HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Bronx
Council	New York City
Network	NYC H+H
Reporting Organization	Jacobi Medical Center
Reporting Organization Id	1165
Reporting Organization Type	Hospital (pfi)
Data Entity	Jacobi Medical Center

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
JA IP 7EJ L&D 7th floor of				
Bldg 1. obstetrical patients				
anywhere in the laboring				
process	7	10.5	5.3	2
JA IPP 8D PSYCHIATRY 8th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.41	17	7
JA IPP 8A PSYCHIATRY 8th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.29	18.6	7
JA IPP 7D PSYCHIATRY 7th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.35	17.8	7
JA IPP 7A PSYCHIATRY 7th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.42	16.9	7
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby plan #patients reflect couplets	4	2.94	10.9	3

		I	I	
JA IP 7NJ NICU 7th floor of				
Bldg 1. neonates who need				
specialized, intermediate or				
intensive care	9	4.41	16.3	2
JA IP 6D PEDIATRICS 6th	-			-
floor of Bldg 6. pediatric				
medical / surgical floor	2	1.37	11.7	6
JA IP 6B PICU 6th floor of				
Bldg 6. pediatric ICU level				
patients	2	4.14	3.9	2
JA IP 5B CCU 5th floor of				
Bldg 6. cardiac and medical				
ICU level patients.	5	4.66	8.6	2
JA IP 4B MICU ICU 4th floor				
of Bldg 6. medical ICU level				
patients.	5	4.1	9.8	2
JA IP 2B SURGICAL ICU 2nd				
floor of Bldg 6. ICU level				
surgical / trauma patients	6	4.64	10.3	2
JA IP 2A BURN ICU 2nd floor				
of Bldg 6. burn patients and				
ICU level surgical patients	4	5.25	6.1	2
JA IP 3A STEPDOWN 3rd				
floor of Bldg 6. intermediate				
level surgical patients.	3	2.39	10	4
JA IP 6A MED/TELE 6th floor				
of Bldg 6. medical patients				
typically found on a routine				
medical floor	6	1.5	32	6
JA IP 5D MED/TELE 5th floor				
of Bldg 6. medical patients				
typically found on a routine				
medical floor	6	1.55	30.9	6

JA IP 5A MED/TELE 5th floor				
of Bldg 6. medical patients				
requiring telemetry				
monitoring	4	2.13	15	4
JA IP 5A MED/TELE 5th floor				
of Bldg 6. post cardiac				
catherization patients,				
stroke patients, medical	3	1.51	15.9	6
JA IPR 4D REHAB 4th floor				
of Bldg 6. acute				
rehabilitation patients	4	1.42	22.5	7
JA IP 4A MED/SURG 4th				
floor of Bldg 6. both medical				
and surgical patients	5	1.31	30.5	6
JA IP 3B MED 3rd floor of				
Bldg 6. medical and				
oncology patients requiring				
intermediate level ofcare	3	2.22	10.8	4
JA IP 3A SURGERY 3rd floor				
of Bldg 6. surgical patients				
typically found on a routine				
surgical floor	4	1.53	20.9	6

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
JA IP 7EJ L&D 7th floor of		
Bldg 1. obstetrical patients		
anywhere in the laboring		
process	0	0
JA IPP 8D PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0.43	0.2
JA IPP 8A PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0.86	0.37
JA IPP 7D PSYCHIATRY 7th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0
JA IPP 7A PSYCHIATRY 7th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby plan	0.43	0.22
#patients reflect couplets	0.43	0.32

JA IP 7NJ NICU 7th floor of		
Bldg 1. neonates who need		
specialized, intermediate or	_	_
intensive care	0	0
JA IP 6D PEDIATRICS 6th		
floor of Bldg 6. pediatric		
medical / surgical floor	0	0
JA IP 6B PICU 6th floor of		
Bldg 6. pediatric ICU level		
patients	0	0
JA IP 5B CCU 5th floor of		
Bldg 6. cardiac and medical		
ICU level patients.	0	0
JA IP 4B MICU ICU 4th floor		
of Bldg 6. medical ICU level		
patients.	0	0
JA IP 2B SURGICAL ICU 2nd		
floor of Bldg 6. ICU level		
surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor		
of Bldg 6. burn patients and		
ICU level surgical patients	0	0
JA IP 3A STEPDOWN 3rd		
floor of Bldg 6. intermediate		
level surgical patients.	0	0
JA IP 6A MED/TELE 6th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	0	0
JA IP 5D MED/TELE 5th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	0.43	0.11

JA IP 5A MED/TELE 5th floor		
of Bldg 6. medical patients		
requiring telemetry		
monitoring	0	0
monitoring	0	0
JA IP 5A MED/TELE 5th floor		
of Bldg 6. post cardiac		
catherization patients,		
stroke patients, medical	0	0
JA IPR 4D REHAB 4th floor		
of Bldg 6. acute		
rehabilitation patients	0	0
JA IP 4A MED/SURG 4th		
floor of Bldg 6. both medical		
and surgical patients	0.86	0.22
JA IP 3B MED 3rd floor of		
Bldg 6. medical and		
oncology patients requiring		
intermediate level ofcare	0	0
JA IP 3A SURGERY 3rd floor		
of Bldg 6. surgical patients		
typically found on a routine		
surgical floor	0	0

DAY SHIFT ANCILLARY STAFF

		Planned total hours of ancillary members of the
Provide a description of	Planned average number	frontline team including
Clinical Unit, including a	of ancillary members of	adjustment for case mix
description of typical	the frontline team on the	and acuity on the Day
patient services provided	unit per day on the Day	Shift (Please provide a
on the unit and the	Shift? (Please provide a	number with up to 4
unit's location in	number with up to 4	digits. Ex: 10.50)
the hospital.	digits. Ex: 10.50)	

