HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Bronx
Council	New York City
Network	NYC H+H
Reporting Organization	Lincoln Medical & Mental Health Center
Reporting Organization Id	1172
Reporting Organization Type	Hospital (pfi)
Data Entity	Lincoln Medical & Mental Health Center

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	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) ?
8B Telemetry	2	16	5.8	4
8C Telemetry	2	16	5.7	4
9B ICU	9	72	17.3	2
10C Behavioral Health Unit	5	40	30	7
10A Behavioral Health Unit	5	40	30	7
4D Neonatal Intensive Care				
Unit	4	32	6.4	2
5B Maternal Child Unit	4	32	10.1	3
4D Pediatric Intensive Care				
Unit Stepdown	2	16	3.6	4
4B Pediatric Unit	2	16	6.6	6
9C Medical Intensive Care				
Unit 2	3	24	5.8	2
9C Medical Intensive Care				
Unit 1	6	48	12.1	2
9B Stepdown Unit	3	24	12	4
2C5 Surgical Intensive Care				
Unit	6	48	11.5	2
8C Medical Surgical Unit	5	40	25.6	6
8B Medical Surgical Unit	5	40	26.3	6
6C Medical Surgical Unit	6	48	30.4	6
6B Medical Surgical Unit	5	40	29.9	6

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)
8B Telemetry	0	0
8C Telemetry	0	0
9B ICU	0	0
10C Behavioral Health Unit	0	0
10A Behavioral Health Unit	0	0
4D Neonatal Intensive Care Unit	0	0
5B Maternal Child Unit	0	0
4D Pediatric Intensive Care Unit Stepdown	0	0
4B Pediatric Unit	0	0
9C Medical Intensive Care Unit 2	0	0
9C Medical Intensive Care Unit 1	0	0
9B Stepdown Unit	0	0
2C5 Surgical Intensive Care Unit	0	0
8C Medical Surgical Unit	0	0
8B Medical Surgical Unit	0	0
6C Medical Surgical Unit	0	0
6B Medical Surgical Unit	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
8B Telemetry	1	8
8C Telemetry	1	8
9B ICU	2	16
10C Behavioral Health Unit	3	24
10A Behavioral Health Unit	3	24
4D Neonatal Intensive Care Unit	1	8
5B Maternal Child Unit	1	8
4D Pediatric Intensive Care		
Unit Stepdown	1	8
4B Pediatric Unit	1	8
9C Medical Intensive Care		
Unit 2	1	8
9C Medical Intensive Care		
Unit 1	2	16
9B Stepdown Unit	1	8
2C5 Surgical Intensive Care		
Unit	1	8
8C Medical Surgical Unit	3	24
8B Medical Surgical Unit	3	24
6C Medical Surgical Unit	3	24
6B Medical Surgical Unit	3	24

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
8B Telemetry	0	0
8C Telemetry	0	0
9B ICU	0	0
10C Behavioral Health Unit	0	0
10A Behavioral Health Unit	0	0
4D Neonatal Intensive Care Unit	0	0
5B Maternal Child Unit	0	0
4D Pediatric Intensive Care Unit Stepdown	0	0
4B Pediatric Unit	0	0
9C Medical Intensive Care Unit 2 9C Medical Intensive Care	0	0
Unit 1	0	0
9B Stepdown Unit	0	0
2C5 Surgical Intensive Care Unit	0	0
8C Medical Surgical Unit	0	0
8B Medical Surgical Unit	0	0
6C Medical Surgical Unit	0	0
6B Medical Surgical Unit	0	0

DAY SHIFT ADDITIONAL RESOURCES

	Description of additional
	resources available to
	support unit level
	patient care on the Day
	Shift. These resources
	include but are not
	limited to unit clerical
Drovido o description of	staff,
Provide a description of	
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
8B Telemetry	Clerical Support
8C Telemetry	Clerical Staff
9B ICU	Clerical Support
10C Behavioral Health Unit	unit secretary, head nurse
10A Behavioral Health Unit	unit secretary, head nurse
4D Neonatal Intensive Care	
Unit	unit secretary, head nurse
5B Maternal Child Unit	unit secretary, Head Nurse
4D Pediatric Intensive Care	
Unit Stepdown	unit secretary, head nurse
4B Pediatric Unit	unit secretary, head nurse
9C Medical Intensive Care	
Unit 2	unit secretary, head nurse
9C Medical Intensive Care	
Unit 1	unit secretary, head nurse
9B Stepdown Unit	unit secretary
2C5 Surgical Intensive Care	
Unit	unit secretary, head nurse
8C Medical Surgical Unit	unit secretary
8B Medical Surgical Unit	unit secretary
6C Medical Surgical Unit	unit secretary

6B Medical Surgical Unit	
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DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
8B Telemetry	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
8C Telemetry	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.

