HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Kings
Council	New York City
Network	NYC H+H
Reporting Organization	NYC HEALTH + HOSPITALS SOUTH BROOKLYN HEALTH
Reporting Organization Id	1294
Reporting Organization Type	Hospital (pfi)
Data Entity	NYC HEALTH + HOSPITALS SOUTH BROOKLYN HEALTH

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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?
BH EMERGENCY SVCS	3	8	1	0.11
OPERATING ROOM	6	7.93	6.1	0.55
PED PRIMARY CARE	5	0.41	98.5	14.07
Public Health Service (IDA				
G)	1	0.43	18.8	18.8
INTERVENTIONAL RADIOLOGY	3	5	4.8	1.6
OP BEHAVIORAL HEALTH ADULT	2	0.16	98.3	49.17
Medical Clinic	17	0.4	99.99	17.98
Renal Dialysis	5	4.44	9	1.12
OB ADULT AND GYNECOLOGY	12	1.07	90	7.5
Surgical Clinic Adult	15	0.4	99.99	20.23
EMERGENCY SVCS ADULT	14	1.7	65.8	4.7
CARDIAC CATH LAB	3	8	1.3	0.43
Ambulatory Surgery	4	3.05	10.5	2.63
RBG01 PIP10W ADULT BH	2.57	1.14	18	7
RBG01 PIP10E ADULT BH	2.57	1.14	18	7
RBG01 PIP9E ADULT BH	3.43	1.14	24	7
CON01 RBG 8E Med/Surg	2	1.33	12	6
CON01 RBG 7E Med/Surg	2	1.33	12	6
CON01 RBG 9W Med/Surg	2	1.33	12	6

CON01 RBG 8W Med/Surg	2	1.33	12	6
CON01 RBG 7W MED/SURG	2	1.33	12	6
CON01 RBG 6W MED/SURG	2	1.33	12	6
CI IP LABOR & DLVRY	6	4.62	10.4	2
CON01 T8W NURSERY SPECIAL CARE	1.55	4	3.1	2
CON01 T8W MOM BABY	3.67	2.67	11	3
IP RECOVERY UNIT/DSCHG LOUNGE	0.65	2	2.6	4
CON01 T7W MED/SURG SD	0.83	2	3.3	4
CON01 T7W MED/SURG ICU	4.5	4	9	2
CON01 T7E MED/SURG ICU	5.65	4	11.3	2
CON01 T6E CARDIAC ICU/SDU	3.5	4	7	2
CON01 T8E MED/SURG	2.98	1.33	17.9	6
CON01 T6W MED/SURG	2.73	1.33	16.4	6
CON01 T4W MED/SURG				
SPECIAL	4.5	2	18	4
CON01 T4E MED/SURG				
SPECIAL	5.23	2	20.9	4
CON01 T3W MED/SURG	2.77	1.33	16.6	6
CON01 T3E MED/SURG	3.3	1.33	19.8	6

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
BH EMERGENCY SVCS	0	0
OPERATING ROOM	1	1.32
PED PRIMARY CARE	2	0.16
Public Health Service (IDA		
G)	0	0
INTERVENTIONAL		
RADIOLOGY	0	0
OP BEHAVIORAL HEALTH		
ADULT	0	0
Medical Clinic	5	0.12
Renal Dialysis	0	0
OB ADULT AND		
GYNECOLOGY	0	0
Surgical Clinic Adult	5	0.13
EMERGENCY SVCS ADULT	0	0
CARDIAC CATH LAB	0	0
Ambulatory Surgery	0	0
RBG01 PIP10W ADULT BH	0	0
RBG01 PIP10E ADULT BH	0	0
RBG01 PIP9E ADULT BH	0	0
CON01 RBG 8E Med/Surg	0	0
CON01 RBG 7E Med/Surg	0	0
CON01 RBG 9W Med/Surg	0	0
CON01 RBG 8W Med/Surg	0	0