JA IP 7EJ L&D 7th floor of		
Bldg 1. obstetrical patients		
anywhere in the laboring		
process	0	0
JA IPP 8D PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0
JA IPP 8A PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0
JA IPP 7D PSYCHIATRY 7th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0
JA IPP 7A PSYCHIATRY 7th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0
JA IP 7W MOTHER BABY 7th		
floor of Bldg 1. both mother		
& newborn baby plan		
#patients reflect couplets	0	0
JA IP 7NJ NICU 7th floor of		
Bldg 1. neonates who need		
specialized, intermediate or		
intensive care	0	0
JA IP 6D PEDIATRICS 6th		
floor of Bldg 6. pediatric		
medical / surgical floor	0	0
JA IP 6B PICU 6th floor of		
Bldg 6. pediatric ICU level		
patients	0	0
JA IP 5B CCU 5th floor of		
Bldg 6. cardiac and medical		
ICU level patients.	0	0
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JA IP 4B MICU ICU 4th floor		
of Bldg 6. medical ICU level		
patients.	0	0
JA IP 2B SURGICAL ICU 2nd		
floor of Bldg 6. ICU level		
surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor		
of Bldg 6. burn patients and		
ICU level surgical patients	0	0
JA IP 3A STEPDOWN 3rd		
floor of Bldg 6. intermediate		
level surgical patients.	0	0
JA IP 6A MED/TELE 6th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	0	0
JA IP 5D MED/TELE 5th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	0	0
JA IP 5A MED/TELE 5th floor		
of Bldg 6. medical patients		
requiring telemetry		
monitoring	0	0
, in the second		
JA IP 5A MED/TELE 5th floor		
of Bldg 6. post cardiac		
catherization patients,		
stroke patients, medical	0	0
JA IPR 4D REHAB 4th floor		
of Bldg 6. acute		
rehabilitation patients	0	0
	-	-
JA IP 4A MED/SURG 4th		
floor of Bldg 6. both medical		
and surgical patients	0	0
2.1.2. 2.1. O. 2.2. P. 0. 1.0.		

JA IP 3B MED 3rd floor of		
Bldg 6. medical and		
oncology patients requiring		
intermediate level ofcare	0	0
JA IP 3A SURGERY 3rd floor		
of Bldg 6. surgical patients		
typically found on a routine		
surgical floor	0	0

DAY SHIFT UNLICENSED STAFFING

DAY SHIFT UNLICENSED STAF	FING	
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
JA IP 7EJ L&D 7th floor of	angles and action	
Bldg 1. obstetrical patients		
anywhere in the laboring		
process	2	3
JA IPP 8D PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	3	1.41
JA IPP 8A PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	3	1.29
JA IPP 7D PSYCHIATRY 7th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	3	1.35

3	1.42
2	1.47
2	0.98
1	0.68
1	2.07
1	0.93
1	0.82
1	0.77
1	1.31
1	0.8
	2 2 1 1 1

JA IP 6A MED/TELE 6th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	3	0.75
JA IP 5D MED/TELE 5th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	3	0.78
JA IP 5A MED/TELE 5th floor		
of Bldg 6. medical patients		
requiring telemetry		
monitoring	1.5	0.8
JA IP 5A MED/TELE 5th floor		
of Bldg 6. post cardiac		
catherization patients,		
stroke patients, medical	1.5	0.75
JA IPR 4D REHAB 4th floor		
of Bldg 6. acute		
rehabilitation patients	2	0.71
JA IP 4A MED/SURG 4th		
floor of Bldg 6. both medical		
and surgical patients	3	0.79
JA IP 3B MED 3rd floor of		
Bldg 6. medical and		
oncology patients requiring		
intermediate level ofcare	1	0.74
JA IP 3A SURGERY 3rd floor		
of Bldg 6. surgical patients		
typically found on a routine		
surgical floor	2	0.77

DAY SHIFT ADDITIONAL RESOURCES

Provide a description of	Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the unit's location in	registered nurses, licensed practical nurses,
the hospital.	and ancillary staff.
the Hospitan	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
JA IP 7EJ L&D 7th floor of	workers are available to
Bldg 1. obstetrical patients	support the planned
anywhere in the laboring	number of patients on this
process	unit.
	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and
JA IPP 8D PSYCHIATRY 8th	social workers are available
floor of Bldg 6. behavioral	to support the planned
health patients requiring	number of patients on this
inpatient treatment	unit.

	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
JA IPP 8A PSYCHIATRY 8th	workers are available to
floor of Bldg 6. behavioral	support the planned
health patients requiring	number of patients on this
inpatient treatment	unit.
,	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
JA IPP 7D PSYCHIATRY 7th	workers are available to
floor of Bldg 6. behavioral	support the planned
health patients requiring	number of patients on this
inpatient treatment	unit.
inputient treatment	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
JA IPP 7A PSYCHIATRY 7th	workers are available to
floor of Bldg 6. behavioral	support the planned
health patients requiring	number of patients on this
inpatient treatment	unit.
inpatient treatment	unit.

	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
JA IP 7W MOTHER BABY 7th	workers are available to
floor of Bldg 1. both mother	support the planned
& newborn baby plan	number of patients on this
#patients reflect couplets	unit.
	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
JA IP 7NJ NICU 7th floor of	workers are available to
Bldg 1. neonates who need	support the planned
specialized, intermediate or	number of patients on this
intensive care	unit.
	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
JA IP 6D PEDIATRICS 6th	support the planned
floor of Bldg 6. pediatric	number of patients on this
medical / surgical floor	unit.

	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
JA IP 6B PICU 6th floor of	support the planned
Bldg 6. pediatric ICU level	number of patients on this
patients	unit.
	Dadiestad aladest es es
	Dedicated clerical, monitor techs and HN resources are
	planned to support this
	unit. Additional resources
	such as pharmacists,
	respiratory therapists and
	social workers are available
JA IP 5B CCU 5th floor of	to support the planned
Bldg 6. cardiac and medical	number of patients on this
ICU level patients.	unit.

	Dedicated clerical, monitor
	techs and HN resources are
	planned to support this
	unit. Additional resources
	such as pharmacists,
	respiratory therapists and
	social workers are available
JA IP 4B MICU ICU 4th floor	to support the planned
of Bldg 6. medical ICU level	number of patients on this
patients.	unit.