		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 ratio for auxiliary staff	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission		day. Please see staffing plan
		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
9B ICU	No	statement.	statement.	for the full statement.
		In summary, after thoughtful review of both	In summary, management members found that	
		proposals, hospital	experience at the hospital	In summary, employee
		administration agreed with	and the literature on safe	members did not find that
		management's proposal	staffing models supported	auxiliary staff ratio would
		and their explanation for	the ratio for auxiliary staff	provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission	staffing plan submission	day. Please see staffing plan
		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
10C Behavioral Health Unit	No	statement.	statement.	for the full statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	
		proposals, hospital	experience at the hospital	In summary, employee
		administration agreed with	and the literature on safe	members did not find that
		management's proposal	staffing models supported	auxiliary staff ratio would
		and their explanation for	the ratio for auxiliary staff	provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission	staffing plan submission	day. Please see staffing plan
		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
10A Behavioral Health Unit	No	statement.	statement.	for the full statement.

4D Neonatal Intensive Care Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
Onic	ĨŇŎ	statement.	Statement.	
5B Maternal Child Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
55 Material enild offic		statement.	Statement.	for the full statement.
		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal	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 auxiliary staff ratio would
		and their explanation for	the ratio for auxiliary staff	provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission	staffing plan submission	day. Please see staffing plan
4D Pediatric Intensive Care		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
Unit Stepdown	No	statement.	statement.	for the full statement.

4B Pediatric Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
	110	statement.	statement.	for the full statement.
9C Medical Intensive Care Unit 2	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
01111 2	110	statement.	statement.	for the full statement.
9C Medical Intensive Care		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022
Unit 1	No			for the full statement.
	NO	statement.	statement.	for the full statement.

[]				
9B Stepdown Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
55 Stepdown onit		statement.	Statement.	
		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 ratio for auxiliary staff	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission	staffing plan submission	day. Please see staffing plan
2C5 Surgical Intensive Care		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
Unit	No	statement.	statement.	for the full statement.
Onit	110	statement.	statement.	for the full statement.
		In summary, after thoughtful review of both	In summary, management members found that	
		proposals, hospital	experience at the hospital	In summary, employee
		administration agreed with	and the literature on safe	members did not find that
		management's proposal	staffing models supported	auxiliary staff ratio would
		and their explanation for	the ratio for auxiliary staff	provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission	staffing plan submission	day. Please see staffing plan
		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
8C Medical Surgical Unit	No	statement.	statement.	for the full statement.

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022
8B Medical Surgical Unit	No	statement.	statement.	for the full statement.
6C Medical Surgical Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
	110	statement.	statement.	for the full statement.
		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022
6B Medical Surgical Unit	No	statement.	statement.	for the full statement.

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	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)?
8B Telemetry	2	16	5.8	4
8C Telemetry	2	16	5.7	4
9B ICU	9	72	17.3	2
10C Behavioral Health Unit	5	40	30	7
10A Behavioral Health Unit	5	40	30	7
4D Neonatal Intensive Care Unit	4	32	6.4	2
5B Maternal Child Unit	4	32	10.1	3
4D Pediatric Intensive Care Unit Stepdown	2	16	3.6	4
4B Pediatric Unit	2	16	6.6	6
9C Medical Intensive Care Unit 2	3	24	5.8	2
9C Medical Intensive Care Unit 1	6	48	12.1	2
9B Stepdown Unit	3	24	12	4
2C5 Surgical Intensive Care Unit	6	48	11.5	2
8C Medical Surgical Unit	5	40	25.6	6
8B Medical Surgical Unit	5	40	26.3	6
6C Medical Surgical Unit	6	48	30.4	6
6B Medical Surgical Unit	5	40	29.9	6

