HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Kings
Council	New York City
Network	NYC H+H
Reporting Organization	Kings County Hospital Center
Reporting Organization Id	1301
Reporting Organization Type	Hospital (pfi)
Data Entity	Kings County Hospital 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) ?
KC IPP 1 to 1 Patient	0	0	0	0
Coverage Pool OVERNIGHT CLERICAL	0	0	0	0
KC IP S5S L&D (Labor and	0	0	0	<u> </u>
Delivery)	0	0	0	2
KC IPP R6E PSYCH ADOL				
(Child Psych)	0	0	0	5
KC IPP R7W PSYCH CHILD				
(Child Psych)	2	2	8	5
KC IPP R6W PSYCH ADOL				
(Child Psych)	4	1.75	18.3	5
KC IPP R5W PSYCHIATRY				
Dev Disabled Psych (Non				
Standard Unit)	1	1.4	5.7	7
KC IPP R5E PSYCHIATRY				
(Adult Psych)	5	1.55	25.8	7
KC IPP R4W PSYCHIATRY				
(Adult Psych)	5	1.6	25	7
KC IPP R4E PSYCHIATRY				
(Adult Psych)	4	1.34	23.9	7
KC IPP R3W PSYCHIATRY				
(Child Psych)	0	0	0	0
KC IPP R3E PSYCHIATRY				
(ADULT PSYCH)	5	1.56	25.7	7
KC IP D6N PEDS ICU	2	4.85	3.3	2

KC IP D6N PEDS	2	1.68	9.5	6
KC IP D5S MOTHER BABY	3	3.53	6.8	3
KIN01 B NICU	3	3.33	7.2	3
KC IP D5N NICU	4	4.44	7.2	2
KC IP D3N NSICU	0	0	0	0
KC IP D3S MICU	4	5	6.4	2
KC IP D3S ICU/SDU	4	4.64	6.9	2
KC IP D3N SICU	9	4.44	16.2	2
KC IP D7S MED/SURG	6	1.45	33	6
KC IP D7N MED/SURG	6	1.5	31.9	6
KC IP D6S MED/SURG/STR	4	1.46	21.9	6
KC IP D4S MED/SURG				
(Telemetry War Room)	0	0	0	0
KC IP D4S MED/SURG				
Stepdown	9	2.2	32.7	4
KC IP D4N MED/SURG	6	1.45	33.2	6
KC IP D2S MED/SURG (STEP				
DOWN)	3	2.97	8.07	4
KC IP D2S MED/SURG	5	1.34	29.9	6
KC IPR D2N REHAB	3	1.57	15.3	7
KC IP A52 FLEX (MED SURG)	3	1.4	17.1	6
KC IP A51 FLEX (Med/Surg)	3	1.9	12.6	6

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
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KC IPP 1 to 1 Patient		
Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and		
Delivery)	0	0
KC IPP R6E PSYCH ADOL		
(Child Psych)	0	0
KC IPP R7W PSYCH CHILD		
(Child Psych)	0	0
KC IPP R6W PSYCH ADOL		
(Child Psych)	0	0
KC IPP R5W PSYCHIATRY		
Dev Disabled Psych (Non		
Standard Unit)	0	0
KC IPP R5E PSYCHIATRY		
(Adult Psych)	0	0
KC IPP R4W PSYCHIATRY		
(Adult Psych)	0	0
KC IPP R4E PSYCHIATRY		
(Adult Psych)	0	0
KC IPP R3W PSYCHIATRY		
(Child Psych)	0	0
KC IPP R3E PSYCHIATRY		
(ADULT PSYCH)	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0
KIN01 B NICU	0	0
KC IP D5N NICU	0	0
KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG		
(Telemetry War Room)	0	0

KC IP D4S MED/SURG		
Stepdown	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG (STEP		
DOWN)	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (MED SURG)	0	0
KC IP A51 FLEX (Med/Surg)	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)
KC IPP 1 to 1 Patient		
Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and		
Delivery)	0	0
KC IPP R6E PSYCH ADOL		
(Child Psych)	0	0
KC IPP R7W PSYCH CHILD		
(Child Psych)	0	0
KC IPP R6W PSYCH ADOL		
(Child Psych)	0	0
KC IPP R5W PSYCHIATRY		
Dev Disabled Psych (Non		
Standard Unit)	0	0

KC IPP R5E PSYCHIATRY		
(Adult Psych)	0	0
KC IPP R4W PSYCHIATRY		
(Adult Psych)	0	0
KC IPP R4E PSYCHIATRY		
(Adult Psych)	0	0
KC IPP R3W PSYCHIATRY		
(Child Psych)	0	0
KC IPP R3E PSYCHIATRY		
(ADULT PSYCH)	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0
KIN01 B NICU	0	0
KC IP D5N NICU	0	0
KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG		
(Telemetry War Room)	3	3
KC IP D4S MED/SURG		
Stepdown	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG (STEP		
DOWN)	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (MED SURG)	0	0
KC IP A51 FLEX (Med/Surg)	0	0

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)
KC IPP 1 to 1 Patient		
Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and		
Delivery)	0	0
KC IPP R6E PSYCH ADOL		
(Child Psych)	0	0
KC IPP R7W PSYCH CHILD		
(Child Psych)	3	3
KC IPP R6W PSYCH ADOL		
(Child Psych)	3	1.31
KC IPP R5W PSYCHIATRY		
Dev Disabled Psych (Non		
Standard Unit)	5	7.01
KC IPP R5E PSYCHIATRY		
(Adult Psych)	4	1.24
KC IPP R4W PSYCHIATRY		
(Adult Psych)	4	1.28
KC IPP R4E PSYCHIATRY		
(Adult Psych)	4	1.33
KC IPP R3W PSYCHIATRY		
(Child Psych)	0	0
KC IPP R3E PSYCHIATRY		
(ADULT PSYCH)	4	1.24
KC IP D6N PEDS ICU	1	2.42
KC IP D6N PEDS	1	0.84
KC IP D5S MOTHER BABY	1	1.17
KIN01 B NICU	1	1.11

1	1.11
	±.±±
0	0
1	1.25
1	1.59
2	0.98
3	0.72
3	0.75
2	0.73
0	0
3	0.07
3	0.72
1	0.99
3	0.8
2	1.04
2	0.93
2	1.26
	1 1 2 3 3 2 0 3 3 2 0 3 3 3 2 1 3 2 2 2

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.