	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
JA IP 2B SURGICAL ICU 2nd	support the planned
floor of Bldg 6. ICU level	number of patients on this
surgical / trauma patients	unit.
	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
JA IP 2A BURN ICU 2nd floor	support the planned
of Bldg 6. burn patients and	number of patients on this
ICU level surgical patients	unit.
	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
JA IP 3A STEPDOWN 3rd	support the planned
floor of Bldg 6. intermediate	number of patients on this
level surgical patients.	unit.

c	Dedicated clerical and HN
ا	resources are planned to
l l	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
JA IP 6A MED/TELE 6th floor	workers are available to
of Bldg 6. medical patients	support the planned
typically found on a routine	number of patients on this
medical floor	unit.
	Dedicated clerical and HN
	resources are planned to
s	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
JA IP 5D MED/TELE 5th floor	workers are available to
of Bldg 6. medical patients	support the planned
typically found on a routine	number of patients on this
medical floor	unit.
	Dedicated clerical and HN
	resources are planned to
s	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
JA IP 5A MED/TELE 5th floor	workers are available to
of Bldg 6. medical patients	support the planned
requiring telemetry	number of patients on this
monitoring	unit.

	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
JA IP 5A MED/TELE 5th floor	workers are available to
of Bldg 6. post cardiac	support the planned
catherization patients,	number of patients on this
stroke patients, medical	unit.
· · ·	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
JA IPR 4D REHAB 4th floor	support the planned
of Bldg 6. acute	number of patients on this
rehabilitation patients	unit.
	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
JA IP 4A MED/SURG 4th	support the planned
floor of Bldg 6. both medical	number of patients on this
and surgical patients	unit.

	Dedicated clerical and HN	
	resources are planned to	
	support this unit. Additional	
	resources such as	
	pharmacists, respiratory	
	therapists and social	
JA IP 3B MED 3rd floor of	workers are available to	
Bldg 6. medical and	support the planned	
oncology patients requiring	number of patients on this	
intermediate level ofcare	unit.	
	Dedicated clerical and HN	
	resources are planned to	
	support this unit. Additional	
	resources such as	
	pharmacists, respiratory	
	therapists and social	
JA IP 3A SURGERY 3rd floor	workers are available to	
of Bldg 6. surgical patients	support the planned	
typically found on a routine	number of patients on this	
surgical floor	unit.	

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):

		1	T	
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.

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JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for	In summary, management members found that experience at the hospital and the literature on safe staffing models supported	In summary, employee members did not find that the current auxiliary staff ratio would provide a
health patients requiring		current nursing and	the current ratio for	sufficient number of patient
inpatient treatment	No	auxiliary staff ratios.	auxiliary staff on this unit.	care hours per day.
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby plan #patients reflect couplets	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 7NJ NICU 7th floor of Bldg 1. neonates who need specialized, intermediate or intensive care	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric medical / surgical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	the current nursing and auxiliary staff ratio would

JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.

JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would
JA IP 6A MED/TELE 6th floor of Bldg 6. medical patients typically found on a routine medical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	the current nursing and auxiliary staff ratio would

JA IP 5A MED/TELE 5th floor of Bldg 6. medical patients requiring telemetry monitoring	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catherization patients, stroke patients, medical	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	the current nursing and auxiliary staff ratio would

JA IP 3B MED 3rd floor of Bldg 6. medical and oncology patients requiring intermediate level ofcare	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
JA IP 7EJ L&D 7th floor of				
Bldg 1. obstetrical patients				
anywhere in the laboring				
process	7	10.5	5.3	2
JA IPP 8D PSYCHIATRY 8th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.41	17	7
JA IPP 8A PSYCHIATRY 8th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.29	18.6	7
JA IPP 7D PSYCHIATRY 7th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.35	17.8	7
JA IPP 7A PSYCHIATRY 7th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.42	16.9	7
JA IP 7W MOTHER BABY 7th				
floor of Bldg 1. both mother				
& newborn baby the				
planned patients are				
couplets	4	2.94	10.9	3

JA IP 7NJ NICU 7th floor of				
Bldg 1. neonatal patients				
who need specialized,				
intermediate or intensive				
care	9	4.41	16.3	2
JA IP 6D PEDIATRICS 6th				
floor of Bldg 6. are pediatric				
patients typically found on				
routine pediatric medical/				
surgical floor	2	1.37	11.7	6
JA IP 6B PICU ICU 6th floor				
of Bldg 6. pediatric ICU level				
patients	2	4.14	3.9	2
JA IP 5B ICU 5th floor of				
Bldg 6. cardiac and medical				
ICU level patients.	5	4.66	8.6	2
JA IP 4B MICU ICU 4th floor				
of Bldg 6. medical ICU level				
patients.	5	4.1	9.8	2
JA IP 2B SURGICAL ICU 2nd				
floor of Bldg 6. ICU level				
surgical / trauma patients	6	4.64	10.3	2
JA IP 2A BURN ICU 2nd floor				
of Bldg 6. burn patients and	4	5.25	6.1	2
ICU level surgical patients	4	5.25	0.1	2
JA IP 3A STEPDOWN 3rd				
floor of Bldg 6. intermediate				
level surgical patients.	3	2.3	10	4
JA IP 6A MED/TELE				
Med/Surg 6th floor of Bldg				
6. medical patients typically				
found on a routine medical				
floor	6	1.5	32	6
JA IP 5D MED/TELE 5th floor				
of Bldg 6. medical patients				
typically found on a routine				
medical floor	6	1.55	30.9	6

JA IP 5A MED/TELE				
Telemetry 5th floor of Bldg				
6. patients requiring				
telemetry monitoring	4	2.13	15	4
JA IP 5A MED/TELE 5th floor				
of Bldg 6. post cardiac				
catherization patients,				
stroke patietns and other				
medical patients	3	1.51	15.9	6
JA IPR 4D REHAB 4th floor	<u> </u>	1.51	13.5	<u> </u>
of Bldg 6. acute				
rehabilitation patients	4	1.42	22.5	7
renasilitation patients	<u>'</u>	1.12	22.3	, , , , , , , , , , , , , , , , , , ,
JA IP 4A MED/SURG 4th				
floor of Bldg 6. both medical				
and surgical patients	5	1.31	30.5	6
S to G to produce the second s		-		-
JA IP 3B MED Stepdown 3rd				
floor of Bldg 6. medical				
patients requiring an				
intermediate level of care				
and oncologic patients	3	2.22	10.8	4
JA IP 3A SURGERY 3rd floor				
of Bldg 6. surgical patients				
typically found on a routine				
surgical floor	4	1.53	20.9	6