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
8B Telemetry	0	0
8C Telemetry	0	0
9B ICU	0	0
10C Behavioral Health Unit	0	0
10A Behavioral Health Unit	0	0
4D Neonatal Intensive Care		
Unit	0	0
5B Maternal Child Unit	0	0
4D Pediatric Intensive Care Unit Stepdown	0	0
4B Pediatric Unit	0	0
9C Medical Intensive Care Unit 2	0	0
9C Medical Intensive Care Unit 1	0	0
9B Stepdown Unit	0	0
2C5 Surgical Intensive Care Unit	0	0
8C Medical Surgical Unit	0	0
8B Medical Surgical Unit	0	0
6C Medical Surgical Unit	0	0
6B Medical Surgical Unit	0	0

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
8B Telemetry	1	8
8C Telemetry	1	8
9B ICU	2	16
10C Behavioral Health Unit	3	24
10A Behavioral Health Unit	3	24
4D Neonatal Intensive Care		
Unit	1	8
5B Maternal Child Unit	1	8
4D Pediatric Intensive Care Unit Stepdown	1	8
4B Pediatric Unit	1	8
9C Medical Intensive Care Unit 2	1	8
9C Medical Intensive Care	1	8
Unit 1	2	16
9B Stepdown Unit	1	8
2C5 Surgical Intensive Care		
Unit	1	8
8C Medical Surgical Unit	3	24
8B Medical Surgical Unit	3	24
6C Medical Surgical Unit	3	24
6B Medical Surgical Unit	3	24

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)
8B Telemetry	0	0
8C Telemetry	0	0
9B ICU	0	0
10C Behavioral Health Unit	0	0
10A Behavioral Health Unit	0	0
4D Neonatal Intensive Care Unit	0	0
5B Maternal Child Unit	0	0
4D Pediatric Intensive Care Unit Stepdown	0	0
4B Pediatric Unit	0	0
9C Medical Intensive Care Unit 2	0	0
9C Medical Intensive Care Unit 1	0	0
9B Stepdown Unit	0	0
2C5 Surgical Intensive Care		
Unit	0	0
8C Medical Surgical Unit	0	0
8B Medical Surgical Unit	0	0
6C Medical Surgical Unit	0	0
6B Medical Surgical Unit	0	0

EVENING SHIFT ADDITIONAL RESOURCES

	Description of additional
	resources available to
	support unit level
	patient care on the
	Evening Shift. These
	resources include but are
	not limited to unit
Provide a description of	clerical staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
8B Telemetry	Clerical support
8C Telemetry	Clerical support
9B ICU	Clerical support
	Clerical support and Head
10C Behavioral Health Unit	Nurse
	Clerical support and Head
10A Behavioral Health Unit	Nurse
4D Neonatal Intensive Care	
Unit	Clerical support
5B Maternal Child Unit 4D Pediatric Intensive Care	Clerical support
	Clerical support
Unit Stepdown 4B Pediatric Unit	Clerical support Clerical support
9C Medical Intensive Care	
Unit 2	Clerical support
9C Medical Intensive Care	
Unit 1	Clerical support
9B Stepdown Unit	Clerical support
2C5 Surgical Intensive Care	
Unit	Clerical support
8C Medical Surgical Unit	Clerical support
8B Medical Surgical Unit	Clerical support
6C Medical Surgical Unit	Clerical support

Clerical support

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of			
Clinical Unit, including a			Statement by members
description of typical		lf no,	of clinical staffing
patient services provided	Our Clinical Staffing	Chief Executive Officer	committee selected by
on the unit and the	Committee reached	Statement in support of	the general hospital
	consensus on the clinical	clinical staffing plan for	administration
the hospital.	staffing plan for this unit:	this unit:	(management members):
the hospital.	starting plan for this unit.		(management members).
		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
		management's proposal	staffing models supported
		and their explanation for	the ratio for auxiliary staff
		auxiliary staff ratios. Please	on this unit. Please see
		see staffing plan submission	staffing plan submission
		from 7/1/2022 for the full	from 7/1/2022 for the full
8B Telemetry	No	statement.	statement.
		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
		management's proposal	staffing models supported
		and their explanation for	the ratio for auxiliary staff
		auxiliary staff ratios. Please	on this unit. Please see
		see staffing plan submission	• ·
		from 7/1/2022 for the full	from 7/1/2022 for the full
8C Telemetry	No	statement.	statement.

