Region	Metropolitan Area Regional Office	
County	Kings	
Council	New York City	
Network	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM	
Reporting Organization	New York - Presbyterian Brooklyn Methodist Hospital	
Reporting Organization Id	1306	
Reporting Organization Type	Hospital (pfi)	
Data Entity	New York - Presbyterian Brooklyn Methodist Hospital	

## **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) ?
109728 Pre/Post Anesthesia	10	7	16.5	2
109711 OR	5	8	16.5	1
109727 Endo	5	8	14.4	1
106929 Endo	2	8	10.4	1
105335/105325 Pre/Post				
Anesthesia	6	4	22.5	2
105320 OR	11	8	22.5	1
105485 EMERGENCY				
DEPARTMENT	19.5	1.89	77.27	6
105530 6N PSYCH ADULT	4	2	21.85	5.46
105250 LABOR-DELIVERY				
NP4S	14	8.32	12.62	0.9
105140 INFILL 3				
PEDIATRICS/PICU	4	3	10.92	2.73
105240 NEONATAL ICU	8	3	20.39	2.55
105220 POSTARTUM /				
NURSERY	6	1	47.92	7.99
105123 8 SOUTH REHAB	4	2	20.8	5.2
105131 BUCKLEY WEST 5 -				
TELEMETRY	6	2	27.1	4.52
105143 INFILL 6 ONCOLOGY	5	2	27.42	5.48
105141 INFILL 4 SURGERY/ORTHO	4	2	23.99	6

105129 7 SOUTH				
MED/SURG	6	2	31.37	5.23
105142 INFILL 5 MED/SURG				
UROLOGY	4	2	23.22	5.81
105144 INFILL 7 MEDICINE /				
VENT UNIT	4	2	22.42	5.61
105126 7 NORTH SURGERY	4	2	20.54	5.14
105125 8 NORTH				
MED/SURG NEURO	5	2	25.04	5.01
105124 BUCKLEY 4				
MED/SURG	3	2	12.99	4.33
105127 MINER 8				
MED/SURG	5	2	26.12	5.22
105128 MINER 7				
MED/SURG	5	2	27.3	5.46
105121 MINER 5				
MED/SURG HEMO	4	2	19.71	4.93
105150 8N/7N/I7 -				
STEPDOWN	5	3	17	3.4
105428 INFILL 5 / CT				
STEPDOWN	2	3	5.64	2.82
105420 SICU/MICU	10	5	17.6	1.76
105133 CORONARY CARE				
UNIT/PCI	4	4	9.31	2.33
105427 MINER 3/CT ICU	5	6	7.23	1.45

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)
109728 Pre/Post Anesthesia	0	0
109728 FTe/F0st Anestnesia 109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post		-
Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY		
DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY		
NP4S	0	0
105140 INFILL 3		
PEDIATRICS/PICU	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM /		
NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 -		
TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0

105129 7 SOUTH		
MED/SURG	0	0
105142 INFILL 5 MED/SURG		
UROLOGY	0	0
105144 INFILL 7 MEDICINE /		
VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH		
MED/SURG NEURO	0	0
105124 BUCKLEY 4		
MED/SURG	0	0
105127 MINER 8		
MED/SURG	0	0
105128 MINER 7		
MED/SURG	0	0
105121 MINER 5		
MED/SURG HEMO	0	0
105150 8N/7N/I7 -		
STEPDOWN	0	0
105428 INFILL 5 / CT		
STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE		
UNIT/PCI	0	0
105427 MINER 3/CT ICU	0	0

## DAY SHIFT ANCILLARY STAFF

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

109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post		
Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY		
DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY		
NP4S	0	0
105140 INFILL 3		
PEDIATRICS/PICU	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM /		
NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 -		
TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4	0	
SURGERY/ORTHO	0	0
105129 7 SOUTH	~	Ŭ Ŭ
MED/SURG	0	0
105142 INFILL 5 MED/SURG	-	Ť
UROLOGY	0	0
105144 INFILL 7 MEDICINE /	-	
VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH	-	-
MED/SURG NEURO	0	0
105124 BUCKLEY 4	-	-
MED/SURG	0	0
105127 MINER 8		-
MED/SURG	0	0

105128 MINER 7		
MED/SURG	0	0
105121 MINER 5		
MED/SURG HEMO	0	0
105150 8N/7N/I7 -		
STEPDOWN	0	0
105428 INFILL 5 / CT		
STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE		
UNIT/PCI	0	0
105427 MINER 3/CT ICU	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)
109728 Pre/Post Anesthesia	4	3
109711 OR	13	21
109727 Endo	7	11
106929 Endo	4	16
105335/105325 Pre/Post		
Anesthesia	1	1
105320 OR	17	12
105485 EMERGENCY		
DEPARTMENT	4	0.39
105530 6N PSYCH ADULT	3	2
105250 LABOR-DELIVERY NP4S	1	0.59

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DAY SHIFT ADDITIONAL RESOURCES

	<b>Description of additional</b>
	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.
the hospital.	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
109728 Pre/Post Anesthesia	team as well.
	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
109711 OR	team as well.