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DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
BH EMERGENCY SVCS	0	0
OPERATING ROOM	0	0
PED PRIMARY CARE	0	0
Public Health Service (IDA G)	0	0
INTERVENTIONAL	U	U
RADIOLOGY	0	0
OP BEHAVIORAL HEALTH	U	U
ADULT	0	0
Medical Clinic	0	0
Renal Dialysis	0	0
OB ADULT AND	•	<u> </u>
GYNECOLOGY	0	0
Surgical Clinic Adult	0	0
EMERGENCY SVCS ADULT	0	0
CARDIAC CATH LAB	0	0
Ambulatory Surgery	0	0
RBG01 PIP10W ADULT BH	0	0
RBG01 PIP10E ADULT BH	0	0
RBG01 PIP9E ADULT BH	0	0
CON01 RBG 8E Med/Surg	0	0
CON01 RBG 7E Med/Surg	0	0
CON01 RBG 9W Med/Surg	0	0
CON01 RBG 8W Med/Surg	0	0
CON01 RBG 7W MED/SURG	0	0

CON01 RBG 6W MED/SURG	0	0
CI IP LABOR & DLVRY	0	0
CON01 T8W NURSERY		
SPECIAL CARE	0	0
CON01 T8W MOM BABY	0	0
IP RECOVERY UNIT/DSCHG		
LOUNGE	0	0
CON01 T7W MED/SURG SD	0	0
CON01 T7W MED/SURG ICU	0	0
CON01 T7E MED/SURG ICU	0	0
CON01 T6E CARDIAC		
ICU/SDU	0	0
CON01 T8E MED/SURG	0	0
CON01 T6W MED/SURG	0	0
CON01 T4W MED/SURG		
SPECIAL	0	0
CON01 T4E MED/SURG		
SPECIAL	0	0
CON01 T3W MED/SURG	0	0
CON01 T3E MED/SURG	0	0

DAY SHIFT UNLICENSED STAFFING

	Planned average number	Planned total hours of
	of unlicensed personnel	unlicensed personnel
Provide a description of	(e.g., patient care	care per patient
Clinical Unit, including a	technicians) on the unit	including adjustment for
description of typical	providing direct patient	case mix and acuity on
patient services provided	care per day on the Day	the Day Shift (Please
on the unit and the	Shift? (Please provide a	provide a number with
unit's location in	number with up to 5	up to 5 digits. Ex: 101.50)
the hospital.	digits. Ex: 101.50)	
BH EMERGENCY SVCS	2	8

OPERATING ROOM	5	6.61
PED PRIMARY CARE	4	0.32
Public Health Service (IDA	<u>-</u>	
G)	1	0.43
INTERVENTIONAL		
RADIOLOGY	0	0
OP BEHAVIORAL HEALTH	<u> </u>	
ADULT	0	0
Medical Clinic	14	0.33
Renal Dialysis	1	0.89
OB ADULT AND		
GYNECOLOGY	4	0.36
Surgical Clinic Adult	8	0.21
EMERGENCY SVCS ADULT	10.7	1.3
CARDIAC CATH LAB	0	0
Ambulatory Surgery	1	0.76
RBG01 PIP10W ADULT BH	4	1.78
RBG01 PIP10E ADULT BH	4	1.78
RBG01 PIP9E ADULT BH	4	1.33
CON01 RBG 8E Med/Surg	1	0.67
CON01 RBG 7E Med/Surg	1	0.67
CON01 RBG 9W Med/Surg	1	0.67
CON01 RBG 8W Med/Surg	1	0.67
CON01 RBG 7W MED/SURG	1	0.67
CON01 RBG 6W MED/SURG	1	0.67
CI IP LABOR & DLVRY	1	0.77
CON01 T8W NURSERY		
SPECIAL CARE	1	2.58
CON01 T8W MOM BABY	1	0.73
IP RECOVERY UNIT/DSCHG		
LOUNGE	1	3.08
CON01 T7W MED/SURG SD	0	0
CON01 T7W MED/SURG ICU	1	0.89

CON01 T7E MED/SURG ICU	1	0.71
CON01 T6E CARDIAC		
ICU/SDU	1	1.14
CON01 T8E MED/SURG	2	0.89
CON01 T6W MED/SURG	2	0.98
CON01 T4W MED/SURG		
SPECIAL	2	0.89
CON01 T4E MED/SURG		
SPECIAL	2	0.77
CON01 T3W MED/SURG	2	0.96
CON01 T3E MED/SURG	2	0.81

DAY SHIFT ADDITIONAL RESOURCES

Description of additional resources available to support unit level patient care on the Day **Shift. These resources** include but are not limited to unit clerical Provide a description of staff, **Clinical Unit, including a** admission/discharge description of typical nurse, and other patient services provided coverage provided to on the unit and the registered nurses, unit's location in licensed practical nurses, the hospital. and ancillary staff.