	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
KC IPP 1 to 1 Patient	number of patients on this
Coverage Pool	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
OVERNIGHT CLERICAL	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
KC IP S5S L&D (Labor and	number of patients on this
Delivery)	unit
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Dedicated clerical a resources for this u planned as submit Additional resources	-
planned as submit	nit are
Additional resources	ted.
	such as
pharmacists, respir	atory
therapists and so	cial
workers are availal	ble to
support the plan	ned
KC IPP R6E PSYCH ADOL number of patients	on this
(Child Psych) unit	
Dedicated clerical a	nd HN
resources for this u	nit are
planned as submit	ted.
Additional resources	such as
pharmacists, respir	atory
therapists and so	cial
workers are availal	ole to
support the plan	ned
KC IPP R7W PSYCH CHILD number of patients	on this
(Child Psych) unit	
Dedicated clerical a	nd HN
resources for this u	nit are
planned as submit	ted.
Additional resources	such as
pharmacists, respir	atory
therapists and so	cial
workers are availal	ble to
support the plan	ned
KC IPP R6W PSYCH ADOL number of patients	on this
(Child Psych) 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
KC IPP R5W PSYCHIATRY	support the planned
Dev Disabled Psych (Non	number of patients on this
Standard Unit)	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
KC IPP R5E PSYCHIATRY	number of patients on this
(Adult Psych)	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
KC IPP R4W PSYCHIATRY	number of patients on this
(Adult Psych)	unit
(Adult Psych)	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
KC IPP R4E PSYCHIATRY	number of patients on this
(Adult Psych)	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
KC IPP R3W PSYCHIATRY	number of patients on this
(Child Psych)	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
KC IPP R3E PSYCHIATRY	number of patients on this
(ADULT PSYCH)	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
KC IP D6N PEDS ICU	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
KC IP D6N PEDS	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
KC IP D5S MOTHER BABY	unit

resources for this unit are planned as submitted.Additional resources such a pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unitKIN01 B NICUunitDedicated clerical and HN resources for this unit are planned as submitted.Additional resources such a pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unitKIN01 B NICUU unitDedicated clerical and HN resources for this unit are planned as submitted.Additional resources such a pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unitKC IP D5N NICUunitDedicated clerical and HN resources for this unit are planned as submitted.Additional resources such a pharmacists, respiratory therapists and social workers are available to		
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Support the planned number of patients on this unitKC IP D5N NICUunitDedicated clerical and HN resources for this unit are planned as submitted.Additional resources such a pharmacists, respiratory therapists and social workers are available to		therapists and social
KC IP D5N NICUnumber of patients on thisKC IP D5N NICUunitDedicated clerical and HN resources for this unit are planned as submitted.Additional resources such a pharmacists, respiratory therapists and social workers are available to		workers are available to
KC IP D5N NICUunitDedicated clerical and HN resources for this unit are planned as submitted.Additional resources such a pharmacists, respiratory therapists and social workers are available to		support the planned
Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such a pharmacists, respiratory therapists and social workers are available to		number of patients on this
resources for this unit are planned as submitted. Additional resources such a pharmacists, respiratory therapists and social workers are available to	KC IP D5N NICU	unit
planned as submitted. Additional resources such a pharmacists, respiratory therapists and social workers are available to		Dedicated clerical and HN
Additional resources such a pharmacists, respiratory therapists and social workers are available to		resources for this unit are
pharmacists, respiratory therapists and social workers are available to		planned as submitted.
therapists and social workers are available to		Additional resources such as
workers are available to		pharmacists, respiratory
		therapists and social
support the planned		workers are available to
support the planned		support the planned
number of patients on this		number of patients on this
KC IP D3N NSICU unit	KC IP D3N NSICU	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
KC IP D3S MICU	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
KC IP D3S ICU/SDU	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
KC IP D3N SICU	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
KC IP D7S 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
KC IP D7N 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
KC IP D6S MED/SURG/STR	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
KC IP D4S MED/SURG	number of patients on this
(Telemetry War Room)	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
KC IP D4S MED/SURG	number of patients on this
Stepdown	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
KC IP D4N 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
KC IP D2S MED/SURG (STEP	number of patients on this
DOWN)	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
KC IP D2S 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
KC IPR D2N REHAB	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
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
unit

DAY SHIFT CONSENSUS INFORMATION

				Statement by members
Provide a description of				of clinical staffing
Clinical Unit, including a			Statement by members	committee that were
description of typical		lf 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):

		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
KC IPP 1 to 1 Patient		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
Coverage Pool	No	statement.	statement.	statement.
Coverage Pool	NO	statement.	Statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
	N	from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
OVERNIGHT CLERICAL	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
			and the literature on safe	
		administration agreed with		the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
KC IP S5S L&D (Labor and	N La	from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
Delivery)	No	statement.	statement.	statement.