LPN EVENING SHIFT STAFFING

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

JA IP 7EJ L&D 7th floor of		
Bldg 1. obstetrical patients		
anywhere in the laboring		
process	0	0
JA IPP 8D PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0.08	0.04
JA IPP 8A PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0.16	0.07
JA IPP 7D PSYCHIATRY 7th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0
JA IPP 7A PSYCHIATRY 7th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0.08	0.04
JA IP 7W MOTHER BABY 7th		
floor of Bldg 1. both mother		
& newborn baby the		
planned patients are		
couplets	0.08	0.06
JA IP 7NJ NICU 7th floor of		
Bldg 1. neonatal patients		
who need specialized,		
intermediate or intensive		
care	0	0
JA IP 6D PEDIATRICS 6th		
floor of Bldg 6. are pediatric		
patients typically found on		
routine pediatric medical/		
surgical floor	0	0
JA IP 6B PICU ICU 6th floor		
of Bldg 6. pediatric ICU level		
patients	0	0
•		

JA IP 5B ICU 5th floor of		
Bldg 6. cardiac and medical		
ICU level patients.	0	0
JA IP 4B MICU ICU 4th floor		
of Bldg 6. medical ICU level		
patients.	0	0
JA IP 2B SURGICAL ICU 2nd		
floor of Bldg 6. ICU level		
surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor		
of Bldg 6. burn patients and		
ICU level surgical patients	0	0
JA IP 3A STEPDOWN 3rd		
floor of Bldg 6. intermediate		
level surgical patients.	0	0
JA IP 6A MED/TELE		
Med/Surg 6th floor of Bldg		
6. medical patients typically		
found on a routine medical		
floor	0	0
JA IP 5D MED/TELE 5th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	0.48	0.12
JA IP 5A MED/TELE		
Telemetry 5th floor of Bldg		
6. patients requiring		
telemetry monitoring	0	0
,	-	-
JA IP 5A MED/TELE 5th floor		
of Bldg 6. post cardiac		
catherization patients,		
stroke patietns and other		
medical patients	0	0
JA IPR 4D REHAB 4th floor		
of Bldg 6. acute		
rehabilitation patients	0	0
. chasintation patients	Ŭ.	Ŭ

JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	0.48	0.13
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	0	0
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	0	0

EVENING SHIFT ANCILLARY STAFF

		Planned total hours of
Provide a description of	Planned average number	ancillary members of the
Clinical Unit, including a	of ancillary members of	frontline team including
description of typical	the frontline team on the	adjustment for case mix
patient services provided	unit per day on the	and acuity on the
on the unit and the	Evening Shift? (Please	Evening Shift (Please
unit's location in	provide a number with	provide a number with
the hospital.	up to 4 digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
JA IP 7EJ L&D 7th floor of		
Bldg 1. obstetrical patients		
anywhere in the laboring		
process	0	0
JA IPP 8D PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0
JA IPP 8A PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0

0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0

14 1D 34 CTCDDOMNI 3**d		
JA IP 3A STEPDOWN 3rd		
floor of Bldg 6. intermediate	0	0
level surgical patients.	0	0
JA IP 6A MED/TELE		
Med/Surg 6th floor of Bldg		
6. medical patients typically		
found on a routine medical		
floor	0	0
JA IP 5D MED/TELE 5th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	0	0
JA IP 5A MED/TELE		
Telemetry 5th floor of Bldg		
6. patients requiring		
telemetry monitoring	0	0
JA IP 5A MED/TELE 5th floor		
of Bldg 6. post cardiac		
catherization patients,		
stroke patietns and other		
medical patients	0	0
JA IPR 4D REHAB 4th floor		
of Bldg 6. acute		
rehabilitation patients	0	0
JA IP 4A MED/SURG 4th		
floor of Bldg 6. both medical		
and surgical patients	0	0
JA IP 3B MED Stepdown 3rd		
floor of Bldg 6. medical		
patients requiring an		
intermediate level of care		
and oncologic patients	0	0

JA IP 3A SURGERY 3rd floor		
of Bldg 6. surgical patients		
typically found on a routine		
surgical floor	0	0

EVENING SHIFT UNLICENSED STAFFING

EVENING SHIFT UNLICENSED	EVENING SHIFT UNLICENSED STAFFING		
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)	
JA IP 7EJ L&D 7th floor of	angital Int I to Eq		
Bldg 1. obstetrical patients			
anywhere in the laboring			
process	2	3	
JA IPP 8D PSYCHIATRY 8th	2	3	
floor of Bldg 6. behavioral			
health patients requiring			
inpatient treatment	3	1.41	
JA IPP 8A PSYCHIATRY 8th	3	1.41	
floor of Bldg 6. behavioral			
health patients requiring			
inpatient treatment	3	1.29	
JA IPP 7D PSYCHIATRY 7th	J	1.23	
floor of Bldg 6. behavioral			
health patients requiring			
	3	1.35	
inpatient treatment JA IPP 7A PSYCHIATRY 7th	3	1.33	
floor of Bldg 6. behavioral			
health patients requiring			
, , , , ,	3	1.42	
inpatient treatment	3	1.42	

LA ID THE ACTUED BASICES I		
JA IP 7W MOTHER BABY 7th		
floor of Bldg 1. both mother		
& newborn baby the		
planned patients are		
couplets	2	1.47
JA IP 7NJ NICU 7th floor of		
Bldg 1. neonatal patients		
who need specialized,		
intermediate or intensive		
care	2	0.98
JA IP 6D PEDIATRICS 6th		
floor of Bldg 6. are pediatric		
patients typically found on		
routine pediatric medical/		
surgical floor	1	0.68
JA IP 6B PICU ICU 6th floor		
of Bldg 6. pediatric ICU level		
patients	1	2.07
JA IP 5B ICU 5th floor of		
Bldg 6. cardiac and medical		
ICU level patients.	1	0.93
JA IP 4B MICU ICU 4th floor		
of Bldg 6. medical ICU level		
patients.	1	0.82
JA IP 2B SURGICAL ICU 2nd		
floor of Bldg 6. ICU level		
surgical / trauma patients	1	0.77
JA IP 2A BURN ICU 2nd floor		
of Bldg 6. burn patients and		
ICU level surgical patients	1	1.31
JA IP 3A STEPDOWN 3rd		
floor of Bldg 6. intermediate		
level surgical patients.	1	0.8
<u> </u>		

