HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Westchester
Council	Mid-Hudson
Network	NORTHWELL HEALTH
Reporting Organization	Phelps Hospital
Reporting Organization Id	1129
Reporting Organization Type	Hospital (pfi)
Data Entity	Phelps Hospital

Provide a description of Clinical Unit, including a description of typical patient services provided	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	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5	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
on the unit and the	digits. Ex: 101.50)	Shift (Please provide a	digits. Ex: 101.50)	Shift (Please provide a
unit's location in the hospital.		number with up to 5 digits. Ex: 101.50)		number with up to 5 digits. Ex: 101.50) ?
Wound Healing - 6 Chair		uigits. LA. 101.30)		aigits. LA. 101.30/ ?
Capacity & 1 Procedure				
Room	3	1	13	4.33
Presurgical Testing (PST) - 4				
Exam Rooms	4	1	12	3
Pain Center - 2 Procedure				
Rooms	2	1.5	4	2
Post Recovery Room Unit				
(PACU) 9 Bed Capacity -				
755 North Broadway - 3rd	4	0.25	24	<u></u>
Floor Operating Room 4 Evam	4	0.25	24	6
Operating Room - 4 Exam Rooms - 755 North				
Broadway - 3rd Floor	6	2	25	4.67
Dioduway - Siu i lool	U	۷	23	4.07
IR Nursing (IR Nursing, Pet				
Scan, Cat Scan, Ultrasound,				
Nuclear Medicine, MRI)	4	1	26	8
Infusion Center - 18 Chair				
Capacity - 777 North				0.47
Broadway - 2nd Floor	6	4	55	9.17
Hyperbaric - 12 Chair	4	0.67	o	0
Capacity - G Level	1	0.67	8	8

T		1	1	1
Endoscopy Unit - 4				
Procedural Rooms - 3rd				
Floor	8	0.3	28	7
Emergency Department - 32				
Beds - 701 G-Level	4	1.6	26.33	6.6
Cardiovascular & Cardiac				
Rehab - 7 Procedure Rooms	2	0.5	32	8
Amb Surg - 17 Beds	4	2.5	22	4
Labor & Delivery	3	6	3	1.5
Obstetrics, Special Care				
Nursery, Pediatrics	4	7.6	12	7
3 North - Medicine	2	5	10	5
2 Center - Rehab/Ortho	4	4.35	23	6
2 North	4	4.35	23	6
2 South - Behavioral Health	2	3.01	15	8
1 South - Psych	3	4.45	16	5
Critical Care (ICU)	3	10.71	7	2
5 South - Telemetry	4	3.89	24	6

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the	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
unit's location in		up to 5 digits. Ex: 101.50)
the hospital.		
Wound Healing - 6 Chair		
Capacity & 1 Procedure		
Room	0	0

		-
5 South - Telemetry	0	0

DAY SHIFT ANCILLARY STAFF

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)
Wound Healing - 6 Chair		
Capacity & 1 Procedure		
Room	4	1.7
Presurgical Testing (PST) - 4		
Exam Rooms	4	1.7
Pain Center - 2 Procedure		
Rooms	4	1.7
Post Recovery Room Unit		
(PACU) 9 Bed Capacity -		
755 North Broadway - 3rd		
Floor	4	1.7
Operating Room - 4 Exam		
Rooms - 755 North		
Broadway - 3rd Floor	4	1.7
IR Nursing (IR Nursing, Pet Scan, Cat Scan, Ultrasound, Nuclear Medicine, MRI)	4	1.7
Infusion Center - 18 Chair Capacity - 777 North Broadway - 2nd Floor	4	1.7
Hyperbaric - 12 Chair Capacity - G Level	4	1.7

4	1.7
4	1.7
4	1.7
4	1.7
4	1.7
4	1.7
4	2.15
4	1.7
4	1.7
3	1
3	0.97
4	2.15
4	2.15
	4 4 4 4 4 4 4 4 3 3 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)
Wound Healing - 6 Chair		
Capacity & 1 Procedure		
Room	1	0.6
Presurgical Testing (PST) - 4		
Exam Rooms	0	0

Dain Cantan 2 Duagadius		
Pain Center - 2 Procedure		
Rooms	0	0
Post Recovery Room Unit		
(PACU) 9 Bed Capacity -		
755 North Broadway - 3rd	_	
Floor	3	2.86
Operating Room - 4 Exam		
Rooms - 755 North		
Broadway - 3rd Floor	5	5
IR Nursing (IR Nursing, Pet		
Scan, Cat Scan, Ultrasound,		
Nuclear Medicine, MRI)	9	2.89
Infusion Center - 18 Chair		
Capacity - 777 North	_	
Broadway - 2nd Floor	2	2.5
Hyperbaric - 12 Chair	_	
Capacity - G Level	2	4
Endoscopy Unit - 4		
Procedural Rooms - 3rd		
Floor	6	2.8
Emergency Department - 32		
Beds - 701 G-Level	3	8.78
Cardiovascular & Cardiac	_	
Rehab - 7 Procedure Rooms	3	2.86
Amb Surg - 17 Beds	1	0.06
Labor & Delivery	1	8
Obstetrics, Special Care		
Nursery, Pediatrics	1	1.88
3 North - Medicine	2	4.95
2 Center - Rehab/Ortho	3	2.5
2 North	3	3.23
2 South - Behavioral Health	2	2.7
1 South - Psych	4	6.39
Critical Care (ICU)	1	3.54
5 South - Telemetry	3	3.09

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.
	Supervisor
	Administrative Support
	Assistant
	Clinical Pharmacist
	Hospitalist / NP / PA
	IV Therapy Team / Line
	Access
	Licensed Social Services /
	Case Management
	Nutritionist
	Patient Transport Team
	Rapid Response Team
	Respiratory Therapy
	Support
Wound Healing - 6 Chair	Spiritual Services
Capacity & 1 Procedure	Volunteers

Unit Nurse Management Administrative Support Assistant Anesthesia Provider **Clinical Nurse Specialist Clinical Pharmacist** Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management **MD** Practitioner **Nurse Practitioner Nursing Student** Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team **Respiratory Therapy** Support **Spiritual Services** Volunteers Other

Presurgical Testing (PST) - 4 Exam Rooms

Unit Nurse Management Administrative Support Assistant Anesthesia Provider **Clinical Nurse Specialist Clinical Pharmacist** Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management **MD** Practitioner **Nursing Student** Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team **Respiratory Therapy** Support **Spiritual Services** Volunteers Other

Pain Center - 2 Procedure Rooms

Unit Nurse Management Administrative Support Assistants Anesthesia Provider **Clinical Nurse Specialist Clinical Pharmacist** Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management **MD** Practitioner **Nursing Student** Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team **Respiratory Therapy** Support **Spiritual Services** Volunteers Other

Post Recovery Room Unit (PACU) 9 Bed Capacity -755 North Broadway - 3rd Floor

Unit Nurse Management Administrative Support Assistant Anesthesia Provider **Clinical Nurse Specialist Clinical Pharmacist** Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner **Nursing Student** Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team **Respiratory Therapy** Support **Spiritual Services** Volunteers

Other

Operating Room - 4 Exam Rooms - 755 North Broadway - 3rd Floor

Unit Assistant Director Staff Educator Radiology Technologist **Patient Access** Representative Patient Transport Team IV Therapy Team / Line Access Rapid Response Team **Respiratory Therapy** Support Nutritionist **Clinical Pharmacist** Licensed Social Services / Case Management **Spiritual Services** Hospitalist / NP / PA Radiology Physician Assistant Hospitality Volunteers Other

IR Nursing (IR Nursing, Pet Scan, Cat Scan, Ultrasound, Nuclear Medicine, MRI)

Unit Nurse Management Administrative Support Coordinator **Clinical Pharmacist** Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Licensed Social Services / Case Management **Nursing Student** Nutritionist Patient Transport Team Rapid Response Team **Respiratory Therapy** Support **Spiritual Services** Staff Educator Volunteers

Other

Infusion Center - 18 Chair Capacity - 777 North Broadway - 2nd Floor

Unit Nurse Management 1:1 Patient Observer/sitter Administrative Support Assistant **Clinical Pharmacist** Hospitalist / NP / PA Intensivist IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support **Spiritual Services** Other

Hyperbaric - 12 Chair Capacity - G Level

Unit Nurse Management Administrative Support Assistant Anesthesia Provider **Clinical Nurse Specialist Clinical Pharmacist** Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management MD Practitioner **Nursing Student** Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team **Respiratory Therapy** Support **Spiritual Services** Volunteers Other

Endoscopy Unit - 4 Procedural Rooms - 3rd Floor

Assistant Nurse Management 1:1 Patient Observer/sitter Administrative Support Assistant **Admissions Nurse** (Facilitator/ Functional Nurse) **Associate Patient Access** Services Representative Clinical Nurse Specialist **Clinical Pharmacist Clinical Support Services** Assistant Hospitalist / NP / PA Hospitality Intensivist IV Therapy Team / Line Access Licensed Social Services / Case Management **Nursing Student** Nutritionist Patient Transport Team **Pharmacy Tech** Rapid Response Team Rehab Activities (OT, PT,

Emergency Department - 32 Beds - 701 G-Level

Unit Management 1:1 Patient Observer/sitter Administrative Support Assistant **Clinical Pharmacist** Hospitalist / NP / PA Intensivist IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) **Respiratory Therapy** Support **Spiritual Services** Other

Cardiovascular & Cardiac Rehab - 7 Procedure Rooms

Assistant Anesthesia Provider **Clinical Pharmacist** Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Case Management **MD** Practitioner **Nursing Student** Nutritionist Patient Access Representative Patient Transport Team Radiology Tech Rapid Response Team **Respiratory Therapy** Support **Spiritual Services** Volunteers

Unit Nurse Management Administrative Support **Clinical Nurse Specialist** Licensed Social Services / Other Amb Surg - 17 Beds

Unit Nurse Management **Clinical Pharmacist** Hospitalist / NP / PA Hospitality Intern / Resident Access Case Management Neonatologist **Nursing Student** Nutritionist **OB Safety Office** Patient Transport Team Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric **Registered Nurse Spiritual Services**

IV Therapy Team / Line Licensed Social Services / Labor & Delivery Staff Educator

Unit Nurse Management **Clinical Pharmacist** Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Neonatologist **Nursing Student** Nutritionist **OB Safety Office** Patient Transport Team Pediatric Hospitalist Rapid Response Team **Respiratory Therapy** Support Special Care Nursery/Pediatric **Registered Nurse Spiritual Services** Staff Educator