KC IPP RGE PSYCH ADOL (Child Psych)In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for momers did not find that administration agreed with staffing plan submission from 7/1/2023 for the fullIn summary, management experience at the hospital members did not find that administration agreed with staffing plan submission from 7/1/2023 for the full statement.In summary, management experience at the hospital members did not find that administration agreed with management's proposal and their explanation for momers did not find that statement.KC IPP RGE PSYCH ADOL (Child Psych)NoIn 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 7/1/2023 for the full statement.In summary, anangement members did not find that statement.KC IPP R7W PSYCH CHILD (Child Psych)NoIn summary, after thoughtful review of both proposals, hospital administration agreed with statement.In summary, management summary, annagement summary, and their explanation for mort 1/1/2023 for the full statement.KC IPP R6W PSYCH ADOL (Child Psych)NoIn summary, after thoughtful review of both proposals, hospital administration agreed with administration agreed with <br< th=""><th></th><th></th><th></th><th></th><th></th></br<>					
In summary, after thoughtful review of both proposals, hospital administration agreed with (Child Psych)In summary, after the auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.In summary, amagement members found that experience at the hospital and their explanation for on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.In summary, amagement members found that the auxiliary staff ratio staffing plan submission from 7/1/2023 for the full statement.In summary, amagement members found that the auxiliary staff ratio staffing plan submission from 7/1/2023 for the full statement.In summary, amagement members found that experience at the hospital and the literature on safe staffing plan submission from 7/1/2023 for the full statement.In summary, amagement members found that experience at the hospital and the literature on safe staffing models supportedIn 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 from 7/1/2023 for the fullKC IPP R6W PSYCH ADOLKC IPP R6W PSYCH ADOLKC IPP R6W PSYCH ADOLKC IPP R6W PSYCH ADOLNo		Νο	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 7/1/2023 for the full	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 7/1/2023 for the full	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 from 7/1/2023 for the full
KC IPP R7W PSYCH CHILD (Child Psych)Nothoughtful review of both proposals, hospital administration agreed with auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full proposals, hospital and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full proposals, hospital and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.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 from 7/1/2023 for the full statement.In summary, employee would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission staffing models supported would provide a sufficient nembers found that the auxiliary staff ratio would provide a sufficient members found that the auxiliary staff ratio would provide a sufficient number of patient care on this unit. Please see staffing plan submission staffing plan submissionKC IPP R6W PSYCH ADOLKC IPP R6W PSYCH ADOL	(0				
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 submissionIn summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the fullIn summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care staffing plan submission from 7/1/2023 for the full		No	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 7/1/2023 for the full	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 7/1/2023 for the full	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 from 7/1/2023 for the full
KC IPP R6W PSYCH ADOLthoughtful review of both thoughtful review of both proposals, hospital administration agreed with and the literature on safeIn summary, employee members did not find that the auxiliary staff ratioKC IPP R6W PSYCH ADOLthoughtful review of both proposals, hospital administration agreed with and their explanation for from 7/1/2023 for the fullmembers found that members did not find that the auxiliary staff ratio the auxiliary staff ratio staffing plan submission from 7/1/2023 for the fullIn summary, employee members did not find that the auxiliary staff ratio	(Child Fsych)	NO	statement.	statement.	statement.
	KC IPP R6W PSYCH ADOL (Child Psych)	Νο	thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission	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	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

employee not find that staff ratio e a sufficient atient care v. Please see submission 3 for the full nent.
employee not find that staff ratio a sufficient atient care v. Please see submission 3 for the full nent.
ient.
employee not find that staff ratio e a sufficient atient care v. Please see submission 3 for the full
nent.

KC IPP R4E PSYCHIATRY (Adult Psych)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
(, laare i syony				
KC IPP R3W PSYCHIATRY (Child Psych)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.

KC IP D6N PEDS ICU	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
KC IP D6N PEDS	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
KC IP D5S MOTHER BABY	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.

		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	, would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KIN01 B NICU	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/202 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D5N NICU	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee members did not find that
		proposals, hospital	experience at the hospital	
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported the ratio for auxiliary staff	would provide a sufficient
		and their explanation for auxiliary staff ratios. Please	on this unit. Please see	number of patient care hours per day. Please see
		,		
		see staffing plan submission from 7/1/2023 for the full	staffing plan submission from 7/1/2023 for the full	staffing plan submission from 7/1/2023 for the full
KC IP D3N NSICU	No	statement.	statement.	statement.
	NU	Statement.	statement.	Statement.

		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D3S MICU	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D3S ICU/SDU	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D3N SICU	No	statement.	statement.	statement.

		In summary, after thoughtful review of both proposals, hospital	In summary, management members found that experience at the hospital	In summary, employee members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
				-
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission		staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D7S MED/SURG	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D7N MED/SURG	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D6S MED/SURG/STR	No	statement.	statement.	statement.

		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
KC IP D4S MED/SURG		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
(Telemetry War Room)	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
KC IP D4S MED/SURG		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
Stepdown	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission		staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D4N MED/SURG	No	statement.	statement.	statement.

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission	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	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
KC IP D2S MED/SURG (STEP		from $7/1/2023$ for the full	from $7/1/2023$ for the full	from $7/1/2023$ for the full
DOWN)	No	statement.	statement.	statement.
KC IP D2S MED/SURG	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full	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 from 7/1/2023 for the full
KC IPR D2N REHAB	No	statement.	statement.	statement.

KC IP A52 FLEX (MED SURG)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
KC IP A51 FLEX (Med/Surg)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	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)?
1 to 1 Patient Coverage	0			0
Assignments OVERNIGHT CLERICAL	0	0	0	0
Labor and Delivery	0	0	0	0 2
KC IPP R6E PSYCH ADOL	0	0	0	۷
(Child Psych)	0	0	0	0
KC IPP R7W PSYCH CHILD	0	0	0	0
(Child Psych)	2	2	6	5
KC IPP R6W PSYCH ADOL	۷.	۷	0	
(Child Psych)	4	1.75	18.3	5
KC IPP R5W PSYCHIATRY	т	1.75	10.5	5
Dev Disabled Psych (Non				
Standard Unit)	1	1.4	5.7	7
KC IPP R5E PSYCHIATRY			•••	
(Adult Psych)	5	1.55	25.8	6
KC IPP R4W PSYCHIATRY	-			-
(Adult Psych)	5	1.6	25	6
Adult Psych	4	1.34	23.9	6
KC IPP R3W PSYCHIATRY		-	· -	
(Child Psych)	0	0	0	0
KC IPP R3E PSYCHIATRY				
(ADULT PSYCH)	5	1.56	25.7	7
KC IP D6N PEDS ICU	2	4.85	3.3	2
KC IP D6N PEDS	2	1.68	9.5	6
KC IP D5S MOTHER BABY	3	3.53	6.8	3