	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
109727 Endo	team as well.
	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
106929 Endo	team as well.
	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
105335/105325 Pre/Post	Charge RN supporting the
Anesthesia	team as well.
	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
105320 OR	team as well.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105250 LABOR-DELIVERY	addition to pediatric
NP4S	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105140 INFILL 3	addition to pediatric
PEDIATRICS/PICU	, patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
	addition to pediatric
105240 NEONATAL ICU	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105220 POSTARTUM /	addition to pediatric
NURSERY	patients).
NONSENT	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
	addition to pediatric
105123 8 SOUTH REHAB	patients).

	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continenc e RN, and Child Life (they support adult natients w/
	Wound/Ostomy/Continenc e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105131 BUCKLEY WEST 5 -	addition to pediatric
TELEMETRY	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
	addition to pediatric
105143 INFILL 6 ONCOLOGY	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105141 INFILL 4	addition to pediatric
SURGERY/ORTHO	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105129 7 SOUTH	addition to pediatric
MED/SURG	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105142 INFILL 5 MED/SURG	addition to pediatric
UROLOGY	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105144 INFILL 7 MEDICINE /	addition to pediatric
VENT UNIT	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
	addition to pediatric
105126 7 NORTH SURGERY	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105125 8 NORTH	addition to pediatric
MED/SURG NEURO	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105124 BUCKLEY 4	addition to pediatric
MED/SURG	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105127 MINER 8	addition to pediatric
MED/SURG	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105128 MINER 7	addition to pediatric
MED/SURG	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105121 MINER 5	addition to pediatric
MED/SURG HEMO	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105150 8N/7N/I7 -	addition to pediatric
STEPDOWN	patients).

	Numero and success to the ff
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105428 INFILL 5 / CT	
•	addition to pediatric
STEPDOWN	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
	addition to pediatric
105420 SICU/MICU	patients).
105420 SICU/MICU	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105133 CORONARY CARE	addition to pediatric
UNIT/PCI	patients).

Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include: Unit Clerk,
Respiratory Therapy,
Pharmacy, Social Work,
Care Coordination/Mgmt,
Vascular Access (IV team),
Dialysis Nursing, Pastoral
Care, Lactation Specialists,
Infant Auditory Technicians,
EKG Technicians, Rehab
Medicine (OT, PT, SLP),
Wound/Ostomy/Continenc
e RN, and Child Life (they
support adult patients w/
family/child concerns in
addition to pediatric
patients).

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## DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
109728 Pre/Post Anesthesia	Yes			
109711 OR	Yes			
109727 Endo	Yes			
106929 Endo	Yes			

105335/105325 Pre/Post				
Anesthesia	Yes			
105320 OR	Yes			
		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		-	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105485 EMERGENCY		non-management partners	based upon unit census and	employee members of the
DEPARTMENT	No	were insightful and	acuity.	clinical staffing committee.

I				I
		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
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		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105530 6N PSYCH ADULT	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105250 LABOR-DELIVERY		non-management partners	based upon unit census and	employee members of the
NP4S	No	were insightful and	acuity.	clinical staffing committee.

	Presbyterian Brooklyn		
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	("Hospital"), I submit the		
	Hospital's Clinical Staffing	As many clinical staffing	
	Plan. This Staffing Plan	committee members were	
	encompasses in-patient	also involved in the NYP-	
	nursing care units at the	BMH/NYSNA labor contract	
	Hospital. Over the last year	renewal process,	
	Hospital management has	negotiation sessions were	
	worked collaboratively with	held In lieu of clinical	
	the non-management	staffing committee	
	members of the Clinical	meetings. A clinical staffing	
	Staffing Committee	committee meeting was	
	discussing with them the	held on June 20, 2023, once	
	working conditions, staffing,	the labor contract was	
	physical environment,	signed, at which the	
	available resources, census,	Hospital presented the	
	acuity, and feedback	adopted plan to the clinical	
	submitted to the Clinical	staffing committee. The	
	Staffing Committee on each	Hospital has not received an	
	of these in-patient nursing	alternative proposal from	
	units. While the Clinical	the employee members of	
	Staffing Committee did not	the committee. The	
	reach consensus on a plan	Hospital believes that	The Hospital did not receive
	for the Hospital the	adopted staffing and	an alternative proposal or
	discussions we had with our	support are appropriate	statement from the
	non-management partners		employee members of the
No	were insightful and	acuity.	clinical staffing committee.
	Νο	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105240 NEONATAL ICU	No	were insightful and	acuity.	clinical staffing committee.

Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the	
("Hospital"), I submit the	
Hospital's Clinical Staffing As many clinical staffing	
Plan. This Staffing Plan committee members were	
encompasses in-patient also involved in the NYP-	
nursing care units at the BMH/NYSNA labor contract	
Hospital. Over the last year renewal process,	
Hospital management has negotiation sessions were	
worked collaboratively with held In lieu of clinical	
the non-management staffing committee	
members of the Clinical meetings. A clinical staffing	
Staffing Committee committee meeting was	
discussing with them the held on June 20, 2023, once	
working conditions, staffing, the labor contract was	
physical environment, signed, at which the	
available resources, census, Hospital presented the	
acuity, and feedback adopted plan to the clinical	
submitted to the Clinical staffing committee. The	
Staffing Committee on each Hospital has not received an	
of these in-patient nursing alternative proposal from	
units. While the Clinical the employee members of	
Staffing Committee did not the committee. The	
reach consensus on a plan Hospital believes that The Hospital did	d not receive
for the Hospital the adopted staffing and an alternative	
discussions we had with our support are appropriate statement	
105220 POSTARTUM / non-management partners based upon unit census and employee men	
NURSERY No were insightful and acuity. clinical staffing	

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105123 8 SOUTH REHAB	No	were insightful and	acuity.	clinical staffing committee.

