to provide for one-to-
	one patient observation as
	needed.
	All staffing levels are
Hall 5 - Medical/Surgical	presented per shift and not
Unit	intended to be at all times.
	Additional personnel
	supporting the RNs on the
	units include a transporter,
	case managers, EKG
	technicians, physical
	therapists and
	intensivists during the day
	and, for all shifts,
	Hospitalists, Residents,
	Respiratory Therapists and

Respiratory Therapists and RN Leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not intended to be at all Intensive Care Unit times.

EVENING SHIFT CONSENSUS INFORMATION

EVENING SHIFT CONSENSUS	IIVI OIVIVITOIV		·	
Provide a description of				
Clinical Unit, including a			Statement by members	
description of typical		If no,	of clinical staffing	
patient services provided	Our Clinical Staffing	Chief Executive Officer	committee selected by	
on the unit and the	Committee reached	Statement in support of	the general hospital	
unit's location in	consensus on the clinical	clinical staffing plan for	administration	
the hospital.	staffing plan for this unit:	this unit:	(management members):	
and nooproun	<u> </u>		(management members)	
		The RN staffing proposals		
		are in sync under the new		
		CBA. The unit clerk staffing		
		is in sync for both sides as		
		well. For non related		
		staffing, the CEO has		
		reviewed input from both		
		proposals, management		
		and staff. Taking into		
		consideration a number of		
		factors including patient		
		safety, patient satisfaction,		
		historical success in staffing,		
		fiscal viability and		
		contractual staffing		
		requirements, the CEO has		
		selected the management		
		proposal as the more		
		effective and viable		
Emergency Department		proposal. Management is	Management is working	
treating acute emergencies		working with staff towards	with staff towards the goal	
including stroke, cardiac,		the goal of maintaining a	of maintaining a successful	
fractures.	No	successful staffing model.	staffing model.	
Hall 3 - Behavioral Unit	Yes			
Hall 2 - Behavioral Health				
Unit	Yes			

		T	<u> </u>	
		TI 201 - CC		
		The RN staffing proposals		
		are in sync under the new		
		CBA. For the non RN related		
		staffing, the CEO has		
		reviewed input from both		
		proposals, management		
		and staff. Taking into		
		consideration a number of		
		factors including patient		
		safety, patient satisfaction,		
		historical success in staffing,		
		fiscal viability		
		contractual staffing		
		requirements, the CEO has		
		selected the management		
		proposal as the more		
		effective and viable	The Committee has reached	
		proposal, with the following	consensus on Unit Clerks	
		exceptions. The CEO has	and the RN staffing but not	
		acknowledged staff's need	on the CNAs. There is not	
		for additional unit clerk	sufficient telemetry volume	
		support during the night	to justify an independent	
		shift. Accordingly, he has	unit. Incorporated into the	
		approved the addition of a	RN staffing ratios, no RN	
Hall 6 -		night floating unit clerk to	will be assigned more than	
Medical/Surgical/Telemetry	No	address this need.	4 telemetry patient.	
Hall 5 - Medical/Surgical			, .	
Unit	Yes			

	T.	1	
		The CEO has reviewed input	
		from both proposals,	
		management and staff.	
		Taking into consideration a	
		number of factors including	
		patient safety, patient	
		satisfaction, historical	
		success in staffing, fiscal	
		viability	
		contractual staffing	
		requirements, the CEO has	
		selected the management	
		proposal as the more	There is consensus on RN
		effective and viable	staffing and the unit clerk,
Intensive Care Unit	No	proposal.	but not on CNAs

RN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
Emergency Department				
caring for stroke, cardiac,				
fractures.	4	1.38	14	4.83
Hall 3 - Behavioral Unit	1	0.62	13	13
Hall 2 - Behavioral Health				
Unit	2	0.57	28	6
Hall 6 - Medical/Surgical/Telemetry	3.33	1.33	20	6
Hall 5 - Medical/Surgical				
Unit	2.67	1.33	16	6
Intensive Care Unit	3	4.8	5	1.67

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)
Emergency Department	,	, ,
caring for stroke, cardiac,		
fractures.	0	0
Hall 3 - Behavioral Unit	1	0.62

Hall 2 - Behavioral Health		
Unit	1	0.29
Hall 6 -		
Medical/Surgical/Telemetry	0	0
Hall 5 - Medical/Surgical		
Unit	0	0
Intensive Care Unit	0	0

NIGHT SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Emergency Department		
caring for stroke, cardiac,		
fractures.	1.6	13
Hall 3 - Behavioral Unit	2.3	18.4
Hall 2 - Behavioral Health		
Unit	2.3	18.4
Hall 6 - Medical/Surgical/Telemetry	1.87	15
Hall 5 - Medical/Surgical		
Unit	1.87	15
Intensive Care Unit	1.87	15

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)
Emergency Department		
caring for stroke, cardiac,		
fractures.	3	24
Hall 3 - Behavioral Unit	1	8
Hall 2 - Behavioral Health		
Unit	2	16
Hall 6 -		
Medical/Surgical/Telemetry	2.33	18.65
Hall 5 - Medical/Surgical		
Unit	2.33	18.65
Intensive Care Unit	1.33	10.65

NIGHT SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	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.
the hospital.	Unit clerk, ED technicians,
Emergency Department	ED physicians, Residents,
caring for stroke, cardiac,	Respiratory Therapist,
fractures.	Nursing Leadership.