KIN01 B NICU	3	3.33	7.2	3
KC IP D5N NICU	4	4.44	7.2	2
KC IP D3N NSICU	0	0	0	0
KC IP D3S MICU	4	5	6.4	2
KC IP D3S ICU/SDU	4	4.64	6.9	2
KC IP D3N SICU	9	4.44	16.2	2
KC IP D7S MED/SURG	6	1.45	33	6
KC IP D7N MED/SURG	6	1.5	31.9	6
KC IP D6S MED/SURG/STR	4	1.46	21.9	6
KC IP D4S MED/SURG				
(Telemetry War Room)	0	0	0	0
KC IP D4S MED/SURG				
Stepdown	9	2.2	32.7	4
KC IP D4N MED/SURG	6	1.45	33.2	6
KC IP D2S MED/SURG (STEP				
DOWN)	3	2.97	8.07	4
KC IP D2S MED/SURG	5	1.34	29.9	6
KC IPR D2N REHAB	3	1.57	15.3	7
KC IP A52 FLEX (MED SURG)	3	1.4	17.1	6
KC IP A51 FLEX (Med/Surg)	3	1.9	12.6	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)
1 to 1 Patient Coverage		<u></u>
Assignments	0	0
OVERNIGHT CLERICAL	0	0
Labor and Delivery	0	0
KC IPP R6E PSYCH ADOL		
(Child Psych)	0	0

		ı
KC IPP R7W PSYCH CHILD		
(Child Psych)	0	0
KC IPP R6W PSYCH ADOL	-	
(Child Psych)	0	0
KC IPP R5W PSYCHIATRY		
Dev Disabled Psych (Non	-	
Standard Unit)	0	0
KC IPP R5E PSYCHIATRY		
(Adult Psych)	0	0
KC IPP R4W PSYCHIATRY		
(Adult Psych)	0	0
Adult Psych	0	0
KC IPP R3W PSYCHIATRY		
(Child Psych)	0	0
KC IPP R3E PSYCHIATRY		
(ADULT PSYCH)	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0
KIN01 B NICU	0	0
KC IP D5N NICU	0	0
KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG		1
(Telemetry War Room)	0	0
KC IP D4S MED/SURG		
Stepdown	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG (STEP		
DOWN)	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (MED SURG)	0	0
/		

KC IP A51 FLEX (Med/Surg)	0	0
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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)
1 to 1 Patient Coverage	up to 4 digits. LX. 10.30/	up to 4 digits. LA. 10.50
Assignments	0	0
OVERNIGHT CLERICAL	0	0
Labor and Delivery	0	0
KC IPP R6E PSYCH ADOL		
(Child Psych)	0	0
KC IPP R7W PSYCH CHILD		
(Child Psych)	0	0
KC IPP R6W PSYCH ADOL		
(Child Psych)	0	0
KC IPP R5W PSYCHIATRY		
Dev Disabled Psych (Non		
Standard Unit)	0	0
KC IPP R5E PSYCHIATRY		
(Adult Psych)	0	0
KC IPP R4W PSYCHIATRY		
(Adult Psych)	0	0
Adult Psych	0	0
KC IPP R3W PSYCHIATRY		
(Child Psych)	0	0
KC IPP R3E PSYCHIATRY		
(ADULT PSYCH)	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0

KIN01 B NICU	0	0
KC IP D5N NICU	0	0
KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG		
(Telemetry War Room)	0	0
KC IP D4S MED/SURG		
Stepdown	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG (STEP		
DOWN)	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (MED SURG)	0	0
KC IP A51 FLEX (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	(Please provide a number with up to 4	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
the hospital. 1 to 1 Patient Coverage	digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
Assignments	0	0
OVERNIGHT CLERICAL	0	0
Labor and Delivery	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0

		1
KC IPP R7W PSYCH CHILD		
(Child Psych)	3	3
KC IPP R6W PSYCH ADOL		
(Child Psych)	3	1.31
KC IPP R5W PSYCHIATRY		
Dev Disabled Psych (Non		
Standard Unit)	4	5.61
KC IPP R5E PSYCHIATRY		
(Adult Psych)	4	1.24
KC IPP R4W PSYCHIATRY		
(Adult Psych)	4	1.28
Adult Psych	4	1.33
KC IPP R3W PSYCHIATRY		
(Child Psych)	0	0
KC IPP R3E PSYCHIATRY		
(ADULT PSYCH)	4	1.24
KC IP D6N PEDS ICU	1	2.42
KC IP D6N PEDS	1	0.84
KC IP D5S MOTHER BABY	1	1.17
KIN01 B NICU	1	1.11
KC IP D5N NICU	1	1.11
KC IP D3N NSICU	0	0
KC IP D3S MICU	1	1.25
KC IP D3S ICU/SDU	1	1.15
KC IP D3N SICU	2	0.98
KC IP D7S MED/SURG	3	0.72
KC IP D7N MED/SURG	3	0.75
KC IP D6S MED/SURG/STR	2	0.73
KC IP D4S MED/SURG		
(Telemetry War Room)	3	0
KC IP D4S MED/SURG		
Stepdown	3	0.73
KC IP D4N MED/SURG	3	0.72
KC IP D2S MED/SURG (STEP		1
DOWN)	1	0.99
KC IP D2S MED/SURG	3	0.8
KC IPR D2N REHAB	2	1.04
		1 1
KC IP A52 FLEX (MED SURG)	2	0.93