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
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		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105131 BUCKLEY WEST 5 -		non-management partners	based upon unit census and	employee members of the
TELEMETRY	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
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		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
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		working conditions, staffing,	the labor contract was	
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		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
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		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105143 INFILL 6 ONCOLOGY	No	were insightful and	acuity.	clinical staffing committee.

	Presbyterian Brooklyn		
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	("Hospital"), I submit the		
	Hospital's Clinical Staffing	As many clinical staffing	
	Plan. This Staffing Plan	committee members were	
	encompasses in-patient	also involved in the NYP-	
	nursing care units at the	BMH/NYSNA labor contract	
	Hospital. Over the last year	renewal process,	
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	worked collaboratively with	held In lieu of clinical	
	the non-management	staffing committee	
	members of the Clinical	meetings. A clinical staffing	
	Staffing Committee	committee meeting was	
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	working conditions, staffing,	the labor contract was	
	physical environment,	signed, at which the	
	available resources, census,	Hospital presented the	
	acuity, and feedback	adopted plan to the clinical	
	submitted to the Clinical	staffing committee. The	
	Staffing Committee on each	Hospital has not received an	
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	units. While the Clinical		
	Staffing Committee did not	the committee. The	
	-		The Hospital did not receive
	·	·	an alternative proposal or
	discussions we had with our	, s	statement from the
			employee members of the
No	• ·		clinical staffing committee.
	Νο	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners

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clinical staffing committee.

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
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		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105142 INFILL 5 MED/SURG		non-management partners	based upon unit census and	employee members of the
UROLOGY	No	were insightful and	acuity.	clinical staffing committee.

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	Presbyterian Brooklyn		
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	("Hospital"), I submit the		
	Hospital's Clinical Staffing	As many clinical staffing	
	Plan. This Staffing Plan	committee members were	
	encompasses in-patient	also involved in the NYP-	
	nursing care units at the	BMH/NYSNA labor contract	
	Hospital. Over the last year	renewal process,	
	Hospital management has	negotiation sessions were	
	worked collaboratively with	held In lieu of clinical	
	the non-management	staffing committee	
	members of the Clinical	meetings. A clinical staffing	
	Staffing Committee	committee meeting was	
	discussing with them the	held on June 20, 2023, once	
	working conditions, staffing,	the labor contract was	
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	available resources, census,	Hospital presented the	
	acuity, and feedback	adopted plan to the clinical	
	submitted to the Clinical	staffing committee. The	
	Staffing Committee on each	Hospital has not received an	
	of these in-patient nursing	alternative proposal from	
	units. While the Clinical	the employee members of	
	Staffing Committee did not	the committee. The	
	reach consensus on a plan	Hospital believes that	The Hospital did not receive
	for the Hospital the	adopted staffing and	an alternative proposal or
	discussions we had with our	support are appropriate	statement from the
	non-management partners	based upon unit census and	employee members of the
No	were insightful and	acuity.	clinical staffing committee.
		Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partnersAs many clinical staffing committee members were also involved in the NYP- BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and

		Presbyterian Brooklyn Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
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		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105126 7 NORTH SURGERY	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105125 8 NORTH		non-management partners	based upon unit census and	employee members of the
MED/SURG NEURO	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
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		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105124 BUCKLEY 4		non-management partners	based upon unit census and	employee members of the
MED/SURG	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
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		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
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		acuity, and feedback	adopted plan to the clinical	
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		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105127 MINER 8		non-management partners	based upon unit census and	employee members of the
MED/SURG	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105128 MINER 7		non-management partners	based upon unit census and	employee members of the
MED/SURG	No	were insightful and	acuity.	clinical staffing committee.

	Presbyterian Brooklyn		
	•		
	("Hospital"), I submit the		
	Hospital's Clinical Staffing	As many clinical staffing	
	Plan. This Staffing Plan	committee members were	
	encompasses in-patient	also involved in the NYP-	
	nursing care units at the	BMH/NYSNA labor contract	
	Hospital. Over the last year	renewal process,	
	Hospital management has	negotiation sessions were	
	worked collaboratively with	held In lieu of clinical	
	the non-management	staffing committee	
	members of the Clinical	meetings. A clinical staffing	
	Staffing Committee	committee meeting was	
	discussing with them the	held on June 20, 2023, once	
	working conditions, staffing,	the labor contract was	
	physical environment,	signed, at which the	
	available resources, census,	Hospital presented the	
	acuity, and feedback	adopted plan to the clinical	
	submitted to the Clinical	staffing committee. The	
	Staffing Committee on each	Hospital has not received an	
	of these in-patient nursing	alternative proposal from	
	units. While the Clinical	the employee members of	
	Staffing Committee did not	the committee. The	
	-	Hospital believes that	The Hospital did not receive
	for the Hospital the	adopted staffing and	an alternative proposal or
	discussions we had with our		statement from the
			employee members of the
No	were insightful and	acuity.	clinical staffing committee.
	Νο	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partnersAs many clinical staffing committee members were also involved in the NYP- BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and