Obstetrics, Special Care Nursery, Pediatrics

Unit Nurse Management 1:1 Patient Observer/sitter **Admissions Nurse** (Facilitator/ Functional Nurse) **Clinical Pharmacist** Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician **Nursing Student** Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) **Respiratory Therapy** Support **Spiritual Services** Staff Educator **Unit Clerical Support**

3 North - Medicine Volunteers

Unit Nurse Management **Assistant Nurse** Management **Admissions Nurse** (Facilitator/ Functional Nurse) **Clinical Pharmacist** Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician **Nursing Student** Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) **Respiratory Therapy** Support **Spiritual Services** Staff Educator **Unit Clerical Support**

1:1 Patient Observer/sitter 2 Center - Rehab/Ortho Volunteers

Unit Nurse Management **Assistant Nurse** Management 1:1 Patient Observer/sitter **Admissions Nurse** (Facilitator/ Functional Nurse) **Clinical Pharmacist** Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician **Nursing Student** Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) **Respiratory Therapy** Support **Spiritual Services** Staff Educator **Unit Clerical Support**

2 North Volunteers

Unit Nurse Management **Assistant Nurse** Management 1:1 Patient Observer/sitter **Clinical Pharmacist** Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Nutritionist Patient Transport Team Rapid Response Team Recreation / Milieu Therapist (BH Units) Rehab Activities (OT, PT, Speech) **Respiratory Therapy** Support **Spiritual Services** Staff Educator **Unit Clerical Support** Volunteers

2 South - Behavioral Health

Unit Nurse Management 1:1 Patient Observer/sitter **Clinical Pharmacist** Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Nutritionist Patient Transport Team Rapid Response Team Recreation / Milieu Therapist (BH Units) Rehab Activities (OT, PT, Speech) **Respiratory Therapy** Support **Spiritual Services** Staff Educator **Unit Clerical Support** 1 South - Psych Volunteers

Unit Nurse Management **Admissions Nurse** (Facilitator/ Functional Nurse) **Clinical Pharmacist** / PA Intern / Resident IV Therapy Team / Line Access Case Management Monitor /Tele Technician **Nursing Student** Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) **Respiratory Therapy** Support **Spiritual Services** Staff Educator **Unit Clerical Support**

1:1 Patient Observer/sitter Intensivist/ Hospitalist / NP Licensed Social Services / Critical Care (ICU) Volunteers

Assistant Nurse Management 1:1 Patient Observer/sitter **Admissions Nurse** (Facilitator/ Functional Nurse) **Clinical Pharmacist** Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician **Nursing Student** Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) **Respiratory Therapy** Support **Spiritual Services** Staff Educator **Unit Clerical Support** Volunteers

5 South - Telemetry

DAY SHIFT CONSENSUS INFORMATION

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

Wound Healing - 6 Chair				
Capacity & 1 Procedure				
Room	Yes			
Presurgical Testing (PST) - 4				
Exam Rooms	Yes			
Pain Center - 2 Procedure				
Rooms	Yes			(,
		Northwell Health Clinical		numbers of patients on the
		Staffing Committee		unit on each shift and
		comprises 8 administrative	Management's	activity such as patient
		care co-leads and 8 direct	recommendation for	discharges, admissions, and
		care co-leads of RNs and	minimal staffing on this unit	transfers.
		ancillary staff. Both the	is not consistent with the	{Measures of acuity and
		administrative and direct	legislation NYSHCSC Law	intensity of all patients and
		patient care co-leads were	2805-t. Sufficient staffing is	nature the care to be
		provided training focused	crucial for patient care, and	delivered on each unit and
		on staffing bill knowledge	improved outcomes, and	shift.
		and process, behavioral soft	ensures patients receive the	{Coverage to enable RNs,
		skills, and tactical	needed attention,	LPNs, and ancillary staff to
		application, including	expertise, and support. It	take meal and rest breaks,
		operational budget	allows for swift responses	planned time off, and
		overview courses. Our	to emergencies and reduces	unplanned absences that
		committee held 19	the risk of errors.	are reasonably foreseeable
		meetings since February of	Insufficient staffing also	as required by law or the
		2022, where all attendees	drives worker turnover and	terms of an applicable CBA
		and meeting minutes were	exacerbates the workforce	{Other special
		documented. During the	crisis. To achieve high-	characteristics of the unit of
		multiple gatherings, the	quality care, adequate	community patient
		committee reviewed and	staffing is required in this	population, including age,
		designed staffing matrices	unit. We feel our proposal	cultural and linguistic
Post Recovery Room Unit		for all units designated in	met the requirements of	diversity and needs,
(PACU) 9 Bed Capacity -		the bill.	the law, improved patient	functional ability,
755 North Broadway - 3rd			care, and enhances staff	communication skills, and
Floor	No	As required by the	retention and recruitment.	other relevant social or
Operating Room - 4 Exam		,		
Rooms - 755 North				
Broadway - 3rd Floor	Yes			

IR Nursing (IR Nursing, Pet				
Scan, Cat Scan, Ultrasound,				
Nuclear Medicine, MRI)	Yes			
		Northwell Health Clinical	numbers of patients on the	
		Staffing Committee	unit on each shift and	
		comprises 8 administrative	activity such as patient	Management's
		care co-leads and 8 direct	discharges, admissions, and	recommendation for
		care co-leads of RNs and	transfers.	minimal staffing on this uni
		ancillary staff. Both the	{Measures of acuity and	is not consistent with the
		administrative and direct	intensity of all patients and	legislation NYSHCSC Law
		patient care co-leads were	nature the care to be	2805-t. Sufficient staffing is
		provided training focused	delivered on each unit and	
		· -	shift.	crucial for patient care, and
		on staffing bill knowledge		improved outcomes, and
		and process, behavioral soft		ensures patients receive th
		skills, and tactical	LPNs, and ancillary staff to	needed attention,
		application, including	take meal and rest breaks,	expertise, and support. It
		operational budget	planned time off, and	allows for swift responses
		overview courses. Our	unplanned absences that	to emergencies and reduce
		committee held 19	are reasonably foreseeable	the risk of errors.
		meetings since February of	as required by law or the	Insufficient staffing also
		2022, where all attendees	terms of an applicable CBA.	drives worker turnover and
		and meeting minutes were	Other special	exacerbates the workforce
		documented. During the	characteristics of the unit or	crisis. To achieve high-
		multiple gatherings, the	community patient	quality care, adequate
		committee reviewed and	population, including age,	staffing is required in this
		designed staffing matrices	cultural and linguistic	unit. We feel our proposal
		for all units designated in	diversity and needs,	met the requirements of
Infusion Center - 18 Chair		the bill.	functional ability,	the law, improved patient
Capacity - 777 North			communication skills, and	care, and enhances staff
Broadway - 2nd Floor	No	As required by the	other relevant social or	retention and recruitment
Hyperbaric - 12 Chair				
Capacity - G Level	Yes			
Endoscopy Unit - 4				
Procedural Rooms - 3rd				
Floor	Yes			_

		Northwell Health Clinical	numbers of patients on the	
		Staffing Committee	unit on each shift and	
		comprises 8 administrative	activity such as patient	Management's
		care co-leads and 8 direct	discharges, admissions, and	recommendation for
		care co-leads of RNs and	transfers.	minimal staffing on this unit
		ancillary staff. Both the	Measures of acuity and	is not consistent with the
		administrative and direct	intensity of all patients and	legislation NYSHCSC Law
		patient care co-leads were	nature the care to be	2805-t. Sufficient staffing is
		provided training focused	delivered on each unit and	crucial for patient care, and
		on staffing bill knowledge	shift.	improved outcomes, and
		and process, behavioral soft	②overage to enable RNs,	ensures patients receive the
		skills, and tactical	LPNs, and ancillary staff to	needed attention,
		application, including	take meal and rest breaks,	expertise, and support. It
		operational budget	planned time off, and	allows for swift responses
		overview courses. Our	unplanned absences that	to emergencies and reduces
		committee held 19	are reasonably foreseeable	the risk of errors.
		meetings since February of	as required by law or the	Insufficient staffing also
		2022, where all attendees	terms of an applicable CBA.	drives worker turnover and
		and meeting minutes were	● ② ther special	exacerbates the workforce
		documented. During the	characteristics of the unit or	crisis. To achieve high-
		multiple gatherings, the	community patient	quality care, adequate
		committee reviewed and	population, including age,	staffing is required in this
		designed staffing matrices	cultural and linguistic	unit. We feel our proposal
		for all units designated in	diversity and needs,	met the requirements of
		the bill.	functional ability,	the law, improved patient
Emergency Department - 32			communication skills, and	care, and enhances staff
Beds - 701 G-Level	No	As required by the	other relevant social or	retention and recruitment.
Cardiovascular & Cardiac				
Rehab - 7 Procedure Rooms	Yes			
Amb Surg - 17 Beds	Yes			

		1	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
		following for this decision:	numbers of patients on the	for patient care and safety.
		1.Average number of	unit on each shift and	Management's
		patients in the 4 Center –	activity such as patient	recommendation for
		Labor & Delivery Unit.	discharges, admissions, and	minimal staffing is not
		2.Currently staffed with	transfers.	consistent with the
		ASA night float.	2.Measures of acuity and	legislation NYSHCSC Law
			intensity of all patients and	2805-t. Sufficient staffing
			nature of the care to be	ensures patients receive the
		Findings and Conclusions	delivered on each unit and	attention, expertise, and
		As the executive director, I	shift.	support they need. It allows
		have considered both the	3.Other special	for swift responses to
		rationales of the CSC direct	characteristics of the unit or	emergencies, reduces the
		care co-leads and the CSC	community patient	risk of errors, and improves
		administrative co-leads in	population, including age,	outcomes. Insufficient
		providing these final	cultural and linguistic	staffing jeopardizes lives
		recommendations. As the	diversity and needs,	and compromises care
		minimal staffing guidelines	functional ability,	quality. Management's
		are outlined, this decision	communication skills, and	suggestion prioritizes cost-
		considered the patient care	other relevant social or	cutting over patients. To
		delivery model,	socio-economic factors.	achieve our goal, we must
		collaboration between and	4.Availability of other	recognize that adequate
		amongst disciplines, and the	personnel supporting	staffing is non-negotiable. It
		additional supportive care	nursing services on unit.	is essential for optimal care
		team members.	5.Ability to provide one to	and patient well-being.
			one patient observation	Patient safety depends on
		Rationale for Decision	when needed.	it, and management must
Labor & Delivery	No	We believe that providing	6.The nursing quality	acknowledge the