EVENING SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided	.
on the unit and the	registered nurses,
unit's location in the hospital.	licensed practical nurses, and ancillary staff.
the hospital.	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
1 to 1 Patient Coverage	number of patients on this
Assignments	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
OVERNIGHT CLERICAL	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 Labor and DeliveryLabor and DeliveryunitDedicated 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 planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)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 planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)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 plannedKC IPP R7W PSYCH CHILD (Child Psych)unit		
Planned as submitted.Additional resources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannednumber of patients on thisLabor and DeliveryDedicated clerical and HNresources for this unit areplanned as submitted.Additional resources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannedsubmitted.Additional resources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannednumber of patients on thisunitKC IPP R6E PSYCH ADOL(Child Psych)Dedicated clerical and HNresources for this unit areplanned as submitted.Additional resources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannedKC IPP R6E PSYCH ADOLAdditional resources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannedKC IPP R6E PSYCH CHILDKC IPP R7W PSYCH CHILDKC IPP R7W PSYCH CHILD		Dedicated clerical and HN
Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this Labor and DeliveryLabor and DeliveryDedicated 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 plannedKC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources and social workers are available to support the planned number of patients on this unitKC IPP R6E PSYCH ADOL (Child Psych)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 planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R7W PSYCH CHILDNorkers are available to support the planned number of patients on this		resources for this unit are
pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unitLabor and DeliveryDedicated 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 plannedKC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unitKC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as opharmacists, respiratory therapists and social workers are available to support the plannedKC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R7W PSYCH CHILDworkers are available to support the planned for the planned		planned as submitted.
therapists and social workers are available to support the planned number of patients on this unitLabor and DeliveryDedicated 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 plannedKC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (CHILDDedicated clerical and HN resources for this unit are planned as submitted.KC IPP R7W PSYCH CHILDNumber of patients on this support the planned support the planned		Additional resources such as
workers are available to support the planned number of patients on this unitLabor and DeliveryDedicated 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 plannedKC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R7W PSYCH CHILDNumber of patients on thisKC IPP R7W PSYCH CHILDnumber of patients on this		pharmacists, respiratory
Support the planned number of patients on this unitLabor and DeliveryUnitDedicated 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 (child Psych)KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)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 for this unit are planned as submitted.KC IPP R7W PSYCH CHILDnumber of patients on this support the planned number of patients on this		therapists and social
Labor and Deliverynumber of patients on this unitLabor and DeliveryDedicated 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 (Child Psych)KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as planned as submitted.Mitterapists and social workers are available to support the plannedKC IPP R7W PSYCH CHILDnumber of patients on this		workers are available to
Labor and DeliveryunitLabor and DeliveryDedicated 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 (Child Psych)KC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)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 plannedKC IPP R7W PSYCH CHILDnumber of patients on this		support the planned
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 unitKC IPP R6E PSYCH ADOL (Child Psych)Dedicated clerical and HN resources for this unit are planned as submitted.Mathematical Additional resources such as pharmacists, respiratory the rapists and social workers are available to support the planned number of patients on this planned as submitted.KC IPP R6E PSYCH ADOL (Child Psych)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 plannedKC IPP R7W PSYCH CHILDnumber of patients on this		number of patients on this
KC IPP R6E PSYCH ADOL (Child Psych)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 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 planned as submitted.KC IPP R7W PSYCH CHILDsupport the planned number of patients on this	Labor and Delivery	unit
Planned as submitted.Additional resources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannednumber of patients on this(Child Psych)Dedicated clerical and HNresources for this unit areplanned as submitted.Additional resources such aspharmacists, respiratorytherapists and socialworkers are available toSupport the plannedKC IPP RFAPEKC IPP R7W PSYCH CHILDKC IPP R7W PSYCH CHILD		Dedicated clerical and HN
Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this (Child Psych)KC IPP R6E PSYCH ADOL (Child Psych)number of patients on this unitChild Psych)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 plannedKC IPP R7W PSYCH CHILDNumber of patients on this		resources for this unit are
KC IPP R6E PSYCH ADOL (Child Psych)pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this 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 plannedKC IPP R7W PSYCH CHILDnumber of patients on this		planned as submitted.
KC IPP R6E PSYCH ADOL (Child Psych)therapists and social workers are available to support the planned number of patients on this unitKC IPP R6E PSYCH ADOL (Child Psych)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 plannedKC IPP R7W PSYCH CHILDnumber of patients on this		Additional resources such as
KC IPP R6E PSYCH ADOL (Child Psych)workers are available to support the planned number of patients on this unitChild PsychDedicated 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 plannedKC IPP R7W PSYCH CHILDnumber of patients on this		pharmacists, respiratory
KC IPP R6E PSYCH ADOL (Child Psych)support the planned number of patients on this unitChild Psych)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 plannedKC IPP R7W PSYCH CHILDnumber of patients on this		therapists and social
KC IPP R6E PSYCH ADOL (Child Psych)number of patients on this unit(Child Psych)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 plannedKC IPP R7W PSYCH CHILDnumber of patients on this		workers are available to
(Child Psych)unitDedicated 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 plannedKC IPP R7W PSYCH CHILDnumber of patients on this		support the planned
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 plannedKC IPP R7W PSYCH CHILDnumber of patients on this	KC IPP R6E PSYCH ADOL	number of patients on this
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	(Child Psych)	unit
planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned KC IPP R7W PSYCH CHILD number of patients on this		Dedicated clerical and HN
Additional resources such as pharmacists, respiratory therapists and social workers are available to support the plannedKC IPP R7W PSYCH CHILDnumber of patients on this		resources for this unit are
KC IPP R7W PSYCH CHILDpharmacists, respiratory therapists and social workers are available to support the planned number of patients on this		planned as submitted.
therapists and socialworkers are available tosupport the plannedKC IPP R7W PSYCH CHILDnumber of patients on this		Additional resources such as
workers are available to support the plannedKC IPP R7W PSYCH CHILDnumber of patients on this		pharmacists, respiratory
support the planned KC IPP R7W PSYCH CHILD number of patients on this		therapists and social
KC IPP R7W PSYCH CHILD number of patients on this		workers are available to
		support the planned
(Child Daych)	KC IPP R7W PSYCH CHILD	number of patients on this
(Child Psych) unit	(Child Psych)	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
KC IPP R6W PSYCH ADOL	number of patients on this
(Child Psych)	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
KC IPP R5W PSYCHIATRY	support the planned
Dev Disabled Psych (Non	number of patients on this
Standard Unit)	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
KC IPP R5E PSYCHIATRY	number of patients on this
(Adult Psych)	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
KC IPP R4W PSYCHIATRY	number of patients on this
(Adult Psych)	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
Adult Psych	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
KC IPP R3W PSYCHIATRY	number of patients on this
(Child Psych)	unit