Presbyterian BrooklynMethodist Hospital("Hospital"), I submit theHospital's Clinical StaffingPlan. This Staffing Plancommittee members wereencompasses in-patientalso involved in the NYP-nursing care units at theBMH/NYSNA labor contract	
("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the BMH/NYSNA labor contract	
Hospital's Clinical Staffing Plan. This Staffing PlanAs many clinical staffing committee members were also involved in the NYP- nursing care units at theMathematical Staffing PlanBMH/NYSNA labor contract	
Plan. This Staffing Plancommittee members wereencompasses in-patientalso involved in the NYP-nursing care units at theBMH/NYSNA labor contract	
encompasses in-patient also involved in the NYP- nursing care units at the BMH/NYSNA labor contract	
nursing care units at the BMH/NYSNA labor contract	
Hospital. Over the last year renewal process,	
Hospital management has negotiation sessions were	
worked collaboratively with held In lieu of clinical	
the non-management staffing committee	
members of the Clinical meetings. A clinical staffing	
Staffing Committee committee meeting was	
discussing with them the held on June 20, 2023, once	
working conditions, staffing, the labor contract was	
physical environment, signed, at which the	
available resources, census, Hospital presented the	
acuity, and feedback adopted plan to the clinical	
submitted to the Clinical staffing committee. The	
Staffing Committee on each Hospital has not received an	
of these in-patient nursing alternative proposal from	
units. While the Clinical the employee members of	
Staffing Committee did not the committee. The	
reach consensus on a plan Hospital believes that The Hospital did not	receive
for the Hospital the adopted staffing and an alternative property	
discussions we had with our support are appropriate statement from	
105150 8N/7N/I7 - non-management partners based upon unit census and employee members	of the
STEPDOWN No were insightful and acuity. clinical staffing com	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105428 INFILL 5 / CT		non-management partners	based upon unit census and	employee members of the
STEPDOWN	No	were insightful and	acuity.	clinical staffing committee.

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105420 SICU/MICU	No	were insightful and	acuity.	clinical staffing committee.

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105133 CORONARY CARE		non-management partners	based upon unit census and	employee members of the
UNIT/PCI	No	were insightful and	acuity.	clinical staffing committee.

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105427 MINER 3/CT ICU	No	were insightful and	acuity.	clinical staffing committee.

## **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)?
109728 Pre/Post Anesthesia	10	7	5.5	2
109711 OR	4	8	5.5	1
109727 Endo	5	8	3.6	1
106929 Endo	2	8	2.6	1
105335/105325 Pre/Post				
Anesthesia	6	2	7.5	2
105320 OR	8	8	7.5	1
105485 EMERGENCY				
DEPARTMENT	22	1.89	87.18	6
105530 6N PSYCH ADULT	4	2	21.85	5.46
105250 LABOR-DELIVERY				
NP4S	13	7.73	12.62	0.97
105140 INFILL 3 MIXED				
ACUITY PEDS	4	3	10.92	2.73
105240 NEONATAL ICU	8	3	20.39	2.55
105220 POSTARTUM /				
NURSERY	6	1	47.92	7.99
105123 8 SOUTH REHAB	4	2	20.8	5.2
105131 BUCKLEY WEST 5 -				
TELEMETRY	6	2	27.1	4.52
105143 INFILL 6 ONCOLOGY	5	2	27.42	5.48
105141 INFILL 4 SURGERY/ORTHO	4	2	23.99	6

105129 7 SOUTH				
MED/SURG	6	2	31.37	5.23
105142 INFILL 5 MED/SURG				
UROLOGY	4	2	23.22	5.81
105144 INFILL 7 MEDICINE /				
VENT UNIT	4	2	22.42	5.61
105126 7 NORTH SURGERY	4	2	20.54	5.14
105125 8 NORTH				
MED/SURG NEURO	5	2	25.04	5.01
105124 BUCKLEY 4				
MED/SURG	3	2	12.99	4.33
105127 MINER 8				
MED/SURG	5	2	26.12	5.22
105128 MINER 7				
MED/SURG	5	2	27.3	5.46
105121 MINER 5				
MED/SURG HEMO	4	2	19.71	4.93
105150 8N/7N/I7 -				
STEPDOWN	5	3	17	3.4
105428 INFILL 5 / CT				
STEPDOWN	2	3	5.64	2.82
105420 SICU/MICU	10	5	17.6	1.76
105133 CORONARY CARE				
UNIT/PCI	4	4	9.31	2.33
105427 MINER 3/CT ICU	5	6	7.23	1.45

## 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)
109728 Pre/Post Anesthesia		

109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post		
Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY		
DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY		
NP4S	0	0
105140 INFILL 3 MIXED		
ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM /		
NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 -		
TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4		
SURGERY/ORTHO	0	0
105129 7 SOUTH		
MED/SURG	0	0
105142 INFILL 5 MED/SURG		
UROLOGY	0	0
105144 INFILL 7 MEDICINE /		
VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH		
MED/SURG NEURO	0	0
105124 BUCKLEY 4		
MED/SURG	0	0
105127 MINER 8		
MED/SURG	0	0
105128 MINER 7		

105121 MINER 5		
MED/SURG HEMO	0	0
105150 8N/7N/I7 -		
STEPDOWN	0	0
105428 INFILL 5 / CT		
STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE		
UNIT/PCI	0	0
105427 MINER 3/CT ICU	0	0

## EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
	0	0
109728 Pre/Post Anesthesia		0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post		
Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY		
DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY		
NP4S	0	0
105140 INFILL 3 MIXED		
ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0