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BH EMERGENCY SVCS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
BIT LIVILITIES TO STORE	G.I.I.C.
OPERATING ROOM	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
PED PRIMARY CARE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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Public Health Service (IDA G)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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INTERVENTIONAL RADIOLOGY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
OP BEHAVIORAL HEALTH ADULT	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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Medical Clinic	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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Renal Dialysis	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
OB ADULT AND GYNECOLOGY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

Surgical Clinic Adult	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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EMERGENCY SVCS ADULT	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CARDIAC CATH LAB	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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Ambulatory Surgery	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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RBG01 PIP10W ADULT BH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
RBG01 PIP10E ADULT BH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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RBG01 PIP9E ADULT BH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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CON01 RBG 8E Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 RBG 7E Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 RBG 9W Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
	Dedicated clerical and HN resources for this unit are planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
CON01 RBG 8W Med/Surg	unit.
	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this
CON01 RBG 7W MED/SURG	unit.

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CON01 RBG 6W MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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CI IP LABOR & DLVRY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T8W NURSERY SPECIAL CARE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 T8W MOM BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP RECOVERY UNIT/DSCHG LOUNGE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T7W MED/SURG SD	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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CON01 T7W MED/SURG ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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CON01 T7E MED/SURG ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T6E CARDIAC ICU/SDU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

	
CON01 T8E MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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CON01 T6W MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T4W MED/SURG SPECIAL	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 T4E MED/SURG SPECIAL	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social workers are available to
	support the planned number of patients on this
CON01 T3W MED/SURG	unit.
	UU
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
CONOA TOE MED (CURC	number of patients on this
CON01 T3E MED/SURG	unit.

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):
BH EMERGENCY SVCS	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	current ratio for nurses,	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
OPERATING ROOM	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
PED PRIMARY CARE	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	current ratio for nurses,	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.

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Public Health Service (IDA G)	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
INTERVENTIONAL RADIOLOGY	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
OP BEHAVIORAL HEALTH ADULT	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
Medical Clinic	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	the hospital and the literature on safe staffing models supported the current ratio for nurses,	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.

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Renal Dialysis	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
OB ADULT AND GYNECOLOGY	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
Surgical Clinic Adult	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
EMERGENCY SVCS ADULT	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.

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CARDIAC CATH LAB	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
			Management members	
		Upon careful review of both	found that experience at	
		the employee's and	the hospital and the	
		management's proposals,	literature on safe staffing	
		which are provided below, I	models supported the	Proposal was sent to union
		agree with management's	current ratio for nurses,	representatives and no
		proposal and their rationale to maintain the current	LPNs, nurse's aides, techs, clerical, and BHA's staff on	response was obtained on consensus by 11am on
Ambulatory Surgery	No	staffing ratio listed above.	the unit.	8/15/2023.
Ambalatory Surgery	140	starring ratio listed above.	the unit.	0/13/2023.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		_	current ratio for nurses aids,	hours per day. Please see
	N/a	nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
RBG01 PIP10W ADULT BH	No	BHAs.	the unit.	full statement.

		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	•	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
RBG01 PIP10E ADULT BH	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
RBG01 PIP9E ADULT BH	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	_	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	
CONO1 DDC OF Ma-1/C	NJ -	nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 8E Med/Surg	No	BHAs.	the unit.	full statement.

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		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	· ·	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 7E Med/Surg	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 9W Med/Surg	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 8W Med/Surg	No	BHAs.	the unit.	full statement.

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		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	· ·	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 7W MED/SURG	No	BHAs.	the unit.	full statement.
,,,,,	-			
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 6W MED/SURG	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CI IP LABOR & DLVRY	No	BHAs.	the unit.	full statement.

		Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain	Management members found that experience at the hospital and the literature on safe staffing models supported the	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care
		_	current ratio for nurses aids,	' '
CON01 T8W NURSERY		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
SPECIAL CARE	No	BHAs.	the unit.	full statement.
CON01 T8W MOM BABY	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
IP RECOVERY UNIT/DSCHG		Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and	Management members found that experience at the hospital and the	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for
LOUNGE	No	BHAs.	the unit.	full statement.
LOUNGE	INO	впаѕ.	the unit.	run Statement.