	Dedicated clarical and UN
	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
KC IPP R3E PSYCHIATRY	number of patients on this
(ADULT PSYCH)	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
KC IP D6N PEDS ICU	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
KC IP D6N PEDS	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
KC IP D5S MOTHER BABY	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
KIN01 B NICU	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
KC IP D5N NICU	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
KC IP D3N NSICU	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
KC IP D3S MICU	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
KC IP D3S ICU/SDU	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
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
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
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
KC IP D6S MED/SURG/STR	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
KC IP D4S MED/SURG	number of patients on this
(Telemetry War Room)	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
KC IP D4S MED/SURG	number of patients on this
Stepdown	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
KC IP D4N 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
KC IP D2S MED/SURG (STEP	number of patients on this
DOWN)	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
KC IP D2S 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
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
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
unit

EVENING SHIFT CONSENSUS INFORMATION

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

1 to 1 Patient Coverage Assignments	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	
OVERNIGHT CLERICAL	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	
OVERNIGHT CLERICAL	NO	statement.	statement.	
		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full	
Labor and Delivery	No	statement.	statement.	

-

		In summary, after	In summary, management	
		thoughtful review of both	members found that	
		proposals, hospital	experience at the hospital	
		administration agreed with	and the literature on safe	
		management's proposal	staffing models supported	
		and their explanation for	the ratio for auxiliary staff	
		auxiliary staff ratios. Please	, on this unit. Please see	
KC IPP R5W PSYCHIATRY		see staffing plan submission	staffing plan submission	
Dev Disabled Psych (Non		from 7/1/2023 for the full	from $7/1/2023$ for the full	
Standard Unit)	No	statement.	statement.	
		In summary, after	In summary, management	
		thoughtful review of both	members found that	
		proposals, hospital	experience at the hospital	
		administration agreed with	and the literature on safe	
		management's proposal	staffing models supported	
		and their explanation for	the ratio for auxiliary staff	
		auxiliary staff ratios. Please	on this unit. Please see	
		see staffing plan submission	staffing plan submission	
KC IPP R5E PSYCHIATRY		from 7/1/2022 for the full	from 7/1/2022 for the full	
(Adult Psych)	No	statement.	statement.	
, , , , , , , , , , , , , , , , ,				
		In summary, after	In summary, management	
		thoughtful review of both	members found that	
		proposals, hospital	experience at the hospital	
		administration agreed with	and the literature on safe	
		management's proposal	staffing models supported	
		and their explanation for	the ratio for auxiliary staff	
		auxiliary staff ratios. Please	on this unit. Please see	
		see staffing plan submission	staffing plan submission	
KC IPP R4W PSYCHIATRY		from 7/1/2023 for the full	from 7/1/2023 for the full	
(Adult Psych)	No	statement.	statement.	

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full	from 7/1/2023 for the full	
Adult Psych	No	statement.	statement.	
KC IPP R3W PSYCHIATRY (Child Psych)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	

KC IP D6N PEDS ICU	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	
	INU	statement.	statement.	
KC IP D6N PEDS	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	
KC IP D5S MOTHER BABY	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	

	Ne	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full	from 7/1/2023 for the full	
KIN01 B NICU	No	statement.	statement.	
KC IP D5N NICU	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	
KC IP D3N NSICU	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full	
KC IP D3S MICU	No	statement.	statement.	
KC IP D3S ICU/SDU	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	
KC IP D3N SICU	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full	
KC IP D7S MED/SURG	No	statement.	statement.	
KC IP D7N MED/SURG	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	
KC IP D6S MED/SURG/STR	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	

KC IP D4S MED/SURG		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full	
-		from 7/1/2023 for the full		
(Telemetry War Room)	No	statement.	statement.	
KC IP D4S MED/SURG		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 7/1/2023 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full	
Stepdown	No	statement.	statement.	
·		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full	
KC IP D4N MED/SURG	No	statement.	statement.	

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff	
		auxiliary staff ratios. Please	on this unit. Please see	
		see staffing plan submission	staffing plan submission	
KC IP D2S MED/SURG (STEP		from 7/1/2023 for the full	from 7/1/2023 for the full	
DOWN)	No	statement.	statement.	
		In summary, after thoughtful review of both	In summary, management members found that	
		proposals, hospital	experience at the hospital	
		administration agreed with	and the literature on safe	
		management's proposal	staffing models supported	
		and their explanation for	the ratio for auxiliary staff	
		auxiliary staff ratios. Please	on this unit. Please see	
		see staffing plan submission	staffing plan submission	
		from 7/1/2023 for the full	from 7/1/2023 for the full	
KC IP D2S MED/SURG	No	statement.	statement.	
		In summary, after	In summary, management	
		thoughtful review of both	members found that	
		proposals, hospital	experience at the hospital	
		administration agreed with	and the literature on safe	
		management's proposal	staffing models supported	
		and their explanation for	the ratio for auxiliary staff	
		auxiliary staff ratios. Please	on this unit. Please see	
		see staffing plan submission	staffing plan submission	
		from 7/1/2023 for the full	from 7/1/2023 for the full	
KC IPR D2N REHAB	No	statement.	statement.	

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission	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	
KC IP A52 FLEX (MED SURG)	No	from 7/1/2023 for the full statement.	from 7/1/2023 for the full statement.	
		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full	
KC IP A51 FLEX (Med/Surg)	No	statement.	statement.	