105220 POSTARTUM /		
NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 -	0	
TELEMETRY	0	0
	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4		
SURGERY/ORTHO	0	0
105129 7 SOUTH		
MED/SURG	0	0
105142 INFILL 5 MED/SURG		
UROLOGY	0	0
105144 INFILL 7 MEDICINE /		
VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH		
MED/SURG NEURO	0	0
105124 BUCKLEY 4		
MED/SURG	0	0
105127 MINER 8		
MED/SURG	0	0
105128 MINER 7		
MED/SURG	0	0
105121 MINER 5		
MED/SURG HEMO	0	0
105150 8N/7N/I7 -		
STEPDOWN	0	0
105428 INFILL 5 / CT		
STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE		
UNIT/PCI	0	0
105427 MINER 3/CT ICU	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	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please
unit's location in	number with up to 4	provide a number with
the hospital.	digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
109728 Pre/Post Anesthesia	4	3
109711 OR	10	20
109727 Endo	7	11
106929 Endo	4	16
105335/105325 Pre/Post Anesthesia	1	1
105320 OR	1	12
105485 EMERGENCY	12	12
DEPARTMENT	4	0.34
105530 6N PSYCH ADULT	3	2
105250 LABOR-DELIVERY	-	
NP4S	2	1.19
105140 INFILL 3 MIXED		
ACUITY PEDS	1	1
105240 NEONATAL ICU	0	0
105220 POSTARTUM /		
NURSERY	2	1
105123 8 SOUTH REHAB	2	1
105131 BUCKLEY WEST 5 -		
TELEMETRY	3	1
105143 INFILL 6 ONCOLOGY	3	1
105141 INFILL 4		
SURGERY/ORTHO	2	1
105129 7 SOUTH	2	1
MED/SURG	3	1
105142 INFILL 5 MED/SURG UROLOGY	2	1
01.02001	2	<u> </u>

105144 INFILL 7 MEDICINE /		
VENT UNIT	2	1
105126 7 NORTH SURGERY	2	1
105125 8 NORTH		
MED/SURG NEURO	3	1
105124 BUCKLEY 4		
MED/SURG	1	1
105127 MINER 8		
MED/SURG	3	1
105128 MINER 7		
MED/SURG	3	1
105121 MINER 5		
MED/SURG HEMO	2	1
105150 8N/7N/I7 -		
STEPDOWN	3	2
105428 INFILL 5 / CT		
STEPDOWN	1	2
105420 SICU/MICU	1	1
105133 CORONARY CARE		
UNIT/PCI	1	1
105427 MINER 3/CT ICU	0	0

## EVENING SHIFT ADDITIONAL RESOURCES

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

	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
109728 Pre/Post Anesthesia	team as well.
	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
109711 OR	team as well.
	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
109727 Endo	team as well.
	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
106929 Endo	team as well.

	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
105335/105325 Pre/Post	Charge RN supporting the
Anesthesia	team as well.
	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
105320 OR	team as well.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105250 LABOR-DELIVERY	addition to pediatric
NP4S	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105140 INFILL 3 MIXED	addition to pediatric
ACUITY PEDS	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
	addition to pediatric
105240 NEONATAL ICU	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105220 POSTARTUM /	addition to pediatric
NURSERY	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
	addition to pediatric
105123 8 SOUTH REHAB	patients).

	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continenc e RN, and Child Life (they support adult natients w/
	Wound/Ostomy/Continenc e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105131 BUCKLEY WEST 5 -	addition to pediatric
TELEMETRY	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
	addition to pediatric
105143 INFILL 6 ONCOLOGY	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105141 INFILL 4	addition to pediatric
SURGERY/ORTHO	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105129 7 SOUTH	addition to pediatric
MED/SURG	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105142 INFILL 5 MED/SURG	addition to pediatric
UROLOGY	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105144 INFILL 7 MEDICINE /	addition to pediatric
VENT UNIT	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
	addition to pediatric
105126 7 NORTH SURGERY	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105125 8 NORTH	addition to pediatric
MED/SURG NEURO	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105124 BUCKLEY 4	addition to pediatric
MED/SURG	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105127 MINER 8	addition to pediatric
MED/SURG	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105128 MINER 7	addition to pediatric
MED/SURG	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105121 MINER 5	addition to pediatric
MED/SURG HEMO	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105150 8N/7N/I7 -	addition to pediatric
STEPDOWN	patients).

	Numero and success to the ff
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105428 INFILL 5 / CT	
•	addition to pediatric
STEPDOWN	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
	addition to pediatric
105420 SICU/MICU	patients).
105420 SICU/MICU	patients).

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Social Work,
	Care Coordination/Mgmt,
	Vascular Access (IV team),
	Dialysis Nursing, Pastoral
	Care, Lactation Specialists,
	Infant Auditory Technicians,
	EKG Technicians, Rehab
	Medicine (OT, PT, SLP),
	Wound/Ostomy/Continenc
	e RN, and Child Life (they
	support adult patients w/
	family/child concerns in
105133 CORONARY CARE	addition to pediatric
UNIT/PCI	patients).

Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include: Unit Clerk,
Respiratory Therapy,
Pharmacy, Social Work,
Care Coordination/Mgmt,
Vascular Access (IV team),
Dialysis Nursing, Pastoral
Care, Lactation Specialists,
Infant Auditory Technicians,
EKG Technicians, Rehab
Medicine (OT, PT, SLP),
Wound/Ostomy/Continenc
e RN, and Child Life (they
support adult patients w/
family/child concerns in
addition to pediatric
patients).