JA IP 6A MED/TELE		
Med/Surg 6th floor of Bldg		
6. medical patients typically		
found on a routine medical		
floor	3	0.75
JA IP 5D MED/TELE 5th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	3	0.78
JA IP 5A MED/TELE		
Telemetry 5th floor of Bldg		
6. patients requiring		
telemetry monitoring	1.5	0.8
JA IP 5A MED/TELE 5th floor		
of Bldg 6. post cardiac		
catherization patients,		
stroke patietns and other		
medical patients	1.5	0.75
JA IPR 4D REHAB 4th floor		
of Bldg 6. acute		
rehabilitation patients	2	0.71
JA IP 4A MED/SURG 4th		
floor of Bldg 6. both medical		
and surgical patients	3	0.79
JA IP 3B MED Stepdown 3rd		
floor of Bldg 6. medical		
patients requiring an		
intermediate level of care		
and oncologic patients	1	0.74
JA IP 3A SURGERY 3rd floor		
of Bldg 6. surgical patients		
typically found on a routine		
surgical floor	2	0.77

EVENING SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff. Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social
JA IP 7EJ L&D 7th floor of	workers are available to
Bldg 1. obstetrical patients anywhere in the laboring	support the planned number of patients on this
process	unit.
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

	Dedicated clerical and HN
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
JA IP 7W MOTHER BABY 7th	therapists and social
floor of Bldg 1. both mother	workers are available to
& newborn baby the	support the planned
planned patients are	number of patients on this
couplets	unit.
	Dedicated clerical
	resources are planned to
	support this unit. Additional
	resources such as
	pharmacists, respiratory
JA IP 7NJ NICU 7th floor of	therapists and social
Bldg 1. neonatal patients	workers are available to
who need specialized,	support the planned
intermediate or intensive	number of patients on this
care	unit.
	Dedicated clerical resources
	are planned to support this
	unit. Additional resources
	such as pharmacists,
JA IP 6D PEDIATRICS 6th	respiratory therapists and
floor of Bldg 6. are pediatric	social workers are available
patients typically found on	to support the planned
routine pediatric medical/	number of patients on this
surgical floor	unit.

JA IP 6B PICU ICU 6th floor of Bldg 6. pediatric ICU level patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 5B ICU 5th floor of Bldg 6. cardiac and medical ICU level patients.	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists, monitor tech and social workers are available to support the planned number of patients on this unit.
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, monitor techs, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, monitor techs, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catherization patients, stroke patietns and other medical patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

EVENING SHIFT CONSENSUS INFORMATION

• •	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):
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing
anywhere in the laboring process	No	current nursing and auxiliary staff ratios.	and auxiliary staff on this unit.

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JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	
JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	

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JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby the planned patients are couplets	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	
JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	
JA IP 6D PEDIATRICS 6th floor of Bldg 6. are pediatric patients typically found on routine pediatric medical/ surgical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	
JA IP 6B PICU ICU 6th floor of Bldg 6. pediatric ICU level patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	

		1		
JA IP 5B ICU 5th floor of Bldg 6. cardiac and medical ICU level patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	

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JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	
JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	
JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	

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JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catherization patients, stroke patietns and other medical patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	

		In summary, after	In summary, management
		thoughtful review of both	members found that
		proposals, hospital	experience at the hospital
		administration agreed with	and the literature on safe
JA IP 3A SURGERY 3rd floor		management's proposal	staffing models supported
of Bldg 6. surgical patients		and their explanation for	the current ratio for nursing
typically found on a routine		current nursing and	and auxiliary staff on this
surgical floor	No	auxiliary staff ratios.	unit.

RN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
JA IP 7EJ L&D 7th floor of				
Bldg 1. obstetrical patients				
anywhere in the laboring				
process	7	10.5	5.3	2
JA IPP 8D PSYCHIATRY 8th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.41	17	7
JA IPP 8A PSYCHIATRY 8th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.29	18.6	7
JA IPP 7D PSYCHIATRY 8th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.35	17.8	7
JA IPP 7A PSYCHIATRY 7th				
floor of Bldg 6. behavioral				
health patients requiring				
inpatient treatment	3	1.42	16.9	7
JA IP 7W MOTHER BABY 7th				
floor of Bldg 1. both mother				
& newborn baby are				
planned couplets	4	2.94	10.9	3

JA IP 7NJ NICU 7th floor of				
Bldg 1. neonatal patients				
who need specialized,				
intermediate or intensive				
care	9	4.41	16.3	2
JA IP 6D PEDIATRICS 6th				
floor of Bldg 6. pediatric				
patients typically found on a				
routine pediatric medical/				
surgical floor	2	1.37	11.7	6
JA IP 6B PICU 6th floor of				
Bldg 6. pediatric ICU level				
patients	2	4.14	3.9	2
JA IP 5B CCU 5th floor of				
Bldg 6. cardiac and medical				
ICU level patients.	5	4.66	8.6	2
JA IP 4B MICU ICU 4th floor				
of Bldg 6. medical ICU level				
patients.	5	4.1	9.8	2
JA IP 2B SURGICAL ICU 2nd				
floor of Bldg 6. ICU level				
surgical / trauma patients	6	4.64	10.3	2
JA IP 2A BURN ICU 2nd floor				
of Bldg 6. burn patients and				
ICU level surgical patients	4	5.25	6.1	2
ico level surgical patients	7	3.23	0.1	2
JA IP 3A STEPDOWN 3rd				
floor of Bldg 6. intermediate				
level surgical patients.	3	2.39	10	4
JA IP 6A MED/TELE				
Med/Surg 6th floor of Bldg				
6. medical patients typically				
found on a routine medical				
floor	6	1.5	32	6
JA IP 5D MED/TELE 5th floor				
of Bldg 6. medical patients				
typically found on a routine				
medical floor	6	1.55	30.9	6

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JA IP 5A MED/TELE				
Telemetry 5th floor of Bldg				
6. patients requiring				
telemetry monitoring	4	2.13	15	4
JA IP 5A MED/TELE				
Med/Surg 5th floor of Bldg				
6. post cardiac catherization				
patients, stroke patients				
and medical patients	3	1.51	15.9	6
JA IPR 4D REHAB 4th floor				
of Bldg 6. acute				
rehabilitation patients	4	1.42	22.5	7
JA IP 4A MED/SURG 4th				
floor of Bldg 6. both medical				
and surgical patients				
typically found on a routine				
medical/surgical floor	5	1.31	30.5	6
JA IP 3B MED Stepdown 3rd				
floor of Bldg 6. medical				
patients requiring an				
intermediate level of care				
and oncologic patients	3	2.22	10.8	4
JA IP 3A SURGERY Med/Surg				
3rd floor of Bldg 6. surgical				
patients typically found on a				
routine surgical floor	4	1.53	20.9	6