		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	'	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T7W MED/SURG SD	No	BHAs.	the unit.	full statement.
CONOT 17 W WIED/ SONG SD	110	B17/6.	the diffe.	ran statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	· ·	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T7W MED/SURG ICU	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T7E MED/SURG ICU	No	BHAs.	the unit.	full statement.

		Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and	Management members found that experience at the hospital and the	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
CON01 T6E CARDIAC		_		•
	No	nurse aids, clerical, and BHAs.	clerical, and BHA's staff on the unit.	staffing plan submission for full statement.
ICU/SDU	INO .	впаз.	the unit.	full statement.
		Upon careful review of both the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	· ·	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T8E MED/SURG	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T6W MED/SURG	No	BHAs.	the unit.	full statement.

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		Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and	Management members found that experience at the hospital and the	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
CON01 T4W MED/SURG		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
SPECIAL	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
CON01 T4E MED/SURG		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
SPECIAL	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and		would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		_	current ratio for nurses aids,	hours per day. Please see
001104 =01111 = 15115 =		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T3W MED/SURG	No	BHAs.	the unit.	full statement.

		Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and	Management members found that experience at the hospital and the	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for
CON01 T3E MED/SURG	No	BHAs.	the unit.	full statement.

KIN EVENING SHIFT STAFFING	J			
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	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
-	2			•
BH EMERGENCY SVCS	3	8	1	0.11
OPERATING ROOM	3	3.97	6.1	0.55
PED PRIMARY CARE	2	0.08	98.5	14.07
Medical Clinic	2	0.02	99.99	17.98
Renal Dialysis	2	1.78	9	1.12
EMERGENCY SVCS ADULT	17	1.24	99.99	6.45
CARDIAC CATH LAB	3	8 1.52	1.3	0.43
Ambulatory Surgery	4		10.5	2.63 7
RBG01 PIP10W ADULT BH	2.57	1.14	18	
RBG01 PIP10E ADULT BH	2.57	1.14	18	7
RBG01 PIP9E ADULT BH	3.43	1.14	24	7
CON01 RBG 8E Med/Surg	2	1.33	12	6
CON01 RBG 7E Med/Surg	2	1.33	12	6
CON01 RBG 9W Med/Surg	2	1.33	12	6
CON01 RBG 8W Med/Surg	2	1.33	12	6
CON01 RBG 7W MED/SURG	2	1.33	12	6
CON01 RBG 6W MED/SURG	1	1.33	12	6
CI IP LABOR & DLVRY	6	4.62	10.4	2
CON01 T8W NURSERY				
SPECIAL CARE	1.55	4	3.1	2
CON01 T8W MOM BABY	3.67	2.67	11	3

IP RECOVERY UNIT/DSCHG				
LOUNGE	0.65	2	2.6	4
CON01 T7W MED/SURG SD	0.83	2	3.3	4
CONCI I / W WED/SONG SD	0.03		3.3	7
CON01 T7W MED/SURG ICU	4.5	4	9	2
CON01 T7E MED/SURG ICU	5.65	4	11.3	2
CON01 T6E CARDIAC				
ICU/SDU	3.5	4	7	2
CON01 T8E MED/SURG	2.98	1.33	17.9	6
CON01 T6W MED/SURG	2.73	1.33	16.4	6
CON01 T4W MED/SURG				
SPECIAL	4.5	2	18	4
CON01 T4E MED/SURG				
SPECIAL	5.23	2	20.9	4
CON01 T3W MED/SURG	2.77	1.33	16.6	6
CON01 T3E MED/SURG	3.3	1.33	19.8	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	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	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with
the hospital.	up to 5 digits. Ex: 101.50)	up to 5 digits. Ex: 101.50)
BH EMERGENCY SVCS	0	0
OPERATING ROOM	0	0
PED PRIMARY CARE	0	0
Medical Clinic	0	0
Renal Dialysis	0	0
EMERGENCY SVCS ADULT	0	0
CARDIAC CATH LAB	0	0
Ambulatory Surgery	0	0
RBG01 PIP10W ADULT BH	0	0