## EVENING SHIFT CONSENSUS INFORMATION

Provide a description of				
Clinical Unit, including a description of typical patient services provided on the unit and the	Our Clinical Staffing Committee reached consensus on the clinical	If no, Chief Executive Officer Statement in support of clinical staffing plan for	Statement by members of clinical staffing committee selected by the general hospital administration	
the hospital.	staffing plan for this unit:	this unit:	(management members):	
109728 Pre/Post Anesthesia	Yes			
109711 OR	Yes			
109727 Endo	Yes			
106929 Endo	Yes			
105335/105325 Pre/Post				
Anesthesia	Yes			
105320 OR	Yes			

Presbyterian Brooklyn Methodist Hospital		
Methodist Hospital		
meenouise nospital		
'Hospital"), I submit the		
ospital's Clinical Staffing	As many clinical staffing	
Plan. This Staffing Plan	committee members were	
encompasses in-patient	also involved in the NYP-	
ursing care units at the	BMH/NYSNA labor contract	
spital. Over the last year	renewal process,	
ospital management has	negotiation sessions were	
rked collaboratively with	held In lieu of clinical	
the non-management	staffing committee	
nembers of the Clinical	meetings. A clinical staffing	
Staffing Committee	committee meeting was	
-	held on June 20, 2023, once	
-	the labor contract was	
physical environment,	signed, at which the	
ailable resources, census,	-	
acuity, and feedback		
ubmitted to the Clinical	· ·	
ffing Committee on each	-	
-	-	
nits. While the Clinical		
-		
	•	
	·	
oPerus sertin isripai aufturafa	spital's Clinical Staffing lan. This Staffing Plan ncompasses in-patient ursing care units at the pital. Over the last year spital management has ked collaboratively with he non-management members of the Clinical Staffing Committee scussing with them the king conditions, staffing, ohysical environment, ilable resources, census, acuity, and feedback bmitted to the Clinical fing Committee on each these in-patient nursing	As many clinical staffing committee members were also involved in the NYP- BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing Committee scussing with them the king conditions, staffing, bhysical environment, ilable resources, census, acuity, and feedback bmitted to the Clinical fing Committee on each these in-patient nursing nits. While the Clinical fing Committee did not these in-patient nursing nits. While the Clinical fing Committee did not the consensus on a plan for the Hospital the ussions we had with our -management partners

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
		non-management partners	based upon unit census and	
105530 6N PSYCH ADULT	No	were insightful and	acuity.	

I				
		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105250 LABOR-DELIVERY		non-management partners	based upon unit census and	
NP4S	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our		
105140 INFILL 3 MIXED		non-management partners	based upon unit census and	
ACUITY PEDS	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
		non-management partners	based upon unit census and	
105240 NEONATAL ICU	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105220 POSTARTUM /		non-management partners	based upon unit census and	
NURSERY	No	were insightful and	acuity.	

1				
		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our		
		non-management partners	based upon unit census and	
105123 8 SOUTH REHAB	No	were insightful and	acuity.	

1		I		
		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105131 BUCKLEY WEST 5 -		non-management partners	based upon unit census and	
TELEMETRY	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
		non-management partners	based upon unit census and	
105143 INFILL 6 ONCOLOGY	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105141 INFILL 4		non-management partners	based upon unit census and	
SURGERY/ORTHO	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105129 7 SOUTH		non-management partners	based upon unit census and	
MED/SURG	No	were insightful and	acuity.	

1				
		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105142 INFILL 5 MED/SURG		non-management partners	based upon unit census and	
UROLOGY	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105144 INFILL 7 MEDICINE /		non-management partners	based upon unit census and	
VENT UNIT	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
		non-management partners	based upon unit census and	
105126 7 NORTH SURGERY	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105125 8 NORTH		non-management partners	based upon unit census and	
MED/SURG NEURO	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105124 BUCKLEY 4		non-management partners	based upon unit census and	
MED/SURG	No	were insightful and	acuity.	

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105127 MINER 8		non-management partners	based upon unit census and	
MED/SURG	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105128 MINER 7		non-management partners	based upon unit census and	
MED/SURG	No	were insightful and	acuity.	

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105121 MINER 5		non-management partners	based upon unit census and	
MED/SURG HEMO	No	were insightful and	acuity.	

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our		
105150 8N/7N/I7 -		non-management partners	based upon unit census and	
STEPDOWN	No	were insightful and	acuity.	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105428 INFILL 5 / CT		non-management partners	based upon unit census and	
STEPDOWN	No	were insightful and	acuity.	

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
		non-management partners	based upon unit census and	
105420 SICU/MICU	No	were insightful and	acuity.	

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
105133 CORONARY CARE		non-management partners	based upon unit census and	
UNIT/PCI	No	were insightful and	acuity.	

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	
		for the Hospital the	adopted staffing and	
		discussions we had with our	support are appropriate	
		non-management partners	based upon unit census and	
105427 MINER 3/CT ICU	No	were insightful and	acuity.	