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)?
KC IPP 1 to 1 Patient				
Coverage Pool	0	0	0	0
OVERNIGHT CLERICAL	0	0	0	0
KC IP S5S L&D (Labor and				
Delivery)	0	0	0	2
KC IPP R6E PSYCH ADOL				
(Child Psych)	0	0	0	0
KC IPP R7W PSYCH CHILD	2	2	8	5
KC IPP R6W PSYCH ADOL				
(Child Psych)	4	1.75	18.3	5
KC IPP R5W PSYCHIATRY				
(Dev Disabled Psych (Non				
Standard Unit))	1	1.4	5.7	6
KC IPP R5E PSYCHIATRY				
Adult Psych	5	1.55	25.8	6
KC IPP R4W PSYCHIATRY				
Adult Psych	5	1.6	25	6
KC IPP R4E PSYCHIATRY				
Adult Psych	4	1.34	23.9	6
KC IPP R3W PSYCHIATRY				
(CHILD PSYCH)	0	0	0	0
KC IPP R3E PSYCHIATRY	5	1.56	25.7	6
KC IP D6N PEDS ICU	2	4.85	3.3	2
KC IP D6N PEDS	2	1.68	9.5	6
KC IP D5S MOTHER BABY	3	3.53	6.8	3
KIN01 B NICU	3	3.33	7.2	3
KC IP D5N NICU	4	4.44	7.2	2

KC IP D3N NSICU	0	0	0	0
KC IP D3S MICU	4	5	6.4	2
KC IP D3S ICU/SDU	4	4.64	6.9	2
KC IP D3N SICU	9	4.44	16.2	2
KC IP D7S MED/SURG	6	1.45	33	6
KC IP D7N MED/SURG	6	1.5	31.9	6
KC IP D6S MED/SURG/STR	4	1.46	21.9	6
KC IP D4S MED/SURG				
(Telemetry War Room)	0	0	0	0
Med Surg Stepdown	9	2.2	32.7	4
KC IP D4S MED/SURG	6	1.45	33.2	6
KC IP D4N MED/SURG	6	1.45	33.2	6
KC IP D2S MED/SURG				
/Stepdown	3	2.97	8.07	4
KC IP D2S MED/SURG	5	1.34	29.9	6
KC IPR D2N REHAB	3	1.57	15.3	7
KC IP A52 FLEX (Med Surg)	3	1.4	17.1	6
KC IP A51 FLEX (MED SURG)	3	1.9	12.6	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)
KC IPP 1 to 1 Patient		
Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and		
Delivery)	0	0
KC IPP R6E PSYCH ADOL		
(Child Psych)	0	0
KC IPP R7W PSYCH CHILD	0	0

KC IPP R6W PSYCH ADOL		
(Child Psych)	0	0
KC IPP R5W PSYCHIATRY		
(Dev Disabled Psych (Non		
Standard Unit))	0	0
KC IPP R5E PSYCHIATRY		
Adult Psych	0	0
KC IPP R4W PSYCHIATRY		
Adult Psych	0	0
KC IPP R4E PSYCHIATRY		
Adult Psych	0	0
KC IPP R3W PSYCHIATRY		
(CHILD PSYCH)	0	0
KC IPP R3E PSYCHIATRY	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0
KIN01 B NICU	0	0
KC IP D5N NICU	0	0
KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG		
(Telemetry War Room)	0	0
Med Surg Stepdown	0	0
KC IP D4S MED/SURG	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG		
/Stepdown	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (Med Surg)	0	0
KC IP A51 FLEX (MED SURG)	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)
KC IPP 1 to 1 Patient		
Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and		
Delivery)	0	0
KC IPP R6E PSYCH ADOL		
(Child Psych)	0	0
KC IPP R7W PSYCH CHILD	0	0
KC IPP R6W PSYCH ADOL		
(Child Psych)	0	0
KC IPP R5W PSYCHIATRY		
(Dev Disabled Psych (Non		
Standard Unit))	0	0
KC IPP R5E PSYCHIATRY		
Adult Psych	0	0
KC IPP R4W PSYCHIATRY		
Adult Psych	0	0
KC IPP R4E PSYCHIATRY		
Adult Psych	0	0
KC IPP R3W PSYCHIATRY		
(CHILD PSYCH)	0	0
KC IPP R3E PSYCHIATRY	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0
KIN01 B NICU	0	0
KC IP D5N NICU	0	0

KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG		
(Telemetry War Room)	0	3
Med Surg Stepdown	0	0
KC IP D4S MED/SURG	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG		
/Stepdown	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (Med Surg)	0	0
KC IP A51 FLEX (MED SURG)	0	0

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
KC IPP 1 to 1 Patient Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and Delivery)	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0
KC IPP R7W PSYCH CHILD	3	3

KC IPP R6W PSYCH ADOL		
(Child Psych)	3	1.31
KC IPP R5W PSYCHIATRY		
(Dev Disabled Psych (Non		
Standard Unit))	4	5.61
KC IPP R5E PSYCHIATRY		
Adult Psych	4	1.24
KC IPP R4W PSYCHIATRY		
Adult Psych	4	1.28
KC IPP R4E PSYCHIATRY		
Adult Psych	4	1.33
KC IPP R3W PSYCHIATRY		
(CHILD PSYCH)	0	0
KC IPP R3E PSYCHIATRY	4	1.24
KC IP D6N PEDS ICU	1	2.42
KC IP D6N PEDS	1	0.84
KC IP D5S MOTHER BABY	1	1.17
KIN01 B NICU	1	1.11
KC IP D5N NICU	1	1.11
KC IP D3N NSICU	0	0
KC IP D3S MICU	1	1.25
KC IP D3S ICU/SDU	1	1.15
KC IP D3N SICU	2	0.98
KC IP D7S MED/SURG	3	0.72
KC IP D7N MED/SURG	3	0.75
KC IP D6S MED/SURG/STR	2	0.73
KC IP D4S MED/SURG		
(Telemetry War Room)	0	0
Med Surg Stepdown	3	0.73
KC IP D4S MED/SURG	3	0.72
KC IP D4N MED/SURG	3	0.72
KC IP D2S MED/SURG		
/Stepdown	1	0.99
KC IP D2S MED/SURG	3	0.8
KC IPR D2N REHAB	2	1.04
KC IP A52 FLEX (Med Surg)	2	0.93
KC IP A51 FLEX (MED SURG)	2	1.26