	following for this decision:	numbers of patients on the	for patient care and safety.
	-		Management's
	patients in the 4 Center –	activity such as patient	recommendation for
	Labor & Delivery Unit.	discharges, admissions, and	minimal staffing is not
	2.Currently staffed with	transfers.	consistent with the
	ASA night float.	2.Measures of acuity and	legislation NYSHCSC Law
		intensity of all patients and	2805-t. Sufficient staffing
		nature of the care to be	ensures patients receive the
	Findings and Conclusions	delivered on each unit and	attention, expertise, and
	As the executive director, I	shift.	support they need. It allows
	have considered both the	3.Other special	for swift responses to
	rationales of the CSC direct	characteristics of the unit or	emergencies, reduces the
	care co-leads and the CSC	community patient	risk of errors, and improves
	administrative co-leads in	population, including age,	outcomes. Insufficient
	providing these final	cultural and linguistic	staffing jeopardizes lives
	recommendations. As the	diversity and needs,	and compromises care
	minimal staffing guidelines	functional ability,	quality. Management's
	are outlined, this decision	communication skills, and	suggestion prioritizes cost-
	considered the patient care	other relevant social or	cutting over patients. To
	delivery model,	socio-economic factors.	achieve our goal, we must
	collaboration between and	4.Availability of other	recognize that adequate
	amongst disciplines, and the	personnel supporting	staffing is non-negotiable. It
			is essential for optimal care
	team members.	5.Ability to provide one to	and patient well-being.
		one patient observation	Patient safety depends on
	Rationale for Decision	·	it, and management must
No			acknowledge the
	No	1.Average number of patients in the 4 Center – Labor & Delivery Unit. 2.Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision	1.Average number of patients in the 4 Center – Labor & Delivery Unit. 2.Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. 1. Average number of activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed.

ı			, -	0
		following for this decision:	numbers of patients on the	for patient care and safety.
		1.Average number of	unit on each shift and	Management's
		patients on 3 North -	activity such as patient	recommendation for
		Medicine unit.	discharges, admissions, and	minimal staffing is not
		2.The availability of	transfers.	consistent with the
		additional personnel	2.Measures of acuity and	legislation NYSHCSC Law
		support such as CPI-	intensity of all patients and	2805-t. Sufficient staffing
		competent PCAs to perform	nature of the care to be	ensures patients receive the
		constant observation and	delivered on each unit and	attention, expertise, and
		Patient Care Associates to	shift.	support they need. It allows
		perform Supervised Rooms.	3.Other special	for swift responses to
		3.ASA night float available.	characteristics of the unit or	emergencies, reduces the
			community patient	risk of errors, and improves
			population, including age,	outcomes. Insufficient
			cultural and linguistic	staffing jeopardizes lives
		Findings and Conclusions	diversity and needs,	and compromises care
		As the executive director, I	functional ability,	quality. Management's
		have considered both the	communication skills, and	suggestion prioritizes cost-
		rationales of the CSC direct	other relevant social or	cutting over patients. To
		care co-leads and the CSC	socio-economic factors.	achieve our goal, we must
		administrative co-leads in	4.Availability of other	recognize that adequate
		providing these final	personnel supporting	staffing is non-negotiable. It
		recommendations. As the	nursing services on unit.	is essential for optimal care
		minimal staffing guidelines	5.Ability to provide one to	and patient well-being.
		are outlined, this decision	one patient observation	Patient safety depends on
		considered the patient care	when needed.	it, and management must
3 North - Medicine	No	delivery model,	6.The nursing quality	acknowledge the

following for this decision: numbers of patients on the for patient care and safety. 1. Average number of unit on each shift and Management's patients on 2 Center activity such as patient recommendation for discharges, admissions, and Inpatient Rehabilitation and minimal staffing is not Orthopedics transfers. consistent with the 2. The availability of 2. Measures of acuity and legislation NYSHCSC Law additional personnel intensity of all patients and 2805-t. Sufficient staffing support such as CPIensures patients receive the nature of the care to be competent PCAs to perform delivered on each unit and attention, expertise, and constant observation and shift. support they need. It allows 3.Other special for swift responses to Patient Care Associates to emergencies, reduces the characteristics of the unit or perform Supervised Rooms 3.ASA night float available. risk of errors, and improves community patient population, including age, outcomes. Insufficient **Findings and Conclusions** cultural and linguistic staffing jeopardizes lives As the executive director, I diversity and needs, and compromises care have considered both the functional ability, quality. Management's rationales of the CSC direct communication skills, and suggestion prioritizes costother relevant social or cutting over patients. To care co-leads and the CSC administrative co-leads in socio-economic factors. achieve our goal, we must 4. Availability of other providing these final recognize that adequate recommendations. As the personnel supporting staffing is non-negotiable. It is essential for optimal care minimal staffing guidelines nursing services on unit. are outlined, this decision 5. Ability to provide one to and patient well-being. considered the patient care one patient observation Patient safety depends on it, and management must delivery model, when needed. 2 Center - Rehab/Ortho 6.The nursing quality acknowledge the No collaboration between and

			, , , , , , , , , , , , , , , , , , , 	
		following for this decision:	numbers of patients on the	for patient care and safety.
		1.Average number of	unit on each shift and	Management's
		patients on 2 North –	activity such as patient	recommendation for
		Surgery.	discharges, admissions, and	minimal staffing is not
		2.The availability of	transfers.	consistent with the
		additional personnel	2.Measures of acuity and	legislation NYSHCSC Law
		support such as CPI-	intensity of all patients and	2805-t. Sufficient staffing
		competent PCAs to perform	nature of the care to be	ensures patients receive the
		constant observation and	delivered on each unit and	attention, expertise, and
		Patient Care Associates to	shift.	support they need. It allows
		perform Supervised Rooms.	3.Other special	for swift responses to
		3.ASA night float available.	characteristics of the unit or	emergencies, reduces the
			community patient	risk of errors, and improves
		Findings and Conclusions	population, including age,	outcomes. Insufficient
		As the executive director, I	cultural and linguistic	staffing jeopardizes lives
		have considered both the	diversity and needs,	and compromises care
		rationales of the CSC direct	functional ability,	quality. Management's
		care co-leads and the CSC	communication skills, and	suggestion prioritizes cost-
		administrative co-leads in	other relevant social or	cutting over patients. To
		providing these final	socio-economic factors.	achieve our goal, we must
		recommendations. As the	4.Availability of other	recognize that adequate
		minimal staffing guidelines	personnel supporting	staffing is non-negotiable. It
		are outlined, this decision	nursing services on unit.	is essential for optimal care
		considered the patient care	5.Ability to provide one to	and patient well-being.
		delivery model,	one patient observation	Patient safety depends on
		collaboration between and	when needed.	it, and management must
2 North	No	amongst disciplines, and the	6.The nursing quality	acknowledge the

				
		following for this decision:	numbers of patients on the	for patient care and safety.
	1.Average number of		unit on each shift and	Management's
		patients in the 2 South	activity such as patient	recommendation for
		–Inpatient Behavioral	discharges, admissions, and	minimal staffing is not
		Rehabilitation Unit.	transfers.	consistent with the
		2. Number of admissions	2.Measures of acuity and	legislation NYSHCSC Law
		during the night and	intensity of all patients and	2805-t. Sufficient staffing
		weekends.	nature of the care to be	ensures patients receive the
		3.The availability of	delivered on each unit and	attention, expertise, and
		additional personnel	shift.	support they need. It allows
		support such as CPI-	3.Other special	for swift responses to
		competent PCAs to perform	characteristics of the unit or	emergencies, reduces the
		enhanced supervision.	community patient	risk of errors, and improves
		4.ASA night float available.	population, including age,	outcomes. Insufficient
			cultural and linguistic	staffing jeopardizes lives
		Findings and Conclusions	diversity and needs,	and compromises care
		As the executive director, I	functional ability,	quality. Management's
		have considered both the	communication skills, and	suggestion prioritizes cost-
		rationales of the CSC direct	other relevant social or	cutting over patients. To
		care co-leads and the CSC	socio-economic factors.	achieve our goal, we must
		administrative co-leads in	4.Availability of other	recognize that adequate
		providing these final	personnel supporting	staffing is non-negotiable. It
		recommendations. As the	nursing services on unit.	is essential for optimal care
		minimal staffing guidelines	5.Ability to provide one to	and patient well-being.
		are outlined, this decision	one patient observation	Patient safety depends on
		considered the patient care	when needed.	it, and management must
2 South - Behavioral Health	No	delivery model,	6.The nursing quality	acknowledge the
			. ,	<u> </u>

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		following for this decision:	numbers of patients on the	for patient care and safety.
		{Average number of	unit on each shift and	Management's
		patients on 1 South –	activity such as patient	recommendation for
		Psychiatry unit	discharges, admissions, and	minimal staffing is not
		{Number of admissions on	transfers.	consistent with the
		weekends	{Measures of acuity and	legislation NYSHCSC Law
		{The availability of	intensity of all patients and	2805-t. Sufficient staffing
		additional personnel	nature of the care to be	ensures patients receive the
		support such as CPI-	delivered on each unit and	attention, expertise, and
		competent PCAs to perform	shift.	support they need. It allows
		constant observation.	{Other special	for swift responses to
		{ASA night float available	characteristics of the unit or	emergencies, reduces the
			community patient	risk of errors, and improves
			population, including age,	outcomes. Insufficient
		Findings and Conclusions	cultural and linguistic	staffing jeopardizes lives
		As the executive director, I	diversity and needs,	and compromises care
		have considered both the	functional ability,	quality. Management's
		rationales of the CSC direct	communication skills, and	suggestion prioritizes cost-
		care co-leads and the CSC	other relevant social or	cutting over patients. To
		administrative co-leads in	socio-economic factors.	achieve our goal, we must
		providing these final	{Availability of other	recognize that adequate
		recommendations. As the	personnel supporting	staffing is non-negotiable. It
		minimal staffing guidelines	nursing services on unit.	is essential for optimal care
		are outlined, this decision	{Ability to provide one to	and patient well-being.
		considered the patient care	one patient observation	Patient safety depends on
		delivery model,	when needed.	it, and management must
1 South - Psych	No	collaboration between and	{The nursing quality	acknowledge the