LPN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients		
anywhere in the laboring		
process	0	0
JA IPP 8D PSYCHIATRY 8th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0
JA IPP 8A PSYCHIATRY 8th		
floor of Bldg 6. behavioral health patients requiring		
inpatient treatment	0	0
JA IPP 7D PSYCHIATRY 8th	0	0
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0	0
JA IPP 7A PSYCHIATRY 7th		
floor of Bldg 6. behavioral		
health patients requiring		
inpatient treatment	0.43	0.2
JA IP 7W MOTHER BABY 7th		
floor of Bldg 1. both mother		
& newborn baby are		_
planned couplets	0	0
JA IP 7NJ NICU 7th floor of		
Bldg 1. neonatal patients		
who need specialized,		
intermediate or intensive	0	
care	0	0

JA IP 6D PEDIATRICS 6th		
floor of Bldg 6. pediatric		
patients typically found on a		
routine pediatric medical/		
surgical floor	0	0
JA IP 6B PICU 6th floor of		
Bldg 6. pediatric ICU level		
patients	0	0
JA IP 5B CCU 5th floor of		
Bldg 6. cardiac and medical		
ICU level patients.	0	0
JA IP 4B MICU ICU 4th floor		
of Bldg 6. medical ICU level		
patients.	0	0
JA IP 2B SURGICAL ICU 2nd		
floor of Bldg 6. ICU level		
surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor		
of Bldg 6. burn patients and		
ICU level surgical patients	0	0
JA IP 3A STEPDOWN 3rd		
floor of Bldg 6. intermediate		
level surgical patients.	0	0
JA IP 6A MED/TELE		
Med/Surg 6th floor of Bldg		
6. medical patients typically		
found on a routine medical	ا ا	_
floor	0	0
JA IP 5D MED/TELE 5th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	0.43	0.11
JA IP 5A MED/TELE		
Telemetry 5th floor of Bldg		
6. patients requiring		
telemetry monitoring	0	0

JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catherization		
patients, stroke patients and medical patients	0	0
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	0	0
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients typically found on a routine medical/surgical floor	0	0
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	0	0
JA IP 3A SURGERY Med/Surg 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	0	0

NIGHT SHIFT ANCILLARY STAFF

		Planned total hours of
Provide a description of	Planned average number	ancillary members of the
Clinical Unit, including a	of ancillary members of	frontline team including
description of typical	the frontline team on the	adjustment for case mix
patient services provided	unit per day on the Night	and acuity on the Night
on the unit and the	Shift? (Please provide a	Shift (Please provide a
unit's location in	number with up to 4	number with up to 4
the hospital.	digits. Ex: 10.50)	digits. Ex: 10.50)

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JA IP 5B CCU 5th floor of		
Bldg 6. cardiac and medical		
ICU level patients.	0	0
JA IP 4B MICU ICU 4th floor		
of Bldg 6. medical ICU level		
patients.	0	0
JA IP 2B SURGICAL ICU 2nd		
floor of Bldg 6. ICU level		
surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor		
of Bldg 6. burn patients and		
ICU level surgical patients	0	0
JA IP 3A STEPDOWN 3rd		
floor of Bldg 6. intermediate		
level surgical patients.	0	0
JA IP 6A MED/TELE		
Med/Surg 6th floor of Bldg		
6. medical patients typically		
found on a routine medical		
floor	0	0
JA IP 5D MED/TELE 5th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	0	0
JA IP 5A MED/TELE		
Telemetry 5th floor of Bldg		
6. patients requiring		
telemetry monitoring	0	0
JA IP 5A MED/TELE		
Med/Surg 5th floor of Bldg		
6. post cardiac catherization		
patients, stroke patients		
and medical patients	0	0
JA IPR 4D REHAB 4th floor		
of Bldg 6. acute		
rehabilitation patients	0	0

JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients typically found on a routine medical/surgical floor	0	0
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	0	0
JA IP 3A SURGERY Med/Surg 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor		0

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients		
anywhere in the laboring process	2	3
JA IPP 8D PSYCHIATRY 8th		
floor of Bldg 6. behavioral health patients requiring		
inpatient treatment	3	1.41

3	1.29
3	1.35
3	1.42
2	1.47
2	0.98
1	0.68
1	2.07
1	0.93
1	0.82
1	0.77
	3 2 2 1 1 1

r		1
IA ID 2A DUDNICU 2d flac		
JA IP 2A BURN ICU 2nd floor		
of Bldg 6. burn patients and	4	4.24
ICU level surgical patients	1	1.31
IA ID 24 CTEDDOMAI 2nd		
JA IP 3A STEPDOWN 3rd		
floor of Bldg 6. intermediate	4	0.0
level surgical patients.	1	0.8
JA IP 6A MED/TELE		
Med/Surg 6th floor of Bldg		
6. medical patients typically		
found on a routine medical		
floor	3	0.75
JA IP 5D MED/TELE 5th floor		
of Bldg 6. medical patients		
typically found on a routine		
medical floor	3	0.78
JA IP 5A MED/TELE		
Telemetry 5th floor of Bldg		
6. patients requiring		
telemetry monitoring	1.5	0.8
JA IP 5A MED/TELE		
Med/Surg 5th floor of Bldg		
6. post cardiac catherization		
patients, stroke patients		
and medical patients	1.5	0.75
JA IPR 4D REHAB 4th floor		
of Bldg 6. acute		
rehabilitation patients	2	0.71
JA IP 4A MED/SURG 4th		
floor of Bldg 6. both medical		
and surgical patients		
typically found on a routine		
medical/surgical floor	3	0.79

JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	1	0.74
JA IP 3A SURGERY Med/Surg 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor		0.77

NIGHT SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the	Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to
unit's location in	registered nurses, licensed practical nurses,
the hospital.	and ancillary staff.
	Additional resources such as pharmacists and respiratory
JA IP 7EJ L&D 7th floor of	therapists are available to
Bldg 1. obstetrical patients	support the planned
anywhere in the laboring	number of patients on this
process	unit.