RBG01 PIP10E ADULT BH	0	0
RBG01 PIP9E ADULT BH	0	0
CON01 RBG 8E Med/Surg	0	0
CON01 RBG 7E Med/Surg	0	0
CON01 RBG 9W Med/Surg	0	0
CON01 RBG 8W Med/Surg	0	0
CON01 RBG 7W MED/SURG	0	0
_		
CON01 RBG 6W MED/SURG	0	0
CI IP LABOR & DLVRY	0	0
CON01 T8W NURSERY		
SPECIAL CARE	0	0
CON01 T8W MOM BABY	0	0
IP RECOVERY UNIT/DSCHG		
LOUNGE	0	0
CON01 T7W MED/SURG SD	0	0
CON01 T7W MED/SURG ICU	0	0
CON01 T7E MED/SURG ICU	0	0
CON01 T6E CARDIAC		
ICU/SDU	0	0
CON01 T8E MED/SURG	0	0
CON01 T6W MED/SURG	0	0
CON01 T4W MED/SURG		
SPECIAL	0	0
CON01 T4E MED/SURG		
SPECIAL	0	0
CON01 T3W MED/SURG	0	0
CON01 T3E MED/SURG	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	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with	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
the hospital.	up to 5 digits. Ex: 101.50)	up to 5 digits. Ex: 101.50)
BH EMERGENCY SVCS	0	0
OPERATING ROOM	0	0
PED PRIMARY CARE	0	0
Medical Clinic	0	0
Renal Dialysis	0	0
EMERGENCY SVCS ADULT	0	0
CARDIAC CATH LAB	0	0
Ambulatory Surgery	0	0
RBG01 PIP10W ADULT BH	0	0
RBG01 PIP10E ADULT BH	0	0
RBG01 PIP9E ADULT BH	0	0
CON01 RBG 8E Med/Surg	0	0
CON01 RBG 7E Med/Surg	0	0
CON01 RBG 9W Med/Surg	0	0
CON01 RBG 8W Med/Surg	0	0
CON01 RBG 7W MED/SURG	0	0
CON01 RBG 6W MED/SURG	0	0
CI IP LABOR & DLVRY	0	0
CON01 T8W NURSERY		
SPECIAL CARE	0	0
CON01 T8W MOM BABY	0	0
IP RECOVERY UNIT/DSCHG LOUNGE	0	0
CON01 T7W MED/SURG SD	0	0

CON01 T7W MED/SURG ICU	0	0
CON01 T7E MED/SURG ICU	0	0
CON01 T6E CARDIAC		
ICU/SDU	0	0
CON01 T8E MED/SURG	0	0
CON01 T6W MED/SURG	0	0
CON01 T4W MED/SURG		
SPECIAL	0	0
CON01 T4E MED/SURG		
SPECIAL	0	0
CON01 T3W MED/SURG	0	0
CON01 T3E MED/SURG	0	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
BH EMERGENCY SVCS	2	8
OPERATING ROOM	1	1.32
PED PRIMARY CARE	1	0.04
Medical Clinic	3	0.04
Renal Dialysis	0	0
EMERGENCY SVCS ADULT	9.2	0.67
CARDIAC CATH LAB	0	0
Ambulatory Surgery	0	0
RBG01 PIP10W ADULT BH	4	1.78
RBG01 PIP10E ADULT BH	4	1.78
RBG01 PIP9E ADULT BH	4	1.33
CON01 RBG 8E Med/Surg	1	0.67
CON01 RBG 7E Med/Surg	1	0.67

CON01 RBG 9W Med/Surg	1	0.67
CONO1 PPC PW Mod/Surg	1	0.67
CON01 RBG 8W Med/Surg	1	0.67
CON01 RBG 7W MED/SURG	1	0.67
CON01 RBG 6W MED/SURG	1	0.67
CI IP LABOR & DLVRY	1	0.77
CON01 T8W NURSERY		
SPECIAL CARE	1	2.58
CON01 T8W MOM BABY	1	0.73
IP RECOVERY UNIT/DSCHG		
LOUNGE	1	3.08
CON01 T7W MED/SURG SD	0	0
CON01 T7W MED/SURG ICU	1	0.89
CON01 T7E MED/SURG ICU	1	0.71
CON01 T6E CARDIAC		
ICU/SDU	1	1.14
CON01 T8E MED/SURG	2	0.89
CON01 T6W MED/SURG	2	0.98
CON01 T4W MED/SURG		
SPECIAL	2	0.89
CON01 T4E MED/SURG		
SPECIAL	2	0.77
CON01 T3W MED/SURG	2	0.96
CON01 T3E MED/SURG	2	0.81

EVENING SHIFT ADDITIONAL RESOURCES

	Description of additional
	resources available to
	support unit level
	patient care on the
	Evening Shift. These
	resources include but are
	not limited to unit
Provide a description of	clerical staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
BH EMERGENCY SVCS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this
OPERATING ROOM	unit.