			,	
		following for this decision:	numbers of patients on the	for patient care and safety.
		1.Average number of	unit on each shift and	Management's
		patients in the 2 South	activity such as patient	recommendation for
		–Inpatient Behavioral	discharges, admissions, and	minimal staffing is not
		Rehabilitation Unit.	transfers.	consistent with the
		2. Number of admissions	2.Measures of acuity and	legislation NYSHCSC Law
		during the night and	intensity of all patients and	2805-t. Sufficient staffing
		weekends.	nature of the care to be	ensures patients receive the
		3.The availability of	delivered on each unit and	attention, expertise, and
		additional personnel	shift.	support they need. It allows
		support such as CPI-	3.Other special	for swift responses to
		competent PCAs to perform	characteristics of the unit or	emergencies, reduces the
		enhanced supervision.	community patient	risk of errors, and improves
		4.ASA night float available.	population, including age,	outcomes. Insufficient
			cultural and linguistic	staffing jeopardizes lives
		Findings and Conclusions	diversity and needs,	and compromises care
		As the executive director, I	functional ability,	quality. Management's
		have considered both the	communication skills, and	suggestion prioritizes cost-
		rationales of the CSC direct	other relevant social or	cutting over patients. To
		care co-leads and the CSC	socio-economic factors.	achieve our goal, we must
		administrative co-leads in	4.Availability of other	recognize that adequate
		providing these final	personnel supporting	staffing is non-negotiable. It
		recommendations. As the	nursing services on unit.	is essential for optimal care
		minimal staffing guidelines	5.Ability to provide one to	and patient well-being.
		are outlined, this decision	one patient observation	Patient safety depends on
		considered the patient care	when needed.	it, and management must
Critical Care (ICU)	No	delivery model,	6.The nursing quality	acknowledge the

				0
		following for this decision:	numbers of patients on the	for patient care and safety.
	1.Average number of		unit on each shift and	Management's
		patients on telemetry	activity such as patient	recommendation for
		2.The number of patients	discharges, admissions, and	minimal staffing is not
		who routinely are waiting	transfers.	consistent with the
		for transfer to med-surg	2.Measures of acuity and	legislation NYSHCSC Law
		units	intensity of all patients and	2805-t. Sufficient staffing
		3.The availability of	nature of the care to be	ensures patients receive the
		additional personnel such as	delivered on each unit and	attention, expertise, and
		the nurse manager or	shift.	support they need. It allows
		assistant nurse manager	3.Other special	for swift responses to
		and other support	characteristics of the unit or	emergencies, reduces the
		employees such as monitor	community patient	risk of errors, and improves
		techs(24x7) and CPI-	population, including age,	outcomes. Insufficient
		competent PCAs to perform	cultural and linguistic	staffing jeopardizes lives
		constant observation.	diversity and needs,	and compromises care
		4.ASA night float available.	functional ability,	quality. Management's
		Findings and Conclusions	communication skills, and	suggestion prioritizes cost-
		As the executive director, I	other relevant social or	cutting over patients. To
		have considered both the	socio-economic factors.	achieve our goal, we must
		rationales of the CSC direct	4.Availability of other	recognize that adequate
		care co-leads and the CSC	personnel supporting	staffing is non-negotiable. It
		administrative co-leads in	nursing services on unit.	is essential for optimal care
		providing these final	5.Ability to provide one to	and patient well-being.
		recommendations. As the	one patient observation	Patient safety depends on
		minimal staffing guidelines	when needed.	it, and management must
5 South - Telemetry	No	are outlined, this decision	6.The nursing quality	acknowledge the

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)?
Post Recovery Room - PACU				
- 9 Bed Capacity - 755 North				
Broadway 3rd floor	2	4	10	5
Operating Room - 4 Exam				
Rooms - 755 North				
Broadway 3rd Floor	2	0.5	4	2
Emergency Department - 32 Bed Capacity - 701 North				
Broadway - G Level	3	1.6	26.33	8.78
Amb Surg - 17 Beds	2	2.5	12	4
Labor & Delivery	3	6	3	1.5
Obstetrics, Special Care	,	7.0	13	7
Nursery, Pediatrics	4	7.6	12	7
3 North - Medicine	2	5 4.35	10 23	<u> </u>
2 Center - Ortho/Rehab 2 North - Surgery	4			6
2 North - Surgery	4	4.35	23	0
2 South - Behavioral Health	2	3.01	15	8
1 South - Psych	3	3.45	16	5
Critical Care (ICU)	3	10.71	7	2
5 South - Telemetry	4	3.89	24	6

Post Recovery Room - PACU - 9 Bed Capacity - 755 North Broadway 3rd floor Operating Room - 4 Exam Rooms - 755 North Broadway 3rd Floor O Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level Amb Surg - 17 Beds Labor & Delivery Obstetrics, Special Care Nursery, Pediatrics 3 North - Medicine 2 Center - Ortho/Rehab 2 North - Surgery O 2 South - Behavioral Health 1 South - Psych Critical Care (ICU) 5 South - Telemetry O O O O O O O O O O O O O	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)
- 9 Bed Capacity - 755 North Broadway 3rd floor Operating Room - 4 Exam Rooms - 755 North Broadway 3rd Floor O Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level O Amb Surg - 17 Beds O Labor & Delivery O Obstetrics, Special Care Nursery, Pediatrics O 3 North - Medicine O Center - Ortho/Rehab O South - Behavioral Health O Critical Care (ICU) O O O O O O O O O O O O O O O O O O O	Post Recovery Room - PACII		
Broadway 3rd floor 0 0 Operating Room - 4 Exam 0 0 Rooms - 755 North 0 0 Broadway 3rd Floor 0 0 Emergency Department - 32 0 0 Bed Capacity - 701 North 0 0 Broadway - G Level 0 0 Amb Surg - 17 Beds 0 0 Labor & Delivery 0 0 Obstetrics, Special Care 0 0 Nursery, Pediatrics 0 0 3 North - Medicine 0 0 2 Center - Ortho/Rehab 0 0 2 North - Surgery 0 0 2 South - Behavioral Health 0 0 1 South - Psych 0 0 Critical Care (ICU) 0 0			
Rooms - 755 North Broadway 3rd Floor	i i	0	0
Broadway 3rd Floor 0 Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level 0 Amb Surg - 17 Beds 0 Labor & Delivery 0 Obstetrics, Special Care 0 Nursery, Pediatrics 0 3 North - Medicine 0 2 Center - Ortho/Rehab 0 2 North - Surgery 0 2 South - Behavioral Health 0 1 South - Psych 0 Critical Care (ICU) 0	Operating Room - 4 Exam		
Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level	Rooms - 755 North		
Bed Capacity - 701 North 0 0 Broadway - G Level 0 0 Amb Surg - 17 Beds 0 0 Labor & Delivery 0 0 Obstetrics, Special Care 0 0 Nursery, Pediatrics 0 0 3 North - Medicine 0 0 2 Center - Ortho/Rehab 0 0 2 North - Surgery 0 0 2 South - Behavioral Health 0 0 1 South - Psych 0 0 Critical Care (ICU) 0 0	Broadway 3rd Floor	0	0
Amb Surg - 17 Beds 0 0 Labor & Delivery 0 0 Obstetrics, Special Care 0 0 Nursery, Pediatrics 0 0 3 North - Medicine 0 0 2 Center - Ortho/Rehab 0 0 2 North - Surgery 0 0 2 South - Behavioral Health 0 0 1 South - Psych 0 0 Critical Care (ICU) 0 0	Bed Capacity - 701 North	0	0
Labor & Delivery 0 0 Obstetrics, Special Care 0 0 Nursery, Pediatrics 0 0 3 North - Medicine 0 0 2 Center - Ortho/Rehab 0 0 2 North - Surgery 0 0 2 South - Behavioral Health 0 0 1 South - Psych 0 0 Critical Care (ICU) 0 0	•		
Obstetrics, Special Care 0 0 Nursery, Pediatrics 0 0 3 North - Medicine 0 0 2 Center - Ortho/Rehab 0 0 2 North - Surgery 0 0 2 South - Behavioral Health 0 0 1 South - Psych 0 0 Critical Care (ICU) 0 0			
Nursery, Pediatrics 0 0 3 North - Medicine 0 0 2 Center - Ortho/Rehab 0 0 2 North - Surgery 0 0 2 South - Behavioral Health 0 0 1 South - Psych 0 0 Critical Care (ICU) 0 0		U	U
3 North - Medicine 0 0 2 Center - Ortho/Rehab 0 0 2 North - Surgery 0 0 2 South - Behavioral Health 0 0 1 South - Psych 0 0 Critical Care (ICU) 0 0		Ο	Λ
2 Center - Ortho/Rehab 0 0 2 North - Surgery 0 0 2 South - Behavioral Health 0 0 1 South - Psych 0 0 Critical Care (ICU) 0 0			
2 North - Surgery 0 2 South - Behavioral Health 0 1 South - Psych 0 Critical Care (ICU) 0			
2 South - Behavioral Health 0 0 1 South - Psych 0 0 Critical Care (ICU) 0 0		0	0
1 South - Psych 0 0 Critical Care (ICU) 0 0		0	0
Critical Care (ICU) 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 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)
Post Recovery Room - PACU		
- 9 Bed Capacity - 755 North		
Broadway 3rd floor	4	1.7
Operating Room - 4 Exam		
Rooms - 755 North		
Broadway 3rd Floor	4	1.7
Emergency Department - 32 Bed Capacity - 701 North		
Broadway - G Level	4	1.7
Amb Surg - 17 Beds	3	0.68
Labor & Delivery	3	0.52
Obstetrics, Special Care		
Nursery, Pediatrics	4	1.7
3 North - Medicine	4	2.15
2 Center - Ortho/Rehab	3	0.52
2 North - Surgery	3	0.52
2 South - Behavioral Health	2	0.32
1 South - Psych	3	0.79
Critical Care (ICU)	3	0.68
5 South - Telemetry	4	2.15

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)
Post Recovery Room - PACU		
- 9 Bed Capacity - 755 North		
Broadway 3rd floor	1	0.6
Operating Room - 4 Exam		
Rooms - 755 North		
Broadway 3rd Floor	3	1.33
Emergency Department - 32 Bed Capacity - 701 North	2	2.5
Broadway - G Level	2 1	2.5 0.6
Amb Surg - 17 Beds Labor & Delivery	1	8
Obstetrics, Special Care	1	0
Nursery, Pediatrics	1	1.88
3 North - Medicine	2	4.95
2 Center - Ortho/Rehab	2	2.5
2 North - Surgery	2	3.23
2 South - Behavioral Health 1 South - Psych	2 4	2.7 6.39
Critical Care (ICU)	1	3.54
5 South - Telemetry	3	3.09
3 30util - Teleffietty	ა	3.03