	Additional resources such as	
	pharmacists and respiratory	
JA IPP 8D PSYCHIATRY 8th	therapists are available to	
	support the planned	
floor of Bldg 6. behavioral	· · ·	
health patients requiring	number of patients on this	
inpatient treatment	unit.	
	Additional resources such as	
LA IDD OA DOVOUMATRY OU	pharmacists and respiratory	
JA IPP 8A PSYCHIATRY 8th	therapists are available to	
floor of Bldg 6. behavioral	support the planned	
health patients requiring	number of patients on this	
inpatient treatment	unit.	
	Additional resources such as	
	pharmacists and respiratory	
JA IPP 7D PSYCHIATRY 8th	therapists are available to	
floor of Bldg 6. behavioral	support the planned	
health patients requiring	number of patients on this	
inpatient treatment	unit.	
	Additional resources such as	
	pharmacists and respiratory	
JA IPP 7A PSYCHIATRY 7th	therapists are available to	
floor of Bldg 6. behavioral	support the planned	
health patients requiring	number of patients on this	
inpatient treatment	unit.	
	Additional resources such as	
	pharmacists and respiratory	
JA IP 7W MOTHER BABY 7th	therapists are available to	
floor of Bldg 1. both mother	support the planned	
& newborn baby are	number of patients on this	
planned couplets	unit.	
	Dedicated HN resource is	
	planned to support this	
	unit. Additional resources	
JA IP 7NJ NICU 7th floor of	such as pharmacists and	
Bldg 1. neonatal patients	respiratory therapists are	
who need specialized,	available to support the	
intermediate or intensive	planned number of patients	
care	on this unit.	

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	Additional resources such as
JA IP 6D PEDIATRICS 6th	pharmacists and respiratory
floor of Bldg 6. pediatric	therapists are available to
patients typically found on a	support the planned
routine pediatric medical/	number of patients on this
surgical floor	unit.
	Additional resources such as
	pharmacists and respiratory
	therapists are available to
JA IP 6B PICU 6th floor of	support the planned
Bldg 6. pediatric ICU level	number of patients on this
patients	unit.
	Additional resources such as
	pharmacists, monitor tech
	and respiratory therapists
JA IP 5B CCU 5th floor of	are available to support the
Bldg 6. cardiac and medical	planned number of patients
ICU level patients.	on this unit.
	Additional resources such as
	pharmacists, monitor techs,
	respiratory therapists and
	1 ' ' '
	social workers are available
JA IP 4B MICU ICU 4th floor	
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level	social workers are available
	social workers are available to support the planned
of Bldg 6. medical ICU level	social workers are available to support the planned number of patients on this
of Bldg 6. medical ICU level	social workers are available to support the planned number of patients on this unit.
of Bldg 6. medical ICU level	social workers are available to support the planned number of patients on this unit. Additional resources such as
of Bldg 6. medical ICU level	social workers are available to support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory
of Bldg 6. medical ICU level patients.	social workers are available to support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory therapists are available to
of Bldg 6. medical ICU level patients. JA IP 2B SURGICAL ICU 2nd	social workers are available to support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory therapists are available to support the planned
of Bldg 6. medical ICU level patients. JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level	social workers are available to support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory therapists are available to support the planned number of patients on this
of Bldg 6. medical ICU level patients. JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level	social workers are available to support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory therapists are available to support the planned number of patients on this unit.
of Bldg 6. medical ICU level patients. JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level	social workers are available to support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory therapists are available to support the planned number of patients on this unit. Additional resources such as
of Bldg 6. medical ICU level patients. JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level	social workers are available to support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory therapists are available to support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory therapists are available to
of Bldg 6. medical ICU level patients. JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	social workers are available to support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory therapists are available to support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory therapists are available to

	Additional resources such as
	pharmacists and respiratory
	therapists are available to
JA IP 3A STEPDOWN 3rd	support the planned
floor of Bldg 6. intermediate	number of patients on this
level surgical patients.	unit.
	Additional resources such as
JA IP 6A MED/TELE	pharmacists, and
Med/Surg 6th floor of Bldg	respiratory therapists are
6. medical patients typically	available to support the
found on a routine medical	planned number of patients
floor	on this unit.
	Additional resources such as
	pharmacists and respiratory
JA IP 5D MED/TELE 5th floor	therapists are available to
of Bldg 6. medical patients	support the planned
typically found on a routine	number of patients on this
medical floor	unit.
	Additional resources such as
	pharmacists, monitor techs
JA IP 5A MED/TELE	and respiratory therapists
Telemetry 5th floor of Bldg	
Teleffield y Still floor of Blug	are available to support the
6. patients requiring	are available to support the planned number of patients
	' '
6. patients requiring	planned number of patients
6. patients requiring telemetry monitoring JA IP 5A MED/TELE	planned number of patients on this unit.
6. patients requiring telemetry monitoring JA IP 5A MED/TELE Med/Surg 5th floor of Bldg	planned number of patients on this unit. . Additional resources such
6. patients requiring telemetry monitoring JA IP 5A MED/TELE	planned number of patients on this unit. . Additional resources such as pharmacists and
6. patients requiring telemetry monitoring JA IP 5A MED/TELE Med/Surg 5th floor of Bldg	planned number of patients on this unit. . Additional resources such as pharmacists and respiratory therapists are
6. patients requiring telemetry monitoring JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catherization	planned number of patients on this unit. . Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
6. patients requiring telemetry monitoring JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catherization patients, stroke patients	planned number of patients on this unit. Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients
6. patients requiring telemetry monitoring JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catherization patients, stroke patients	planned number of patients on this unit. . Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
6. patients requiring telemetry monitoring JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catherization patients, stroke patients	planned number of patients on this unit. . Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit. Additional resources such as
6. patients requiring telemetry monitoring JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catherization patients, stroke patients	planned number of patients on this unit. . Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit. Additional resources such as pharmacists and respiratory
6. patients requiring telemetry monitoring JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catherization patients, stroke patients and medical patients	planned number of patients on this unit. Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit. Additional resources such as pharmacists and respiratory therapists are available to

	Additional resources such as
JA IP 4A MED/SURG 4th	pharmacists and respiratory
floor of Bldg 6. both medical	therapists are available to
and surgical patients	support the planned
typically found on a routine	number of patients on this
medical/surgical floor	unit.
	Additional resources such as
JA IP 3B MED Stepdown 3rd	pharmacists and respiratory
floor of Bldg 6. medical	therapists are available to
patients requiring an	support the planned
intermediate level of care	number of patients on this
and oncologic patients	unit.
	Additional resources such as
	pharmacists and respiratory
JA IP 3A SURGERY Med/Surg	therapists are available to
3rd floor of Bldg 6. surgical	support the planned
patients typically found on a	number of patients on this
routine surgical floor	unit.