NIGHT SHIFT ADDITIONAL RESOURCES

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	Description of additional
	resources available to
	support unit level
	patient care on the Night
	Shift. These resources
	include but are not
	limited to unit clerical
Provide a description of	staff,
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.
	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
KC IPP 1 to 1 Patient	number of patients on this
Coverage Pool	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
OVERNIGHT CLERICAL	number of patients on this unit
	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
KC IP S5S L&D (Labor and	number of patients on this
Delivery)	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
KC IPP R6E PSYCH ADOL	number of patients on this
(Child Psych)	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
KC IPP R7W PSYCH CHILD	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
KC IPP R6W PSYCH ADOL	number of patients on this
(Child Psych)	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
KC IPP R5W PSYCHIATRY	support the planned
(Dev Disabled Psych (Non	number of patients on this
Standard Unit))	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
KC IPP R5E PSYCHIATRY	number of patients on this
Adult Psych	unit
Adult Psych	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
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
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
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
KC IPP R3E PSYCHIATRY	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
KC IP D6N PEDS ICU	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
KC IP D6N PEDS	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
KC IP D5S MOTHER BABY	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
KIN01 B NICU	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
KC IP D5N NICU	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
KC IP D3N NSICU	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
KC IP D3S MICU	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
KC IP D3S ICU/SDU	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
KC IP D3N SICU	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
KC IP D7S 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
KC IP D7N 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
KC IP D6S MED/SURG/STR	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
KC IP D4S MED/SURG	number of patients on this
(Telemetry War Room)	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
Med Surg Stepdown	unit

	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
KC IP D4S 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
KC IP D4N MED/SURG	unit
	Dedicated clerical and HN
	resources for this unit are
	resources for this unit are planned as submitted.
	planned as submitted.
	planned as submitted. Additional resources such as
	planned as submitted. Additional resources such as pharmacists, respiratory
	planned as submitted. Additional resources such as pharmacists, respiratory therapists and social
KC IP D2S MED/SURG	planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to

	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
KC IP D2S 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
KC IPR D2N REHAB	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
KC IP A52 FLEX (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
KC IP A51 FLEX (MED SURG)	unit

NIGHT SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	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):
KC IPP 1 to 1 Patient		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 7/1/2023 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full	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 from 7/1/2023 for the full
Coverage Pool	No	statement.	statement.	statement.

				,
OVERNIGHT CLERICAL	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
		statement.	statement.	statement.
KC IP S5S L&D (Labor and Delivery)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
KC IPP R6E PSYCH ADOL (Child Psych)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.

KC IPP R7W PSYCH CHILD	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the 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.
KC IPP R6W PSYCH ADOL (Child Psych)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the 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.
KC IPP R5W PSYCHIATRY (Dev Disabled Psych (Non Standard Unit))	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the 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.

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KC IPP R5E PSYCHIATRY Adult Psych	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the 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.
, adie i Sych		Statement.	Statement.	statement.
KC IPP R4W PSYCHIATRY Adult Psych	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the 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.
KC IPP R4E PSYCHIATRY Adult Psych	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.

		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
KC IPP R3W PSYCHIATRY		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
	No			
(CHILD PSYCH)	NO	statement.	statement.	statement.
		In summary ofter	In summary management	
		In summary, after	In summary, management members found that	
		thoughtful review of both		In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2022 for the full	from 7/1/2022 for the full	from 7/1/2022 for the full
KC IPP R3E PSYCHIATRY	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D6N PEDS ICU	No	statement.	statement.	statement.

		In summary, after thoughtful review of both proposals, hospital administration agreed with	In summary, management members found that experience at the hospital and the literature on safe	In summary, employee members did not find that the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for auxiliary staff ratios. Please	the ratio for auxiliary staff on this unit. Please see	number of patient care hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D6N PEDS	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D5S MOTHER BABY	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
	N /	from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KIN01 B NICU	No	statement.	statement.	statement.

		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	, hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D5N NICU	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D3N NSICU	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D3S MICU	No	statement.	statement.	statement.

KC IP D3S ICU/SDU	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
		statement		statement
KC IP D3N SICU	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
KC IP D7S MED/SURG	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.

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KC IP D7N MED/SURG	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
		statement.	Statement.	statement.
KC IP D6S MED/SURG/STR	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/202 for the full statement.
KC IP D4S MED/SURG (Telemetry War Room)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.

		In summary, after thoughtful review of both proposals, hospital	In summary, management members found that experience at the hospital	In summary, employee members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
Med Surg Stepdown	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D4S MED/SURG	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IP D4N MED/SURG	No	statement.	statement.	statement.

		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal	In summary, management members found that experience at the hospital and the literature on safe staffing models supported	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	• ·	staffing plan submission
KC IP D2S MED/SURG		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
/Stepdown	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission	staffing plan submission
		from $7/1/2023$ for the full	from $7/1/2023$ for the full	from $7/1/2023$ for the full
KC IP D2S MED/SURG	No	statement.	statement.	statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission		staffing plan submission
		from 7/1/2023 for the full	from 7/1/2023 for the full	from 7/1/2023 for the full
KC IPR D2N REHAB	No	statement.	statement.	statement.

KC IP A52 FLEX (Med Surg)	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 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 7/1/2023 for the full statement.	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 from 7/1/2023 for the full statement.
		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full	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 from 7/1/2023 for the full
KC IP A51 FLEX (MED SURG)	No	statement.	statement.	statement.

CBA INFORMATION

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

Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:	02/23/20
udiC.	23 12:00
	AM
The number of hospital employees represented by New York State Nurses Association is:	1011
Our general hospital's collective	04/29/20
bargaining agreement with SEIU 1199	22 12:00
expires on the following date:	AM

The number of hospital employees represented by SEIU 1199 is:	215
Please provide the name of the union:	SEIU 1199