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
109728 Pre/Post Anesthesia	0	0	0	0
109728 PTe/POSt Allestriesia 109711 OR	0	0	0	0
109711 OK 109727 Endo	0	0	0	0
106929 Endo	0	0	0	0
105335/105325 Pre/Post	0	0	0	0
Anesthesia	3	6	5	2
105320 OR	1	8	2	1
105485 EMERGENCY	1	0	Ζ	1
DEPARTMENT	17	1.89	67.37	6
105530 6N PSYCH ADULT	4	2	21.85	5.46
105250 LABOR-DELIVERY	4	۷	21.85	5.40
NP4S	13	7.73	12.62	0.97
105140 INFILL 3 MIXED	15	1.15	12.02	0.37
ACUITY PEDS	4	3	10.92	2.73
105240 NEONATAL ICU	4 8	3	20.39	2.75
105220 POSTARTUM /	0	ے ا	20.33	2.33
NURSERY	6	1	47.92	7.99
105123 8 SOUTH REHAB	4	2	20.8	5.2
105131 BUCKLEY WEST 5 -	4	۷	20.0	5.2
TELEMETRY	6	2	27.1	4.52
105143 INFILL 6 ONCOLOGY 105141 INFILL 4	5	2	27.42	5.48
SURGERY/ORTHO	4	2	23.99	6
105129 7 SOUTH	7	۷۲	23.33	5
MED/SURG	6	2	31.37	5.23

105142 INFILL 5 MED/SURG				
UROLOGY	4	2	23.22	5.81
105144 INFILL 7 MEDICINE /				
VENT UNIT	4	2	22.42	5.61
105126 7 NORTH SURGERY	4	2	20.54	5.14
105125 8 NORTH				
MED/SURG NEURO	5	2	25.04	5.01
105124 BUCKLEY 4				
MED/SURG	3	2	12.99	4.33
105127 MINER 8				
MED/SURG	5	2	26.12	5.22
105128 MINER 7				
MED/SURG	5	2	27.3	5.46
105121 MINER 5				
MED/SURG HEMO	4	2	19.71	4.93
105150 8N/7N/I7 -				
STEPDOWN	5	3	17	3.4
105428 INFILL 5 / CT				
STEPDOWN	2	3	5.64	2.82
105420 SICU/MICU	10	5	17.6	1.76
105133 CORONARY CARE				
UNIT/PCI	4	4	9.31	2.33
105427 MINER 3/CT ICU	5	6	7.23	1.45

## 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)
100729 Dro /Dost Arosthosia	0	
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0

106929 Endo	0	0
105335/105325 Pre/Post		
Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY		
DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY		
NP4S	0	0
105140 INFILL 3 MIXED		
ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM /		
NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 -		
TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4		
SURGERY/ORTHO	0	0
105129 7 SOUTH		
MED/SURG	0	0
105142 INFILL 5 MED/SURG		
UROLOGY	0	0
105144 INFILL 7 MEDICINE /		
VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH		
MED/SURG NEURO	0	0
105124 BUCKLEY 4		
MED/SURG	0	0
105127 MINER 8		
MED/SURG	0	0
105128 MINER 7		
MED/SURG	0	0
105121 MINER 5		
MED/SURG HEMO	0	0

105150 8N/7N/I7 -		
STEPDOWN	0	0
105428 INFILL 5 / CT		
STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE		
UNIT/PCI	0	0
105427 MINER 3/CT ICU	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)
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post		
Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY		
DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY		
NP4S	0	0
105140 INFILL 3 MIXED		
ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM /		
NURSERY	0	0