NIGHT SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Committee reached	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):
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.

JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IPP 7D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.

JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby are planned couplets	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric patients typically found on a routine pediatric medical/ surgical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.

JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.

JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	Iln summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.

Med/Surg 5th floor of Bldg 6. post cardiac catherization patients, stroke patients and medical patients No In summary, after thoughtful review of both proposals, hospital administration agreed with proposals, hospital administration patients No In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and surgical patients JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an and the it explanation for current nursing and auxiliary staff for of Bldg 6. medical patients requiring an and the it explanation for auxiliary staff on this unit. In summary, after thoughtful review of both proposals, hospital administration agreed with proposals, hospital administration					
In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios. In summary, after thoughtful review of both proposals, hospital and their explanation for current nursing and auxiliary staff on this unit. In summary, after thoughtful review of both proposals, hospital administration agreed with proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff on this unit. In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff on this unit. In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit. In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit. In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit. In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current nursing and auxiliary staff for this unit. In summary, employee members did not find the staffing models supported auxiliary staff ratio would provide a sufficient number of one staffing models supported auxiliary staff ratio would foor of Bldg 6. bedien auxiliary staff on this unit. In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current auxiliary staff on this unit. In summary, employee members did not find the sufficient number of one staffing models supported auxiliary staff on this unit. In summary, employee members did not find the staffing	Med/Surg 5th floor of Bldg 6. post cardiac catherization patients, stroke patients		thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and	members found that experience at the hospital and the literature on safe staffing models supported the current ratio for	members did not find that the current auxiliary staff ratio would provide a sufficient number of patient
rehabilitation patients No auxiliary staff ratios. In summary, after thoughtful review of both proposals, hospital administration agreed with administration agreed with auxiliary staff no this unit. JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients typically found on a routine medical/surgical floor No In summary, after thoughtful review of both proposals and their explanation for current nursing and auxiliary staff on this unit. In summary, management experience at the hospital and auxiliary staff on this unit. In summary, management the current nursing and auxiliary staff on this unit. In summary, and the current ratio for nursing and auxiliary staff on this unit. In summary, amnagement the current nursing and auxiliary staff on this unit. In summary, employee members did not find that with and auxiliary staff on this unit. In summary, and auxiliary staff on this unit. In summary, annagement the current nursing and auxiliary staff on this unit. In summary, annagement the current nursing and auxiliary staff on this unit. In summary, annagement the current nursing and auxiliary staff on this unit. In summary, annagement the current nursing and auxiliary staff on this unit. In summary, annagement the current nursing and auxiliary staff on this unit. In summary, annagement the current nursing and auxiliary staff on this unit. In summary, annagement the current nursing and auxiliary staff on this unit. In summary, annagement the current nursing and auxiliary staff on this unit. In summary, annagement the current nursing and auxiliary staff on this unit. In summary, annagement and auxiliary staff on this unit. In summary, annagement and auxiliary	JA IPR 4D REHAB 4th floor		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for	In summary, management members found that experience at the hospital and the literature on safe staffing models supported	In summary, employee members did not find that the current auxiliary staff ratio would provide a
In summary, after thoughtful review of both proposals, hospital administration agreed with and their explanation for current nursing and auxiliary staff ratios. In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and surgical patients typically found on a routine medical/surgical floor In summary, after thoughtful review of both proposals, hospital administration agreed with proposals, hospital administration agreed with floor of Bldg 6. medical patients requiring an and their explanation for staffing models supported and their explanation for staffing models supported the current ratio for nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day. In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for staffing models supported and their explanation for staffing models supported ratio would provide a sufficient number staffing models supported with and the literature on safe staffing models supported with and the literature on safe staffing models supported with and the literature on safe staffing models supported with and the literature on safe staffing models supported with and the literature on safe staffing models supported with and the literature on safe staffing models supported with and the literature on safe staffing models supported with and the literature on safe staffing models supported with and the literature on safe staffing models supported with and the literature on safe staffing models supported with and the literature on safe staffing models supported with and the	-	No	-		· ·
thoughtful review of both proposals, hospital administration agreed with patients requiring an thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for staffing models supported thoughtful review of both proposals, hospital members found that experience at the hospital and the literature on safe staffing models supported ratio would provide a	floor of Bldg 6. both medical and surgical patients typically found on a routine		thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and	members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this	members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per
and oncologic patients No auxiliary staff ratios. auxiliary staff on this unit. care hours per day.	floor of Bldg 6. medical patients requiring an intermediate level of care		thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and	members found that experience at the hospital and the literature on safe staffing models supported the current ratio for	members did not find that the current auxiliary staff ratio would provide a sufficient number of patient

		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the current nursing and
JA IP 3A SURGERY Med/Surg		management's proposal	staffing models supported	auxiliary staff ratio would
3rd floor of Bldg 6. surgical		and their explanation for	the current ratio for nursing	provide a sufficient number
patients typically found on a		current nursing and	and auxiliary staff on this	of patient care hours per
routine surgical floor	No	auxiliary staff ratios.	unit.	day.

CBA INFORMATION We have one or more collective bargaining agreements: Yes If yes, then: Our general hospital has a collective bargaining agreement with the following DC organizations that represent clinical staff 37,New (Select all that apply): York State **Please select association and identify staff Nurses (e.g. nurses, ancillary staff, etc.) Associati represented. on,SEIU 1199

Our general hospital's collective	
bargaining agreement with New York State Nurses Association expires on the following	03/02/20
date:	23 12:00 AM
The number of hospital employees	
represented by New York State Nurses Association is:	831
Our general hospital's collective bargaining agreement with SEIU 1199	04/09/20 22 12:00
expires on the following date:	22 12:00 AM

The number of hospital employees	
represented by SEIU 1199 is:	201
Our general hospital's collective	11/06/20
bargaining agreement with DC 37 expires on	26 12:00
the following date:	AM
The number of hospital employees	
represented by DC37 is:	1527