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PED PRIMARY CARE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
1 25 I IIIIVI, IIII C, III	unic.
Medical Clinic	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
Renal Dialysis	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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EMERGENCY SVCS ADULT	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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CARDIAC CATH LAB	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
Ambulatory Surgery	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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RBG01 PIP10W ADULT BH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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RBG01 PIP10E ADULT BH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
RBG01 PIP9E ADULT BH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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CON01 RBG 8E Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned
	number of patients on this
CON01 RBG 7E Med/Surg	unit.
CON01 RBG 9W Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 RBG 8W Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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	Dedicated clerical and HN resources for this unit are planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
CON01 RBG 7W MED/SURG	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
CON01 RBG 6W MED/SURG	unit.

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CI IP LABOR & DLVRY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CHI ERBOR & DEVIL	unit:
CON01 T8W NURSERY SPECIAL CARE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T8W MOM BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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IP RECOVERY UNIT/DSCHG LOUNGE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T7W MED/SURG SD	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T7W MED/SURG ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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CON01 T7E MED/SURG ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
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CON01 T6E CARDIAC ICU/SDU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T8E MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 T6W MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CONTROL TOWN WED, SONG	unit:
CON01 T4W MED/SURG SPECIAL	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T4E MED/SURG SPECIAL	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this
CON01 T3W MED/SURG	unit.
	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this
CON01 T3E MED/SURG	unit.

EVENING SHIFT CONSENSUS INFORMATION

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

		T		1
BH EMERGENCY SVCS	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
OPERATING ROOM	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
PED PRIMARY CARE	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
Medical Clinic	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	the hospital and the literature on safe staffing models supported the current ratio for nurses,	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.

<u> </u>		Τ		
Renal Dialysis	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
EMERGENCY SVCS ADULT	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
CARDIAC CATH LAB	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
Ambulatory Surgery	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.

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		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	•	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
				· · ·
RBG01 PIP10W ADULT BH	No	nurse aids, clerical, and	clerical, and BHA's staff on the unit.	staffing plan submission for full statement.
RBG01 PIP10W ADOLT BH	No	BHAs.	the unit.	full statement.
		llana ann ann ath leath		
		Upon careful review of both		
		the employee's and	N4	
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	_	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
RBG01 PIP10E ADULT BH	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
RBG01 PIP9E ADULT BH	No	BHAs.	the unit.	full statement.

		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 8E Med/Surg	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 7E Med/Surg	No	BHAs.	the unit.	full statement.
		Illian and the territory		
		Upon careful review of both		
		the employee's and	Managament members	In summary, employee
		management's proposal,	Management members	members did not find that
		which are provided in this	found that experience at	
		document, I agree with management's proposal and	the hospital and the literature on safe staffing	the auxiliary staff ratio would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 9W Med/Surg	No	BHAs.	the unit.	full statement.
CONTO I NO DAY INICA/DAIR	140	DI1/13.	the unit.	Tan Statement.

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		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	•	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
				· · ·
CONO1 DDC SW Mod/Surg	No	nurse aids, clerical, and	clerical, and BHA's staff on the unit.	staffing plan submission for full statement.
CON01 RBG 8W Med/Surg	No	BHAs.	the unit.	full statement.
		llana ann ann ath leath		
		Upon careful review of both		
		the employee's and	N4	
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	_	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 7W MED/SURG	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 RBG 6W MED/SURG	No	BHAs.	the unit.	full statement.

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	N	nurse aids, clerical, and	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for
CI IP LABOR & DLVRY	No	BHAs.	the unit.	full statement.
CON01 T8W NURSERY SPECIAL CARE	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CONO1 TRIW MACINA DARV	No	nurse aids, clerical, and	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for
CON01 T8W MOM BABY	No	BHAs.	the unit.	full statement.

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		Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with	Management members found that experience at the hospital and the	In summary, employee members did not find that the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
IP RECOVERY UNIT/DSCHG		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
LOUNGE	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T7W MED/SURG SD	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		_	current ratio for nurses aids,	hours per day. Please see
CONICA TANAMED (CURC ICI	NI -	nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T7W MED/SURG ICU	No	BHAs.	the unit.	full statement.