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full	
9B ICU	No	statement.	statement.	
10C Behavioral Health Unit	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	
10A Behavioral Health Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	

4D Neonatal Intensive Care Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	
Onic	ĨŇŎ	Statement.	Statement.	
5B Maternal Child Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	
4D Pediatric Intensive Care Unit Stepdown	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	

4D. De distric Unit	Ne	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full	
4B Pediatric Unit	No	statement.	statement.	
9C Medical Intensive Care Unit 2	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	
9C Medical Intensive Care Unit 1	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	

OD Standours Hait		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	from 7/1/2022 for the full	
9B Stepdown Unit	No	statement.	statement.	
2C5 Surgical Intensive Care Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	
8C Medical Surgical Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission	
	N La	from 7/1/2022 for the full	from 7/1/2022 for the full	
8B Medical Surgical Unit	No	statement.	statement.	
6C Medical Surgical Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	
6B Medical Surgical Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	

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)?
8B Telemetry	2	16	5.8	2
8C Telemetry	2	16	5.7	4
9B ICU	9	72	17.3	2
4D Pediatric Intensive Care Unit Stepdown	2	16	3.6	4
10C Behavioral Health Unit	5	40	30	7
10A Behavioral Health Unit	5	40	30	7
4D Neonatal Intensive Care				
Unit	4	32	6.4	2
5B Maternal Child Unit	4	32	10.1	3
4B Pediatric Unit	2	16	6.6	2
9C Medical Intensive Care Unit 2	3	24	5.8	2
9C Medical Intensive Care				
Unit 1	6	48	12.1	2
9B Stepdown Unit	3	24	12	4
2C5 Surgical Intensive Care				
Unit	6	48	11.5	2
8C Medical Surgical Unit	5	40	25.6	6
8B Medical Surgical Unit	5	40	26.3	6
6C Medical Surgical Unit	6	48	30.4	6
6B Medical Surgical Unit	5	40	29.9	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)
8B Telemetry	0	0
8C Telemetry	0	0
9B ICU	0	0
4D Pediatric Intensive Care Unit Stepdown	0	0
10C Behavioral Health Unit	0	0
10A Behavioral Health Unit	0	0
4D Neonatal Intensive Care		
Unit	0	0
5B Maternal Child Unit	0	0
4B Pediatric Unit	0	0
9C Medical Intensive Care	0	0
Unit 2	0	0
9C Medical Intensive Care Unit 1	0	0
9B Stepdown Unit	0	0
2C5 Surgical Intensive Care		
Unit	0	0
8C Medical Surgical Unit	0	0
8B Medical Surgical Unit	0	0
6C Medical Surgical Unit	0	0
6B Medical Surgical Unit	0	0

NIGHT SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
8B Telemetry	1	8
8C Telemetry	1	8
9B ICU	2	16
4D Pediatric Intensive Care Unit Stepdown	1	8
10C Behavioral Health Unit	3	24
10A Behavioral Health Unit	3	24
4D Neonatal Intensive Care		
Unit	1	8
5B Maternal Child Unit	1	8
4B Pediatric Unit	1	8
9C Medical Intensive Care Unit 2	1	8
9C Medical Intensive Care Unit 1	2	16
9B Stepdown Unit	1	8
2C5 Surgical Intensive Care		
Unit	1	8
8C Medical Surgical Unit	3	24
8B Medical Surgical Unit	3	24
6C Medical Surgical Unit	3	24
6B Medical Surgical Unit	3	24

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)
8B Telemetry	0	0
8C Telemetry	0	0
9B ICU	0	0
4D Pediatric Intensive Care Unit Stepdown	0	0
10C Behavioral Health Unit	0	0
10A Behavioral Health Unit	0	0
4D Neonatal Intensive Care		
Unit	0	0
5B Maternal Child Unit	0	0
4B Pediatric Unit	0	0
9C Medical Intensive Care Unit 2	0	0
9C Medical Intensive Care		
Unit 1	0	0
9B Stepdown Unit	0	0
2C5 Surgical Intensive Care		
Unit	0	0
8C Medical Surgical Unit	0	0
8B Medical Surgical Unit	0	0
6C Medical Surgical Unit	0	0
6B Medical Surgical Unit	0	0