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.
	Eve
	Administrative Support
	Assistants
	Anesthesia Provider
	Clinical Pharmacist
	Hospitalist / NP / PA
	Hospitality
	IV Therapy Team / Line
	Access
	Licensed Social Services /
	Case Management
	MD Practitioner
	Patient Transport Team
	Radiology Tech
	Rapid Response Team
Post Pecovery Poom DACIL	Respiratory Therapy Support
Post Recovery Room - PACU - 9 Bed Capacity - 755 North	Support Spiritual Services
Broadway 3rd floor	Other
bi Jauway 31 u 11001	Other

Administrative Support Assistant Anesthesia Provider **Clinical Pharmacist** Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Licensed Social Services / Case Management **MD** Practitioner Patient Transport Team Radiology Tech Rapid Response Team **Respiratory Therapy** Support Rooms - 755 North **Spiritual Services** Other

Operating Room - 4 Exam Broadway 3rd Floor

Management 1:1 Patient Observer/sitter Administrative Support Assistant **Admissions Nurse** (Facilitator/ Functional Nurse) **Associate Patient Access** Services Representative **Clinical Pharmacist Clinical Support Services** Assistant Hospitalist / NP / PA Hospitality Intensivist IV Therapy Team / Line Access Nutritionist Patient Transport Team **Pharmacy Tech** Rapid Response Team Rehab Activities (OT, PT, Speech) **Respiratory Therapy** Support **Spiritual Services** Other

Emergency Department - 32 Bed Capacity - 701 North Broadway - G Level

Administrative Support
Administrative Support
Assistant
Anesthesia Provider
Clinical Pharmacist
Hospitalist / NP / PA
Hospitality
IV Therapy Team / Line
Access
Licensed Social Services /
Case Management
MD Practitioner
Patient Transport Team
Radiology Tech
Rapid Response Team
Respiratory Therapy
Support
Spiritual Services
Other
Clinical Pharmacist
Hospitalist / NP / PA
Hospitality
IV Therapy Team / Line
Access
Licensed Social Services /
Case Management
Neonatologist
OB Safety Office
Patient Transport Team
Pediatric Hospitalist
Rapid Response Team
Respiratory Therapy
Support
Special Care
Nursery/Pediatric
Registered Nurse
Spiritual Services

	Clinical Pharmacist
	Hospitalist / NP / PA
	Hospitality
	IV Therapy Team / Line
	Access
	Licensed Social Services /
	Case Management
	Neonatologist
	OB Safety Office
	Patient Transport Team
	Pediatric Hospitalist
	Rapid Response Team
	Respiratory Therapy
	Support
	Special Care
	Nursery/Pediatric
Obstetrics, Special Care	Registered Nurse
Nursery, Pediatrics	Spiritual Services
	1:1 Patient Observer/sitter
	Clinical Pharmacist
	Hospitalist / NP / PA
	IV Therapy Team / Line
	Access
	Monitor /Tele Technician
	Nutritionist
	Patient Transport Team
	Rapid Response Team
	Respiratory Therapy
	Support
	Spiritual Services
3 North - Medicine	Unit Clerical Support

	Assistant Nurse
	Management
	1:1 Patient Observer/sitter
	Clinical Pharmacist
	Hospitalist / NP / PA
	IV Therapy Team / Line
	Access
	Monitor /Tele Technician
	Patient Transport Team
	Rapid Response Team
	Respiratory Therapy
	, , , , , ,
	Support
2 Cantan Outho/Dahah	Spiritual Services
2 Center - Ortho/Rehab	Unit Clerical Support
	1:1 Patient Observer/sitter
	Clinical Pharmacist
	Hospitalist / NP / PA
	IV Therapy Team / Line
	Access
	Monitor /Tele Technician
	Patient Transport Team
	Rapid Response Team
	Respiratory Therapy
	Support
	Spiritual Services
2 North - Surgery	Unit Clerical Support

	A saiste at Numer
	Assistant Nurse
	Management
	1:1 Patient Observer/sitter
	Clinical Pharmacist
	Hospitalist / NP / PA
	IV Therapy Team / Line
	Access
	Licensed Social Services /
	Case Management
	Patient Transport Team
	Rapid Response Team
	Respiratory Therapy
	Support
	Spiritual Services
2 South - Behavioral Health	Unit Clerical Support
	Assistant Nurse
	Management
	1:1 Patient Observer/sitter
	Clinical Pharmacist
	Hospitalist / NP / PA
	IV Therapy Team / Line
	Access
	Licensed Social Services /
	Case Management
	Patient Transport Team
	Rapid Response Team
	Respiratory Therapy
	Support
	Spiritual Services
1 South - Psych	Unit Clerical Support

	1:1 Patient Observer/sitter
	Clinical Pharmacist
	Intensivist/ Hospitalist / NP
	/ PA
	IV Therapy Team / Line
	Access
	Monitor /Tele Technician
	Patient Transport Team
	Rapid Response Team
	Respiratory Therapy
	Support
	Spiritual Services
Critical Care (ICU)	Unit Clerical Support
	Assistant Nurse
	Management
	1:1 Patient Observer/sitter
	Clinical Pharmacist
	Hospitalist / NP / PA
	Hospitality
	IV Therapy Team / Line
	Access
	Monitor /Tele Technician
	Patient Transport Team
	Rapid Response Team Respiratory Therapy
	Support
	Spiritual Services
	Unit Clerical Support
	I – Dinit Clericai Sunnort – i

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:	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):
		Northwell Health Clinical	numbers of patients on the	
		Staffing Committee	unit on each shift and	
		comprises 8 administrative	activity such as patient	Management's
		care co-leads and 8 direct	discharges, admissions, and	
		care co-leads of RNs and	transfers.	minimal staffing on this unit
		ancillary staff. Both the	{Measures of acuity and	is not consistent with the
		administrative and direct	intensity of all patients and	legislation NYSHCSC Law
		patient care co-leads were	nature the care to be	2805-t. Sufficient staffing is
		provided training focused	delivered on each unit and	crucial for patient care, and
		on staffing bill knowledge	shift.	improved outcomes, and
		and process, behavioral soft		ensures patients receive the
		skills, and tactical	LPNs, and ancillary staff to	needed attention,
		application, including	take meal and rest breaks,	expertise, and support. It
		operational budget	planned time off, and	allows for swift responses
		overview courses. Our	unplanned absences that	to emergencies and reduces the risk of errors.
		committee held 19 meetings since February of	are reasonably foreseeable as required by law or the	Insufficient staffing also
		2022, where all attendees	terms of an applicable CBA.	drives worker turnover and
		and meeting minutes were	{Other special	exacerbates the workforce
		documented. During the	characteristics of the unit or	crisis. To achieve high-
		multiple gatherings, the	community patient	quality care, adequate
		committee reviewed and	population, including age,	staffing is required in this
		designed staffing matrices	cultural and linguistic	unit. We feel our proposal
		for all units designated in	diversity and needs,	met the requirements of
Post Recovery Room - PACU		the bill.	functional ability,	the law, improved patient
- 9 Bed Capacity - 755 North			communication skills, and	care, and enhances staff
Broadway 3rd floor	No	As required by the	other relevant social or	retention and recruitment.
Operating Room - 4 Exam				
Rooms - 755 North				
Broadway 3rd Floor	Yes			

	Northwell Health Clinical	numbers of patients on the	
	Staffing Committee	unit on each shift and	
	comprises 8 administrative	activity such as patient	Management's
	care co-leads and 8 direct	discharges, admissions, and	recommendation for
	care co-leads of RNs and	transfers.	minimal staffing on this unit
	ancillary staff. Both the	{Measures of acuity and	is not consistent with the
	administrative and direct	intensity of all patients and	legislation NYSHCSC Law
	patient care co-leads were	nature the care to be	2805-t. Sufficient staffing is
	provided training focused	delivered on each unit and	crucial for patient care, and
	on staffing bill knowledge	shift.	improved outcomes, and
	and process, behavioral soft	{Coverage to enable RNs,	ensures patients receive the
	skills, and tactical	LPNs, and ancillary staff to	needed attention,
	application, including	take meal and rest breaks,	expertise, and support. It
	operational budget	planned time off, and	allows for swift responses
	overview courses. Our	unplanned absences that	to emergencies and reduces
	committee held 19	are reasonably foreseeable	the risk of errors.
	meetings since February of	as required by law or the	Insufficient staffing also
	2022, where all attendees	terms of an applicable CBA.	drives worker turnover and
	and meeting minutes were	{Other special	exacerbates the workforce
	documented. During the	characteristics of the unit or	crisis. To achieve high-
	multiple gatherings, the	community patient	quality care, adequate
	committee reviewed and	population, including age,	staffing is required in this
	designed staffing matrices	cultural and linguistic	unit. We feel our proposal
	for all units designated in	diversity and needs,	met the requirements of
	the bill.	functional ability,	the law, improved patient
		communication skills, and	care, and enhances staff
No	As required by the	other relevant social or	retention and recruitment.
Yes			
		Staffing Committee comprises 8 administrative care co-leads and 8 direct care co-leads of RNs and ancillary staff. Both the administrative and direct patient care co-leads were provided training focused on staffing bill knowledge and process, behavioral soft skills, and tactical application, including operational budget overview courses. Our committee held 19 meetings since February of 2022, where all attendees and meeting minutes were documented. During the multiple gatherings, the committee reviewed and designed staffing matrices for all units designated in the bill.	Staffing Committee comprises 8 administrative care co-leads and 8 direct care co-leads of RNs and ancillary staff. Both the administrative and direct patient care co-leads were provided training focused on staffing bill knowledge and process, behavioral soft skills, and tactical application, including operational budget overview courses. Our committee held 19 meetings since February of 2022, where all attendees and meeting minutes were documented. During the multiple gatherings, the committee reviewed and designed staffing matrices for all units designated in the bill. No As required by the unit on each shift and activity such as patient discharges, admissions, and transfers. {Measures of acuity and intensity of all patients and nature the care to be delivered on each unit and shift. {Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable CBA. {Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or

