

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.	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) ?
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 DAY SHIFT STAFFING

<p>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.</p>	<p>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)</p>	<p>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)</p>
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	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 ADDITIONAL RESOURCES

<p>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.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
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

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	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.
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.

9B ICU	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
10C Behavioral Health Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
10A Behavioral Health Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>

4D Neonatal Intensive Care 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.	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	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.
4D Pediatric Intensive Care Unit Stepdown	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.

4B Pediatric Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
9C Medical Intensive Care Unit 2	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
9C Medical Intensive Care Unit 1	No	<p>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.</p>	<p>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.</p>	<p>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.</p>

9B Stepdown Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
2C5 Surgical Intensive Care Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
8C Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>

8B Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
6C Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
6B Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>

RN EVENING SHIFT STAFFING

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

EVENING SHIFT ANCILLARY STAFF

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

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

<p>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.</p>	<p>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.</p>
8B Telemetry	Clerical support
8C Telemetry	Clerical support
9B ICU	Clerical support
10C Behavioral Health Unit	Clerical support and Head Nurse
10A Behavioral Health Unit	Clerical support and Head Nurse
4D Neonatal Intensive Care Unit	Clerical support
5B Maternal Child Unit	Clerical support
4D Pediatric Intensive Care Unit Stepdown	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 Unit	Clerical support
8C Medical Surgical Unit	Clerical support
8B Medical Surgical Unit	Clerical support
6C Medical Surgical Unit	Clerical support

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	
8B 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.	
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.	

9B ICU	No	<p>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.</p>	<p>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.</p>	
10C Behavioral Health Unit	No	<p>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.</p>	<p>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.</p>	
10A Behavioral Health Unit	No	<p>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.</p>	<p>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.</p>	

4D Neonatal Intensive Care 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.	
5B Maternal Child 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.	
4D Pediatric Intensive Care Unit Stepdown	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.	

4B Pediatric Unit	No	<p>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.</p>	<p>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.</p>	
9C Medical Intensive Care Unit 2	No	<p>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.</p>	<p>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.</p>	
9C Medical Intensive Care Unit 1	No	<p>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.</p>	<p>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.</p>	

9B Stepdown Unit	No	<p>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.</p>	<p>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.</p>	
2C5 Surgical Intensive Care Unit	No	<p>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.</p>	<p>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.</p>	
8C Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	

8B Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	
6C Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	
6B Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	

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)?
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 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

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

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	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.
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.

9B ICU	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
4D Pediatric Intensive Care Unit Stepdown	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
10C Behavioral Health Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>

10A Behavioral Health Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
4D Neonatal Intensive Care Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
5B Maternal Child Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>

4B Pediatric Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
9C Medical Intensive Care Unit 2	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
9C Medical Intensive Care Unit 1	No	<p>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.</p>	<p>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.</p>	<p>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.</p>

9B Stepdown Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
2C5 Surgical Intensive Care Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
8C Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>

8B Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
6C Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>
6B Medical Surgical Unit	No	<p>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.</p>	<p>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.</p>	<p>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.</p>

CBA INFORMATION

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

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 SEIU 1199 expires on the following date:

04/09/20
22 12:00
AM

<p>The number of hospital employees represented by SEIU 1199 is:</p>	<p>114</p>
<p>Our general hospital's collective bargaining agreement with DC 37 expires on the following date:</p>	<p>11/06/2026 12:00 AM</p>
<p>The number of hospital employees represented by DC37 is:</p>	<p>1711</p>