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		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T7E MED/SURG ICU	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
CON01 T6E CARDIAC		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
ICU/SDU	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
			current ratio for nurses aids,	hours per day. Please see
001101 707 /5:::: -		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T8E MED/SURG	No	BHAs.	the unit.	full statement.

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		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	· ·	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T6W MED/SURG	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
CON01 T4W MED/SURG		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
SPECIAL	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	_	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
,			current ratio for nurses aids,	hours per day. Please see
CON01 T4E MED/SURG		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
SPECIAL	No	BHAs.	the unit.	full statement.

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		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T3W MED/SURG	No	BHAs.	the unit.	full statement.
		Upon careful review of both		
		the employee's and		
		management's proposal,	Management members	In summary, employee
		which are provided in this	found that experience at	members did not find that
		document, I agree with	the hospital and the	the auxiliary staff ratio
		management's proposal and	literature on safe staffing	would provide a sufficient
		their rationale to maintain	models supported the	number of patient care
		the current staffing ratio of	current ratio for nurses aids,	hours per day. Please see
		nurse aids, clerical, and	clerical, and BHA's staff on	staffing plan submission for
CON01 T3E MED/SURG	No	BHAs.	the unit.	full statement.

	on the unit and the unit's location in	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5	Shift (Please provide a number with up to 5	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5
Name of Clinical Unit:	the hospital.	digits. Ex: 101.50)	digits. Ex: 101.50)	digits. Ex: 101.50)
Other	BH EMERGENCY SVCS	3	8	1
Other	OPERATING ROOM	2	2.64	6.1
Dialysis - Acute	Renal Dialysis	1	0.89	9
Emergency Department	EMERGENCY SVCS ADULT	15	2.73	43.9
Psychiatry	RBG01 PIP10W ADULT BH	2.57	1.14	18
Psychiatry	RBG01 PIP10E ADULT BH	2.57	1.14	18
Medical/Surgical	RBG01 PIP9E ADULT BH	3.43	1.14	24
Medical/Surgical	CON01 RBG 8E Med/Surg	2	1.33	12
Medical/Surgical	CON01 RBG 7E Med/Surg	2	1.33	12
Medical/Surgical	CON01 RBG 9W Med/Surg	2	1.33	12
Medical/Surgical	CON01 RBG 8W Med/Surg	2	1.33	12
Medical/Surgical	CON01 RBG 7W MED/SURG	2	1.33	12
Medical/Surgical	CON01 RBG 6W MED/SURG	2	1.33	12
Obstetrics/Gynecology	CI IP LABOR & DLVRY	6	4.62	10.4
Neonatal Obstetrics/Gynecology	CON01 T8W NURSERY SPECIAL CARE CON01 T8W MOM BABY	1.55 3.67	4 2.67	3.1 11
Stepdown	IP RECOVERY UNIT/DSCHG LOUNGE	0.65	2	2.6
Stepdown	CON01 T7W MED/SURG SD	0.83	2	3.3
Critical Care	CON01 T7W MED/SURG ICU	4.5	4	9
Critical Care	CON01 T7E MED/SURG ICU	5.65	4	11.3

	CON01 T6E CARDIAC			
Critical Care	ICU/SDU	3.5	4	7
Medical/Surgical	CON01 T8E MED/SURG	2.98	1.33	17.9
Medical/Surgical	CON01 T6W MED/SURG	2.73	1.33	16.4
	CON01 T4W MED/SURG			
Stepdown	SPECIAL	4.5	2	18
	CON01 T4E MED/SURG			
Stepdown	SPECIAL	5.23	2	20.9
Medical/Surgical	CON01 T3W MED/SURG	2.77	1.33	16.6
Medical/Surgical	CON01 T3E MED/SURG	3.3	1.33	19.8

LPN NIGHT SHIFT STAFFING

	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5
Name of Clinical Unit:	digits. Ex: 101.50)?	digits. Ex: 101.50)
Other	0.11	0
Other	0.55	0
Dialysis - Acute	1.12	0
Emergency Department	2.93	0
Psychiatry	7	0
Psychiatry	7	0
Medical/Surgical	7	0
Medical/Surgical	6	0
Obstetrics/Gynecology	2	0
Neonatal	2	0
Obstetrics/Gynecology	3	0
Stepdown	4	0