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		following for this decision:	numbers of patients on the	for patient care and safety.
		1.Average number of	unit on each shift and	Management's
		patients in the 4 Center –	activity such as patient	recommendation for
		Labor & Delivery Unit.	discharges, admissions, and	minimal staffing is not
		2.Currently staffed with	transfers.	consistent with the
		ASA night float.	2.Measures of acuity and	legislation NYSHCSC Law
			intensity of all patients and	2805-t. Sufficient staffing
			nature of the care to be	ensures patients receive the
		Findings and Conclusions	delivered on each unit and	attention, expertise, and
		As the executive director, I	shift.	support they need. It allows
		have considered both the	3.Other special	for swift responses to
		rationales of the CSC direct	characteristics of the unit or	emergencies, reduces the
		care co-leads and the CSC	community patient	risk of errors, and improves
		administrative co-leads in	population, including age,	outcomes. Insufficient
		providing these final	cultural and linguistic	staffing jeopardizes lives
		recommendations. As the	diversity and needs,	and compromises care
		minimal staffing guidelines	functional ability,	quality. Management's
		are outlined, this decision	communication skills, and	suggestion prioritizes cost-
		considered the patient care	other relevant social or	cutting over patients. To
		delivery model,	socio-economic factors.	achieve our goal, we must
		collaboration between and	4.Availability of other	recognize that adequate
		amongst disciplines, and the	personnel supporting	staffing is non-negotiable. It
		additional supportive care	nursing services on unit.	is essential for optimal care
		team members.	5.Ability to provide one to	and patient well-being.
			one patient observation	Patient safety depends on
		Rationale for Decision	when needed.	it, and management must
Labor & Delivery	No	We believe that providing	6.The nursing quality	acknowledge the

	following for this decision:	numbers of patients on the	for patient care and safety.
	•		Management's
	patients in the 4 Center –	activity such as patient	recommendation for
	Labor & Delivery Unit.	discharges, admissions, and	minimal staffing is not
	2.Currently staffed with	transfers.	consistent with the
	ASA night float.	2.Measures of acuity and	legislation NYSHCSC Law
		intensity of all patients and	2805-t. Sufficient staffing
		nature of the care to be	ensures patients receive the
	Findings and Conclusions	delivered on each unit and	attention, expertise, and
	As the executive director, I	shift.	support they need. It allows
	have considered both the	3.Other special	for swift responses to
	rationales of the CSC direct	characteristics of the unit or	emergencies, reduces the
	care co-leads and the CSC	community patient	risk of errors, and improves
	administrative co-leads in	population, including age,	outcomes. Insufficient
	providing these final	cultural and linguistic	staffing jeopardizes lives
	recommendations. As the	diversity and needs,	and compromises care
	minimal staffing guidelines	functional ability,	quality. Management's
	are outlined, this decision	communication skills, and	suggestion prioritizes cost-
	considered the patient care	other relevant social or	cutting over patients. To
	delivery model,	socio-economic factors.	achieve our goal, we must
	collaboration between and	4.Availability of other	recognize that adequate
	amongst disciplines, and the	personnel supporting	staffing is non-negotiable. It
	•		is essential for optimal care
	team members.	5.Ability to provide one to	and patient well-being.
		one patient observation	Patient safety depends on
	Rationale for Decision	· ·	it, and management must
No			acknowledge the
	No	1.Average number of patients in the 4 Center – Labor & Delivery Unit. 2.Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision	1. Average number of patients in the 4 Center — Labor & Delivery Unit. 2. Currently staffed with ASA night float. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed.

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		following for this decision:	numbers of patients on the	for patient care and safety.
		1.Average number of	unit on each shift and	Management's
		patients on 3 North -	activity such as patient	recommendation for
		Medicine unit.	discharges, admissions, and	minimal staffing is not
		2.The availability of	transfers.	consistent with the
		additional personnel	2.Measures of acuity and	legislation NYSHCSC Law
		support such as CPI-	intensity of all patients and	2805-t. Sufficient staffing
		competent PCAs to perform	nature of the care to be	ensures patients receive the
		constant observation and	delivered on each unit and	attention, expertise, and
		Patient Care Associates to	shift.	support they need. It allows
		perform Supervised Rooms.	3.Other special	for swift responses to
		3.ASA night float available.	characteristics of the unit or	emergencies, reduces the
			community patient	risk of errors, and improves
			population, including age,	outcomes. Insufficient
			cultural and linguistic	staffing jeopardizes lives
		Findings and Conclusions	diversity and needs,	and compromises care
		As the executive director, I	functional ability,	quality. Management's
		have considered both the	communication skills, and	suggestion prioritizes cost-
		rationales of the CSC direct	other relevant social or	cutting over patients. To
		care co-leads and the CSC	socio-economic factors.	achieve our goal, we must
		administrative co-leads in	4.Availability of other	recognize that adequate
		providing these final	personnel supporting	staffing is non-negotiable. It
		recommendations. As the	nursing services on unit.	is essential for optimal care
		minimal staffing guidelines	5.Ability to provide one to	and patient well-being.
		are outlined, this decision	one patient observation	Patient safety depends on
		considered the patient care	when needed.	it, and management must
3 North - Medicine	No	delivery model,	6.The nursing quality	acknowledge the

following for this decision: numbers of patients on the for patient care and safety. 1. Average number of unit on each shift and Management's patients on 2 Center activity such as patient recommendation for discharges, admissions, and Inpatient Rehabilitation and minimal staffing is not Orthopedics transfers. consistent with the 2. The availability of 2. Measures of acuity and legislation NYSHCSC Law additional personnel intensity of all patients and 2805-t. Sufficient staffing support such as CPIensures patients receive the nature of the care to be competent PCAs to perform delivered on each unit and attention, expertise, and constant observation and shift. support they need. It allows 3.Other special for swift responses to Patient Care Associates to emergencies, reduces the characteristics of the unit or perform Supervised Rooms 3.ASA night float available. risk of errors, and improves community patient population, including age, outcomes. Insufficient **Findings and Conclusions** cultural and linguistic staffing jeopardizes lives As the executive director, I diversity and needs, and compromises care have considered both the functional ability, quality. Management's rationales of the CSC direct communication skills, and suggestion prioritizes costother relevant social or cutting over patients. To care co-leads and the CSC administrative co-leads in socio-economic factors. achieve our goal, we must 4. Availability of other providing these final recognize that adequate recommendations. As the personnel supporting staffing is non-negotiable. It is essential for optimal care minimal staffing guidelines nursing services on unit. are outlined, this decision 5. Ability to provide one to and patient well-being. considered the patient care one patient observation Patient safety depends on it, and management must delivery model, when needed. 2 Center - Ortho/Rehab 6.The nursing quality acknowledge the No collaboration between and

				
		following for this decision:	numbers of patients on the	for patient care and safety.
		1.Average number of	unit on each shift and	Management's
		patients on 2 North –	activity such as patient	recommendation for
		Surgery.	discharges, admissions, and	minimal staffing is not
		2.The availability of	transfers.	consistent with the
		additional personnel	2.Measures of acuity and	legislation NYSHCSC Law
		support such as CPI-	intensity of all patients and	2805-t. Sufficient staffing
		competent PCAs to perform	nature of the care to be	ensures patients receive the
		constant observation and	delivered on each unit and	attention, expertise, and
		Patient Care Associates to	shift.	support they need. It allows
		perform Supervised Rooms.	3.Other special	for swift responses to
		3.ASA night float available.	characteristics of the unit or	emergencies, reduces the
			community patient	risk of errors, and improves
		Findings and Conclusions	population, including age,	outcomes. Insufficient
		As the executive director, I	cultural and linguistic	staffing jeopardizes lives
		have considered both the	diversity and needs,	and compromises care
		rationales of the CSC direct	functional ability,	quality. Management's
		care co-leads and the CSC	communication skills, and	suggestion prioritizes cost-
		administrative co-leads in	other relevant social or	cutting over patients. To
		providing these final	socio-economic factors.	achieve our goal, we must
		recommendations. As the	4.Availability of other	recognize that adequate
		minimal staffing guidelines	personnel supporting	staffing is non-negotiable. It
		are outlined, this decision	nursing services on unit.	is essential for optimal care
		considered the patient care	5.Ability to provide one to	and patient well-being.
		delivery model,	one patient observation	Patient safety depends on
		collaboration between and	when needed.	it, and management must
2 North - Surgery	No	amongst disciplines, and the	6.The nursing quality	acknowledge the

				
		following for this decision:	numbers of patients on the	for patient care and safety.
		1.Average number of	unit on each shift and	Management's
		patients in the 2 South	activity such as patient	recommendation for
		–Inpatient Behavioral	discharges, admissions, and	minimal staffing is not
		Rehabilitation Unit.	transfers.	consistent with the
		2. Number of admissions	2.Measures of acuity and	legislation NYSHCSC Law
		during the night and	intensity of all patients and	2805-t. Sufficient staffing
		weekends.	nature of the care to be	ensures patients receive the
		3.The availability of	delivered on each unit and	attention, expertise, and
		additional personnel	shift.	support they need. It allows
		support such as CPI-	3.Other special	for swift responses to
		competent PCAs to perform	characteristics of the unit or	emergencies, reduces the
		enhanced supervision.	community patient	risk of errors, and improves
		4.ASA night float available.	population, including age,	outcomes. Insufficient
			cultural and linguistic	staffing jeopardizes lives
		Findings and Conclusions	diversity and needs,	and compromises care
		As the executive director, I	functional ability,	quality. Management's
		have considered both the	communication skills, and	suggestion prioritizes cost-
		rationales of the CSC direct	other relevant social or	cutting over patients. To
		care co-leads and the CSC	socio-economic factors.	achieve our goal, we must
		administrative co-leads in	4.Availability of other	recognize that adequate
		providing these final	personnel supporting	staffing is non-negotiable. It
		recommendations. As the	nursing services on unit.	is essential for optimal care
		minimal staffing guidelines	5.Ability to provide one to	and patient well-being.
		are outlined, this decision	one patient observation	Patient safety depends on
		considered the patient care	when needed.	it, and management must
2 South - Behavioral Health	No	delivery model,	6.The nursing quality	acknowledge the
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		following for this decision:	numbers of patients on the	for patient care and safety.
		{Average number of	unit on each shift and	Management's
		patients on 1 South –	activity such as patient	recommendation for
		Psychiatry unit	discharges, admissions, and	minimal staffing is not
		{Number of admissions on	transfers.	consistent with the
		weekends	{Measures of acuity and	legislation NYSHCSC Law
		{The availability of	intensity of all patients and	2805-t. Sufficient staffing
		additional personnel	nature of the care to be	ensures patients receive the
		support such as CPI-	delivered on each unit and	attention, expertise, and
		competent PCAs to perform	shift.	support they need. It allows
		constant observation.	{Other special	for swift responses to
		{ASA night float available	characteristics of the unit or	emergencies, reduces the
			community patient	risk of errors, and improves
			population, including age,	outcomes. Insufficient
		Findings and Conclusions	cultural and linguistic	staffing jeopardizes lives
		As the executive director, I	diversity and needs,	and compromises care
		have considered both the	functional ability,	quality. Management's
		rationales of the CSC direct	communication skills, and	suggestion prioritizes cost-
		care co-leads and the CSC	other relevant social or	cutting over patients. To
		administrative co-leads in	socio-economic factors.	achieve our goal, we must
		providing these final	{Availability of other	recognize that adequate
		recommendations. As the	personnel supporting	staffing is non-negotiable. It
		minimal staffing guidelines	nursing services on unit.	is essential for optimal care
		are outlined, this decision	{Ability to provide one to	and patient well-being.
		considered the patient care	one patient observation	Patient safety depends on
		delivery model,	when needed.	it, and management must
1 South - Psych	No	collaboration between and	{The nursing quality	acknowledge the