Additional personnel supporting the RNs on the units include a transporter, social worker, activity therapist, Nurse Practitioner, Psych Leadership, EKG Technicians, physical therapists and a program director during the day, psychiatrists for days, evenings during the week and all shifts on the weekend and, for all shifts, Hospitalists, Residents, **Respiratory Therapists** and RN leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not

intended to be at all times.

Hall 3 - Behavioral Unit

Additional personnel supporting the RNs on the units include a transporter, social workers, activity therapist, Nurse Practitioner, Psych Leadership, EKG Technicians and physical therapists during the day, psychiatrists for days, evenings during the week and all shifts on the weekend and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not

intended to be at all times.

Hall 2 - Behavioral Health Unit

Technology is utilized to assist in the treatment of these patients in the form of a beeper system which alerts the RN to a rhythm that needs to be addressed. Additional personnel supporting the RNs on the units include a transporter, case managers, EKG Technicians and physical therapists during the day and, for all shifts, Hospitalists, Residents, Respiratory Therapists and RN leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not

Hall 6 - presented per shift and not Medical/Surgical/Telemetry intended to be at all times.

	Additional personnel supporting the RNs on the units include a transporter, case manager. EKG technicians and physical therapists during the day and, for all shifts, Hospitalists, Residents Respiratory Therapists and RN leadership.
	Sitters are assigned to the
	unit to provide for one-to- one patient observation as
	needed.
	All staffing levels are
Hall 5 - Medical/Surgical	presented per shift and not
Unit	intended to be at all times.
	Additional personnel
	supporting the RNs on the
	units include a transporter,
	case managers, EKG
	technicians, physical
	therapists and
	intensivists during the day
	and, for all shifts,
	Hospitalists, Residents, Respiratory Therapists and
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Respiratory Therapists and RN Leadership. Sitters are assigned to the unit to provide for one-toone patient observation as needed. All staffing levels are presented per shift and not intended to be at all Intensive Care Unit times.

NIGHT 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):
		The RN staffing proposals		
		are in sync under the new		
		CBA. The unit clerk staffing		
		is in sync for both sides as		
		well. For the non RN related		
		staffing, the CEO has		
		reviewed input from both		
		proposals, management		
		and staff. Taking into		
		consideration a number of		
		factors including patient		
		safety, patient satisfaction,		
		historical success in staffing,		
		fiscal viability and		
		contractual staffing		
		requirements, the CEO has		
		selected the management	Management is working	
Emergency Department		proposal as the more	with staff towards the goal	Staff/union have not
caring for stroke, cardiac,		effective and viable	of maintaining a successful	provided a written
fractures.	No	proposal.	staffing model.	statement.

		The CEO has reviewed input		
		from both proposals,		
		management and staff.		
		Taking into consideration a		
		number of factors including		
		patient safety, patient		
		satisfaction, historical		
		success in staffing, fiscal		
		viability		
		contractual staffing		
		requirements, the CEO has		
		selected the management		
		proposal as the more	There is consensus on the	
		l ' '		
		effective and viable	unit clerk staffing and the	
		proposal.	RN staffing. An LPN was	
		It was noted that this unit	added in addition. There is	
		treats patients with a very	no consensus on the	Staff/Union have not
		low acuity and long length	Behavioral Health	provided a written
Hall 3 - Behavioral Unit	No	of stay (90 days or greater).	Technician staffing	statement
Hall 2 - Behavioral Health				
Unit	Yes			

are in sync under the new CBA. For non RN related staffing, The CEO has reviewed input from both proposals, management and staff. Taking into consideration a number of	
staffing, The CEO has reviewed input from both proposals, management and staff. Taking into	
reviewed input from both proposals, management and staff. Taking into	
proposals, management and staff. Taking into	
and staff. Taking into	
consideration a number of	
factors including patient	
safety, patient satisfaction,	
historical success in staffing,	
fiscal viability	
contractual staffing	
requirements, the CEO has	
selected the management The Committee has	s reached
proposal as the more consensus on Unit	t Clerks
effective and viable with the addition	of the
proposal, with the following floating night unit	t clerk.
exceptions: based on input Also consunses ha	as been
from the staff, the CEO has reached with th	ne RN
acknowledged staff's need staffing . There i	is not
for additional unit clerk consensus on the	e CNAs.
support during the night	ficient
shift. Accordingly, he has telemetry volume t	to justify
approved the addition of a an independent	t unit.
night floating unit clerk to Incorporated into	the RN
address the need. The CEO staffing ratios, no R	RN will be Staff/Union have not
Hall 6 - has approved a number of assigned more the	han 4 provided a written
Medical/Surgical/Telemetry No capital purchases to support telemetry patie	ent. statement
Hall 5 - Medical/Surgical	
Unit Yes	

		The CEO has reviewed input		
		from both proposals,		
		management and staff.		
		Taking into consideration a		
		number of factors including		
		patient safety, patient		
		satisfaction, historical		
		success in staffing, fiscal	There is consensus on RN	
		viability	staffing and the floating	
		contractual staffing	unit clerk but not on the	
		requirements, the CEO has	CNAs. The night time unit	
		selected the management	clerk will be shared by a	
		proposal as the more	floater between units as	Staff/Union have not
		effective and viable	opposed to a full time clerk	provided a written
Intensive Care Unit	No	proposal.	assigned to the unit	statement

CBA INFORMATION We have one or more collective bargaining agreements: Yes If yes, then: Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply): New York State **Please select association and identify staff Nurses (e.g. nurses, ancillary staff, etc.) Associatio represented. n,SEIU 1199

Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:	12/31/20 25 12:00 AM
The number of hospital employees represented by New York State Nurses Association is:	102
Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	03/31/20 23 12:00 AM