NIGHT SHIFT ADDITIONAL RESOURCES

	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
Provide a description of	staff,
	, i i i i i i i i i i i i i i i i i i i
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
8B Telemetry	Clerical support
8C Telemetry	Clerical support
9B ICU	Clerical support
4D Pediatric Intensive Care	
Unit Stepdown	Clerical support
	Clerical support and Head
10C Behavioral Health Unit	Nurse
	Clerical support and Head
10A Behavioral Health Unit	Nurse
4D Neonatal Intensive Care	
Unit	Clerical support
5B Maternal Child Unit	Clerical support
4B Pediatric Unit	Clerical support
9C Medical Intensive Care	
Unit 2	Clerical support
9C Medical Intensive Care	
Unit 1	Clerical support
9B Stepdown Unit	Clerical support
2C5 Surgical Intensive Care	Clerical support and Head
Unit	Nurse
8C Medical Surgical Unit	Clerical support
8B Medical Surgical Unit	Clerical support
6C Medical Surgical Unit	Clerical support

6B Medical Surgical Unit	
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NIGHT SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
8B Telemetry	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
8C Telemetry	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.

				1
		In summary, after	In summary, management	
		thoughtful review of both	members found that	
		proposals, hospital	experience at the hospital	In summary, employee
		administration agreed with	and the literature on safe	members did not find that
		management's proposal	staffing models supported	auxiliary staff ratio would
		and their explanation for	the ratio for auxiliary staff	provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission	staffing plan submission	day. Please see staffing plan
		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
9B ICU	No	statement.	statement.	for the full statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	
		proposals, hospital	experience at the hospital	In summary, employee
		administration agreed with	and the literature on safe	members did not find that
		management's proposal	staffing models supported	auxiliary staff ratio would
		and their explanation for	the ratio for auxiliary staff	provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission	staffing plan submission	day. Please see staffing plan
4D Pediatric Intensive Care		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
Unit Stepdown	No	statement.	statement.	for the full statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	
		proposals, hospital	experience at the hospital	In summary, employee
		administration agreed with	and the literature on safe	members did not find that
		management's proposal	staffing models supported	auxiliary staff ratio would
		and their explanation for	the ratio for auxiliary staff	provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission	staffing plan submission	day. Please see staffing plan
		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
10C Behavioral Health Unit	No	statement.	statement.	for the full statement.

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022
10A Behavioral Health Unit	No	statement.	statement.	for the full statement.
4D Neonatal Intensive Care Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
5B Maternal Child Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.

4B Pediatric Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
	110	statement.	statement.	for the full statement.
9C Medical Intensive Care Unit 2	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
01111 2	110	statement.	statement.	for the full statement.
9C Medical Intensive Care		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022
Unit 1	No			for the full statement.
	NO	statement.	statement.	for the full statement.

[]				
9B Stepdown Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
55 Stepdown onit		statement.	Statement.	
		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 ratio for auxiliary staff	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission	staffing plan submission	day. Please see staffing plan
2C5 Surgical Intensive Care		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
Unit	No	statement.	statement.	for the full statement.
Onit	110	statement.	statement.	for the full statement.
		In summary, after thoughtful review of both	In summary, management members found that	
		proposals, hospital	experience at the hospital	In summary, employee
		administration agreed with	and the literature on safe	members did not find that
		management's proposal	staffing models supported	auxiliary staff ratio would
		and their explanation for	the ratio for auxiliary staff	provide a sufficient number
		auxiliary staff ratios. Please	on this unit. Please see	of patient care hours per
		see staffing plan submission	staffing plan submission	day. Please see staffing plan
		from 7/1/2022 for the full	from 7/1/2022 for the full	submission from 7/1/2022
8C Medical Surgical Unit	No	statement.	statement.	for the full statement.

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022
8B Medical Surgical Unit	No	statement.	statement.	for the full statement.
6C Medical Surgical Unit	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
	110	statement.	statement.	for the full statement.
		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full	In summary, employee members did not find that auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022
6B Medical Surgical Unit	No	statement.	statement.	for the full statement.

CBA INFORMATION

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

Our general hospital’s collective bargaining agreement with New York State Nurses Association expires on the following date: 03/02/20 23 12:00 AM The number of hospital employees represented by New York State Nurses Association is: 763 Our general hospital’s collective bargaining agreement with SEUL 1190 04/09/20 23 12:00		
represented by New York State Nurses 763 Association is: 763 Our general hospital's collective 04/09/20	bargaining agreement with New York State Nurses Association expires on the following	23 12:00
	represented by New York State Nurses	763
	bargaining agreement with SEIU 1199	22 12:00
	expires on the following date:	AM

The number of hospital employees	
represented by SEIU 1199 is:	114
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:	1711