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		following for this decision:	numbers of patients on the	for patient care and safety.
		1.Average number of	unit on each shift and	Management's
		patients in the 2 South	activity such as patient	recommendation for
		–Inpatient Behavioral	discharges, admissions, and	minimal staffing is not
		Rehabilitation Unit.	transfers.	consistent with the
		2. Number of admissions	2.Measures of acuity and	legislation NYSHCSC Law
		during the night and	intensity of all patients and	2805-t. Sufficient staffing
		weekends.	nature of the care to be	ensures patients receive the
		3.The availability of	delivered on each unit and	attention, expertise, and
		additional personnel	shift.	support they need. It allows
		support such as CPI-	3.Other special	for swift responses to
		competent PCAs to perform	characteristics of the unit or	emergencies, reduces the
		enhanced supervision.	community patient	risk of errors, and improves
		4.ASA night float available.	population, including age,	outcomes. Insufficient
			cultural and linguistic	staffing jeopardizes lives
		Findings and Conclusions	diversity and needs,	and compromises care
		As the executive director, I	functional ability,	quality. Management's
		have considered both the	communication skills, and	suggestion prioritizes cost-
		rationales of the CSC direct	other relevant social or	cutting over patients. To
		care co-leads and the CSC	socio-economic factors.	achieve our goal, we must
		administrative co-leads in	4.Availability of other	recognize that adequate
		providing these final	personnel supporting	staffing is non-negotiable. It
		recommendations. As the	nursing services on unit.	is essential for optimal care
		minimal staffing guidelines	5.Ability to provide one to	and patient well-being.
		are outlined, this decision	one patient observation	Patient safety depends on
		considered the patient care	when needed.	it, and management must
Critical Care (ICU)	No	delivery model,	6.The nursing quality	acknowledge the

				0
		following for this decision:	numbers of patients on the	for patient care and safety.
		1.Average number of	unit on each shift and	Management's
		patients on telemetry	activity such as patient	recommendation for
		2.The number of patients	discharges, admissions, and	minimal staffing is not
		who routinely are waiting	transfers.	consistent with the
		for transfer to med-surg	2.Measures of acuity and	legislation NYSHCSC Law
		units	intensity of all patients and	2805-t. Sufficient staffing
		3.The availability of	nature of the care to be	ensures patients receive the
		additional personnel such as	delivered on each unit and	attention, expertise, and
		the nurse manager or	shift.	support they need. It allows
		assistant nurse manager	3.Other special	for swift responses to
		and other support	characteristics of the unit or	emergencies, reduces the
		employees such as monitor	community patient	risk of errors, and improves
		techs(24x7) and CPI-	population, including age,	outcomes. Insufficient
		competent PCAs to perform	cultural and linguistic	staffing jeopardizes lives
		constant observation.	diversity and needs,	and compromises care
		4.ASA night float available.	functional ability,	quality. Management's
		Findings and Conclusions	communication skills, and	suggestion prioritizes cost-
		As the executive director, I	other relevant social or	cutting over patients. To
		have considered both the	socio-economic factors.	achieve our goal, we must
		rationales of the CSC direct	4.Availability of other	recognize that adequate
		care co-leads and the CSC	personnel supporting	staffing is non-negotiable. It
		administrative co-leads in	nursing services on unit.	is essential for optimal care
		providing these final	5.Ability to provide one to	and patient well-being.
		recommendations. As the	one patient observation	Patient safety depends on
		minimal staffing guidelines	when needed.	it, and management must
5 South - Telemetry	No	are outlined, this decision	6.The nursing quality	acknowledge the

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)	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 5 digits. Ex: 101.50)	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)
Emergency Department	Emergency Department - 32 Bed Capacity - G Level	4	1.6	26.33
Obstetrics/Gynecology	Obstetrics, Special Care Nursery, Pediatrics	4	7.6	12
Obstetrics/Gynecology	Labor & Delivery	3	6	3
Medical/Surgical	3 North - Medicine	2	5	10
Orthopedics	2 Center - Rehab/Ortho	4	3.85	26
Medical/Surgical	2 North - Surgery	4	4.35	23
Chemical Dependency	2 South - Behavioral Health	2	3.01	15
Psychiatry	1 South - Psych	3	4.45	16
Critical Care	Critical Care (ICU)	3	10.71	7
Telemetry	5 South - Telemetry	4	3.89	24

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)
Emergency Department	6.6	0
Obstetrics/Gynecology	7	0
Obstetrics/Gynecology	1.5	0
Medical/Surgical	5	0

Orthopedics	7	0
Medical/Surgical	6	0
Chemical Dependency	8	0
Psychiatry	5	0
Critical Care	2	0
Telemetry	6	0

NIGHT SHIFT ANCILLARY STAFF

	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with	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)
Emergency Department	0	4
Obstetrics/Gynecology	0	1
Obstetrics/Gynecology	0	1
Medical/Surgical	0	1
Orthopedics	0	1
Medical/Surgical	0	1
Chemical Dependency	0	1
Psychiatry	0	1
Critical Care	0	1
Telemetry	0	1

NIGHT SHIFT UNLICENSED STAFFING

	Planned total hours of	Planned average number
	ancillary members of the	of unlicensed personnel
	frontline team including	on the unit providing
	adjustment for case mix	direct patient care per
	and acuity on the Night	day on the Night Shift?
	Shift (Please provide a	(Please provide a
	number with up to 5	number with up to 5
Name of Clinical Unit:	digits. Ex: 101.50)	digits. Ex: 101.50)

Emergency Department	1.7	3
Obstetrics/Gynecology	0.17	1
Obstetrics/Gynecology	0.17	1
Medical/Surgical	0.33	2
Orthopedics	0.17	2
Medical/Surgical	0.17	3
Chemical Dependency	0.17	1
Psychiatry	0.17	4
Critical Care	0.33	1
Telemetry	0.33	3

NIGHT SHIFT ADDITIONAL RESOURCES

Name of Clinical Unit:	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 5 digits. Ex: 101.50)
Emergency Department	8.78
Obstetrics/Gynecology	1.88
Obstetrics/Gynecology	8
Medical/Surgical	4.95
Orthopedics	2.72
Medical/Surgical	3.23
Chemical Dependency	2.46
Psychiatry	6.39
Critical Care	3.54
Telemetry	3.09

NIGHT SHIFT CONSENSUS INFORMATION

	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	Our Clinical Staffing	If no, Chief Executive Officer	Statement by members of clinical staffing committee selected by
Name of Clinical Unit:	registered nurses, licensed practical nurses, and ancillary staff.	Committee reached consensus on the clinical staffing plan for this unit:	Statement in support of clinical staffing plan for this unit:	the general hospital administration (management members):

		,		(
			Northwell Health Clinical	numbers of patients on the
			Staffing Committee	unit on each shift and
			comprises 8 administrative	activity such as patient
			care co-leads and 8 direct	discharges, admissions, and
			care co-leads of RNs and	transfers.
			ancillary staff. Both the	{Measures of acuity and
			administrative and direct	intensity of all patients and
			patient care co-leads were	nature the care to be
			provided training focused	delivered on each unit and
			on staffing bill knowledge	shift.
	Assistant Nurse		and process, behavioral soft	{Coverage to enable RNs,
	Management		skills, and tactical	LPNs, and ancillary staff to
	1:1 Patient Observer/sitter		application, including	take meal and rest breaks,
	Administrative Support		operational budget	planned time off, and
	Assistant		overview courses. Our	unplanned absences that
	Associate Patient Access		committee held 19	are reasonably foreseeable
	Services Representative		meetings since February of	as required by law or the
	Clinical Support Services		2022, where all attendees	terms of an applicable CBA.
	Assistant		and meeting minutes were	{Other special
	Hospitalist / NP / PA		documented. During the	characteristics of the unit or
	Intensivist		multiple gatherings, the	community patient
	Patient Transport Team		committee reviewed and	population, including age,
	Rapid Response Team		designed staffing matrices	cultural and linguistic
	Respiratory Therapy		for all units designated in	diversity and needs,
	Support		the bill.	functional ability,
	Spiritual Services			communication skills, and
Emergency Department	Other	No	As required by the	other relevant social or
F				

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				numbers of patients on the
				unit on each shift and
				activity such as patient
				discharges, admissions, and
				transfers.
				2.Measures of acuity and
				intensity of all patients and
				nature of the care to be
				delivered on each unit and
				shift.
				3.Other special
				characteristics of the unit or
				community patient
				population, including age,
	Assistant Nurse			cultural and linguistic
	Management			diversity and needs,
	Hospitalist / NP / PA			functional ability,
	Hospitality			communication skills, and
	Neonatologist			other relevant social or
	Pediatric Hospitalist			socio-economic factors.
	Rapid Response Team		I have considered the	4.Availability of other
	Respiratory Therapy		following for this decision:	personnel supporting
	Support		1.Average number of	nursing services on unit.
	Special Care		patients in the 4 Center –	5.Ability to provide one to
	Nursery/Pediatric		Labor & Delivery Unit.	one patient observation
	Registered Nurse		2.Currently staffed with	when needed.
Obstetrics/Gynecology	Spiritual Services	No	ASA night float.	6.The nursing quality