Stepdown	4	0
Critical Care	2	0
Critical Care	2	0
Critical Care	2	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Stepdown	4	0
Stepdown	4	0
Medical/Surgical	6	0
Medical/Surgical	6	0

NIGHT SHIFT ANCILLARY STAFF

Name of Clinical Unit:	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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)
Other	0	0
Other	0	0
Dialysis - Acute	0	0
Emergency Department	0	0
Psychiatry	0	0
Psychiatry	0	0
Medical/Surgical	0	0
Obstetrics/Gynecology	0	0
Neonatal	0	0
Obstetrics/Gynecology	0	0
Stepdown	0	0

Stepdown	0	0
Critical Care	0	0
Critical Care	0	0
Critical Care	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Stepdown	0	0
Stepdown	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)
Other	0	2
Other	0	1
Dialysis - Acute	0	0
Emergency Department	0	6.2
Psychiatry	0	4
Psychiatry	0	4
Medical/Surgical	0	4
Medical/Surgical	0	1
Obstetrics/Gynecology	0	1
Neonatal	0	1
Obstetrics/Gynecology	0	1
Stepdown	0	1
Stepdown	0	0

Critical Care	0	1
Critical Care	0	1
Critical Care	0	1
Medical/Surgical	0	2
Medical/Surgical	0	2
Stepdown	0	2
Stepdown	0	2
Medical/Surgical	0	2
Medical/Surgical	0	2

ADDITIONAL DECOLIDEES

NIGHT SHIFT ADDITIONAL RESOURCES		
Name of Clinical Unit:	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	
Other	8	
Other	1.32	
Dialysis - Acute	0	
Emergency Department	1.13	
Psychiatry	1.78	
Psychiatry	1.78	
Medical/Surgical	1.33	
Medical/Surgical	0.67	
Obstetrics/Gynecology	0.77	
Neonatal	2.58	
Obstetrics/Gynecology	0.73	
Stepdown	3.08	
Stepdown	0	

Critical Care	0.89
Critical Care	0.71
Critical Care	1.14
Medical/Surgical	0.89
Medical/Surgical	0.98
Stepdown	0.89
Stepdown	0.77
Medical/Surgical	0.96
Medical/Surgical	0.81

NIGHT SHIFT CONSENSUS INF	-ORMATION			
	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		.,	Statement by members
	nurse, and other		If no,	of clinical staffing
	coverage provided to	Our Clinical Staffing	Chief Executive Officer	committee selected by
	registered nurses,	Committee reached	Statement in support of	the general hospital
No constant	licensed practical nurses,		clinical staffing plan for	administration
Name of Clinical Unit:	and ancillary staff.	staffing plan for this unit:	this unit:	(management members):

	<u> </u>		<u> </u>	
	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this		Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on
Other	unit.	No	staffing ratio listed above.	the unit.
	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to		Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses,
	support the planned number of patients on this		proposal and their rationale to maintain the current	LPNs, nurse's aides, techs, clerical, and BHA's staff on
Other	unit.	No	staffing ratio listed above.	the unit.

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	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on
Dialysis - Acute	unit.	No	staffing ratio listed above.	the unit.
Emergency Department	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.

Psychiatry	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.

Psychiatry	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the

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Obstetrics/Gynecology	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the

	Dedicated clerical and HN resources for this unit are		Upon careful review of both the employee's and	
	resources for this unit are		the employee's and	
	planned as submitted. Additional resources such as		management's proposal, which are provided in this	Management members found that experience at
	pharmacists, respiratory		document, I agree with	the hospital and the
	therapists and social		management's proposal and	
	workers are available to		their rationale to maintain	models supported the
	support the planned		_	current ratio for nurses aids,
	number of patients on this		nurse aids, clerical, and	clerical, and BHA's staff on
Neonatal	unit.	No	BHAs.	the unit.

Obstetrics/Gynecology	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the

Stepdown	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.

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Critical Care	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the

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CBA INFORMATION We have one or more collective bargaining agreements: Yes If yes, then: Our general hospital has a collective DC bargaining agreement with the following 37,New organizations that represent clinical staff York State (Select all that apply): Nurses Associatio **Please select association and identify staff n,SEIU (e.g. nurses, ancillary staff, etc.) 1199 Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following 09/30/20 date: 28 12:00 AM

The number of hospital employees represented by New York State Nurses Association is:	632
Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	04/09/20 22 12:00 AM
The number of hospital employees represented by SEIU 1199 is:	121

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:	1130