		1		,
			following for this decision:	numbers of patients on the
			1.Average number of	unit on each shift and
			patients in the 4 Center –	activity such as patient
			Labor & Delivery Unit.	discharges, admissions, and
			2.Currently staffed with	transfers.
			ASA night float.	2.Measures of acuity and
				intensity of all patients and
				nature of the care to be
			Findings and Conclusions	delivered on each unit and
			As the executive director, I	shift.
			have considered both the	3.Other special
			rationales of the CSC direct	characteristics of the unit or
			care co-leads and the CSC	community patient
			administrative co-leads in	population, including age,
	Assistant Nurse		providing these final	cultural and linguistic
	Management		recommendations. As the	diversity and needs,
	Hospitalist / NP / PA		minimal staffing guidelines	functional ability,
	Hospitality		are outlined, this decision	communication skills, and
	Neonatologist		considered the patient care	other relevant social or
	Pediatric Hospitalist		delivery model,	socio-economic factors.
	Rapid Response Team		collaboration between and	4.Availability of other
	Respiratory Therapy		amongst disciplines, and the	personnel supporting
	Support		additional supportive care	nursing services on unit.
	Special Care		team members.	5.Ability to provide one to
	Nursery/Pediatric			one patient observation
	Registered Nurse		Rationale for Decision	when needed.
Obstetrics/Gynecology	Spiritual Services	No	We believe that providing	6.The nursing quality

				,
			following for this decision:	numbers of patients on the
			1.Average number of	unit on each shift and
			patients on 3 North -	activity such as patient
			Medicine unit.	discharges, admissions, and
			2.The availability of	transfers.
			additional personnel	2.Measures of acuity and
			support such as CPI-	intensity of all patients and
			competent PCAs to perform	nature of the care to be
			constant observation and	delivered on each unit and
			Patient Care Associates to	shift.
			perform Supervised Rooms.	3.Other special
			3.ASA night float available.	characteristics of the unit or
				community patient
				population, including age,
				cultural and linguistic
			Findings and Conclusions	diversity and needs,
			As the executive director, I	functional ability,
	Assistant Nurse		have considered both the	communication skills, and
	Management		rationales of the CSC direct	other relevant social or
	1:1 Patient Observer/sitter		care co-leads and the CSC	socio-economic factors.
	Hospitalist / NP / PA		administrative co-leads in	4.Availability of other
	Intern / Resident		providing these final	personnel supporting
	Monitor /Tele Technician		recommendations. As the	nursing services on unit.
	Rapid Response Team		minimal staffing guidelines	5.Ability to provide one to
	Respiratory Therapy		are outlined, this decision	one patient observation
	Support		considered the patient care	when needed.
Medical/Surgical	Spiritual Services	No	delivery model,	6.The nursing quality

	following for this decision: 1.Average number of patients on 2 Center –	numbers of patients on the unit on each shift and
	nationts on 2 Center -	
	patients on 2 center –	activity such as patient
	Inpatient Rehabilitation and	discharges, admissions, and
	Orthopedics	transfers.
	2.The availability of	2.Measures of acuity and
	additional personnel	intensity of all patients and
	support such as CPI-	nature of the care to be
	competent PCAs to perform	delivered on each unit and
	constant observation and	shift.
	Patient Care Associates to	3.Other special
	perform Supervised Rooms.	characteristics of the unit or
	3.ASA night float available.	community patient
		population, including age,
	Findings and Conclusions	cultural and linguistic
	As the executive director, I	diversity and needs,
	have considered both the	functional ability,
	rationales of the CSC direct	communication skills, and
	care co-leads and the CSC	other relevant social or
ver/sitter	administrative co-leads in	socio-economic factors.
P / PA	providing these final	4.Availability of other
chnician	recommendations. As the	personnel supporting
e Team	minimal staffing guidelines	nursing services on unit.
nerapy	are outlined, this decision	5.Ability to provide one to
	considered the patient care	one patient observation
vices	delivery model,	when needed.
upport No	collaboration between and	6.The nursing quality
	ever/sitter IP / PA echnician e Team enerapy c vices upport No	Orthopedics 2.The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3.ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model,

			following for this decision:	numbers of patients on the
			1.Average number of	unit on each shift and
			patients on 2 North –	activity such as patient
			Surgery.	discharges, admissions, and
			2.The availability of	transfers.
			additional personnel	2.Measures of acuity and
			support such as CPI-	intensity of all patients and
			competent PCAs to perform	nature of the care to be
			constant observation and	delivered on each unit and
			Patient Care Associates to	shift.
			perform Supervised Rooms.	3.Other special
			3.ASA night float available.	characteristics of the unit or
				community patient
			Findings and Conclusions	population, including age,
			As the executive director, I	cultural and linguistic
			have considered both the	diversity and needs,
			rationales of the CSC direct	functional ability,
	Assistant Nurse		care co-leads and the CSC	communication skills, and
	Management		administrative co-leads in	other relevant social or
	1:1 Patient Observer/sitter		providing these final	socio-economic factors.
	Hospitalist / NP / PA		recommendations. As the	4.Availability of other
	Intern / Resident		minimal staffing guidelines	personnel supporting
	Monitor /Tele Technician		are outlined, this decision	nursing services on unit.
	Rapid Response Team		considered the patient care	5.Ability to provide one to
	Respiratory Therapy		delivery model,	one patient observation
	Support		collaboration between and	when needed.
Medical/Surgical	Spiritual Services	No	amongst disciplines, and the	6.The nursing quality

				
			following for this decision:	numbers of patients on the
			1.Average number of	unit on each shift and
			patients in the 2 South	activity such as patient
			–Inpatient Behavioral	discharges, admissions, and
			Rehabilitation Unit.	transfers.
			2. Number of admissions	2.Measures of acuity and
			during the night and	intensity of all patients and
			weekends.	nature of the care to be
			3.The availability of	delivered on each unit and
			additional personnel	shift.
			support such as CPI-	3.Other special
			competent PCAs to perform	characteristics of the unit or
			enhanced supervision.	community patient
			4.ASA night float available.	population, including age,
				cultural and linguistic
			Findings and Conclusions	diversity and needs,
			As the executive director, I	functional ability,
			have considered both the	communication skills, and
			rationales of the CSC direct	other relevant social or
			care co-leads and the CSC	socio-economic factors.
			administrative co-leads in	4.Availability of other
	1:1 Patient Observer/sitter		providing these final	personnel supporting
	Hospitalist / NP / PA		recommendations. As the	nursing services on unit.
	Rapid Response Team		minimal staffing guidelines	5.Ability to provide one to
	Respiratory Therapy		are outlined, this decision	one patient observation
	Support		considered the patient care	when needed.
Chemical Dependency	Spiritual Services	No	delivery model,	6.The nursing quality
Chemical Dependency	Spiritual Services	No	delivery model,	6.The nursing quality

			following for this decision:	numbers of patients on the
			1.Average number of	unit on each shift and
			patients on 1 South –	activity such as patient
			Psychiatry unit	discharges, admissions, and
			2. Number of admissions	transfers.
			on weekends	2.Measures of acuity and
			3.The availability of	intensity of all patients and
			additional personnel	nature of the care to be
			support such as CPI-	delivered on each unit and
			competent PCAs to perform	shift.
			constant observation.	3.Other special
			4.ASA night float available	characteristics of the unit or
				community patient
				population, including age,
			Findings and Conclusions	cultural and linguistic
			As the executive director, I	diversity and needs,
			have considered both the	functional ability,
			rationales of the CSC direct	communication skills, and
			care co-leads and the CSC	other relevant social or
			administrative co-leads in	socio-economic factors.
			providing these final	4.Availability of other
	1:1 Patient Observer/sitter		recommendations. As the	personnel supporting
	Hospitalist / NP / PA		minimal staffing guidelines	nursing services on unit.
	Rapid Response Team		are outlined, this decision	5.Ability to provide one to
	Respiratory Therapy		considered the patient care	one patient observation
	Support		delivery model,	when needed.
Psychiatry	Spiritual Services	No	collaboration between and	6.The nursing quality

	T T			
			following for this decision:	numbers of patients on the
			1.Average number of	unit on each shift and
			patients in the 2 South	activity such as patient
			–Inpatient Behavioral	discharges, admissions, and
			Rehabilitation Unit.	transfers.
			2. Number of admissions	2.Measures of acuity and
			during the night and	intensity of all patients and
			weekends.	nature of the care to be
			3.The availability of	delivered on each unit and
			additional personnel	shift.
			support such as CPI-	3.Other special
			competent PCAs to perform	characteristics of the unit or
			enhanced supervision.	community patient
			4.ASA night float available.	population, including age,
				cultural and linguistic
			Findings and Conclusions	diversity and needs,
			As the executive director, I	functional ability,
			have considered both the	communication skills, and
	1:1 Patient Observer/sitter		rationales of the CSC direct	other relevant social or
	Intensivist/ Hospitalist / NP		care co-leads and the CSC	socio-economic factors.
	/ PA		administrative co-leads in	4.Availability of other
	Intern / Resident		providing these final	personnel supporting
	Monitor /Tele Technician		recommendations. As the	nursing services on unit.
	Rapid Response Team		minimal staffing guidelines	5.Ability to provide one to
	Respiratory Therapy		are outlined, this decision	one patient observation
	Support		considered the patient care	when needed.
Critical Care	Spiritual Services	No	delivery model,	6.The nursing quality

				,
			following for this decision:	numbers of patients on the
			1.Average number of	unit on each shift and
			patients on telemetry	activity such as patient
			2.The number of patients	discharges, admissions, and
			who routinely are waiting	transfers.
			for transfer to med-surg	2.Measures of acuity and
			units	intensity of all patients and
			3.The availability of	nature of the care to be
			additional personnel such as	delivered on each unit and
			the nurse manager or	shift.
			assistant nurse manager	3.Other special
			and other support	characteristics of the unit or
			employees such as monitor	community patient
			techs(24x7) and CPI-	population, including age,
			competent PCAs to perform	cultural and linguistic
			constant observation.	diversity and needs,
			4.ASA night float available.	functional ability,
			Findings and Conclusions	communication skills, and
	1:1 Patient Observer/sitter		As the executive director, I	other relevant social or
	Hospitalist / NP / PA		have considered both the	socio-economic factors.
	Hospitality		rationales of the CSC direct	4.Availability of other
	Monitor /Tele Technician		care co-leads and the CSC	personnel supporting
	Rapid Response Team		administrative co-leads in	nursing services on unit.
	Respiratory Therapy		providing these final	5.Ability to provide one to
	Support		recommendations. As the	one patient observation
	Spiritual Services		minimal staffing guidelines	when needed.
Telemetry	Unit Clerical Support	No	are outlined, this decision	6.The nursing quality
relementy	Offit Clerical Support	INU	are outlined, this decision	o. The nursing quality