105131 BUCKLEY WEST 5 - TELEMETRY     0     0       105143 INFILL 6 ONCOLOGY     0     0       105143 INFILL 6 ONCOLOGY     0     0       105141 INFILL 4	105123 8 SOUTH REHAB	0	0
105143 INFILL 6 ONCOLOGY     0     0       105141 INFILL 4     0     0       SURGERY/ORTHO     0     0       105129 7 SOUTH     0     0       MED/SURG     0     0       105142 INFILL 5 MED/SURG     0     0       UROLOGY     0     0     0       105144 INFILL 7 MEDICINE /     0     0     0       VENT UNIT     0     0     0     0       105126 7 NORTH SURGERY     0     0     0     0       105125 8 NORTH     0     0     0     0     0       105124 BUCKLEY 4     0	105131 BUCKLEY WEST 5 -		
105141 INFILL 4     0       SURGERY/ORTHO     0       105129 7 SOUTH     0       MED/SURG     0       105142 INFILL 5 MED/SURG     0       UROLOGY     0     0       105144 INFILL 7 MEDICINE /     0       VENT UNIT     0     0       105126 7 NORTH SURGERY     0     0       105127 MINER S     0     0       MED/SURG NEURO     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105128 MINER 7	TELEMETRY	0	0
105141 INFILL 4     0       SURGERY/ORTHO     0       105129 7 SOUTH     0       MED/SURG     0       105142 INFILL 5 MED/SURG     0       UROLOGY     0     0       105144 INFILL 7 MEDICINE /     0       VENT UNIT     0     0       105126 7 NORTH SURGERY     0     0       105127 MINER S     0     0       MED/SURG NEURO     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105128 MINER 7			
SURGERY/ORTHO     0     0       105129 7 SOUTH	105143 INFILL 6 ONCOLOGY	0	0
105129 7 SOUTH     0       MED/SURG     0     0       105142 INFILL 5 MED/SURG     0     0       UROLOGY     0     0       105144 INFILL 7 MEDICINE /     0     0       VENT UNIT     0     0       105126 7 NORTH SURGERY     0     0       105125 8 NORTH     0     0       MED/SURG NEURO     0     0       105124 BUCKLEY 4     0     0       MED/SURG     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105128 MINER 7     0     0       MED/SURG     0     0       105121 MINER 5     0     0       MED/SURG HEMO     0     0       105128 NN/TN/17 -     5     5       STEPDOWN     0     0       105428 INFILL 5 / CT     5     5       STEPDOWN     0     0     0       105420 SICU/MICU     0     0     0       105133 CORONARY CARE     0	105141 INFILL 4		
MED/SURG     0       105142 INFILL 5 MED/SURG     0       UROLOGY     0     0       105144 INFILL 7 MEDICINE /     0     0       VENT UNIT     0     0       105126 7 NORTH SURGERY     0     0       105125 8 NORTH     0     0       105124 BUCKLEY 4     0     0       105127 MINER 0     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105128 MINER 7     0     0       MED/SURG     0     0       105121 MINER 5     0     0       MED/SURG HEMO     0     0       105150 8N/7N/17 -     0     0       STEPDOWN     0     0       105428 INFILL 5 / CT     -     -       STEPDOWN     0     0       105420 SICU/MICU     0     0       105133 CORONARY CARE     -     -       UNIT/PCI<	SURGERY/ORTHO	0	0
105142 INFILL 5 MED/SURG     0       UROLOGY     0     0       105144 INFILL 7 MEDICINE /     0     0       VENT UNIT     0     0       105126 7 NORTH SURGERY     0     0       105125 8 NORTH     0     0       105125 8 NORTH     0     0       MED/SURG NEURO     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105128 MINER 7     0     0       MED/SURG HEMO     0     0       105121 MINER 5     0     0       MED/SURG HEMO     0     0       105150 8N/7N/17 -     0     0       STEPDOWN     0     0       105428 INFILL 5 / CT     0     0       STEPDOWN     0     0     0       105420 SICU/MICU     0     0     0       105133 CORONARY CARE     0     0     0	105129 7 SOUTH		
UROLOGY     0     0       105144 INFILL 7 MEDICINE / VENT UNIT     0     0       105126 7 NORTH SURGERY     0     0       105125 8 NORTH     0     0       105127 NORTH SURG NEURO     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105128 MINER 7     0     0       MED/SURG     0     0       105121 MINER 5     0     0       MED/SURG HEMO     0     0       105150 8N/7N/17 -     0     0       STEPDOWN     0     0       105428 INFILL 5 / CT     0     0       STEPDOWN     0     0       105420 SICU/MICU     0     0       105133 CORONARY CARE     0     0       UNIT/PCI     0     0	MED/SURG	0	0
105144 INFILL 7 MEDICINE /     0     0       105126 7 NORTH SURGERY     0     0       105125 8 NORTH     0     0       105125 8 NORTH     0     0       MED/SURG NEURO     0     0       105124 BUCKLEY 4     0     0       MED/SURG     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105128 MINER 7     0     0       MED/SURG     0     0       105121 MINER 5     0     0       MED/SURG HEMO     0     0       105150 8N/7N/17 -     0     0       STEPDOWN     0     0       105428 INFILL 5 / CT     0     0       STEPDOWN     0     0     0       105420 SICU/MICU     0     0     0       105133 CORONARY CARE     UNIT/PCI     0     0	105142 INFILL 5 MED/SURG		
VENT UNIT     0     0       105126 7 NORTH SURGERY     0     0       105125 8 NORTH      0       105125 8 NORTH      0       MED/SURG NEURO     0     0       105124 BUCKLEY 4      0       MED/SURG     0     0       105127 MINER 8      0       MED/SURG     0     0       105128 MINER 7      0       MED/SURG     0     0       105121 MINER 5      0       MED/SURG HEMO     0     0       105150 8N/7N/17 -         STEPDOWN     0     0       105428 INFILL 5 / CT         STEPDOWN     0     0       105420 SICU/MICU     0     0       105133 CORONARY CARE         UNIT/PCI     0     0	UROLOGY	0	0
105126 7 NORTH SURGERY     0     0       105125 8 NORTH         MED/SURG NEURO     0     0       105124 BUCKLEY 4         MED/SURG     0     0       105127 MINER 8      0       MED/SURG     0     0       105127 MINER 8      0       MED/SURG     0     0       105128 MINER 7      0       MED/SURG     0     0       105121 MINER 7      0       MED/SURG     0     0     0       105121 MINER 5       0       MED/SURG HEMO     0     0     0       105150 8N/7N/I7 -          STEPDOWN     0     0     0       105428 INFILL 5 / CT          STEPDOWN     0     0     0       105420 SICU/MICU     0     0     0       105133 CORONARY CARE          UNIT/PCI	105144 INFILL 7 MEDICINE /		
105125 8 NORTH     0     0       MED/SURG NEURO     0     0     0       105124 BUCKLEY 4          MED/SURG     0     0     0       105127 MINER 8          MED/SURG     0     0     0       105128 MINER 7          MED/SURG     0     0     0       105121 MINER 5          MED/SURG HEMO     0     0     0       105150 8N/7N/I7 -          STEPDOWN     0     0     0       105428 INFILL 5 / CT          STEPDOWN     0     0     0       105420 SICU/MICU     0     0     0       105133 CORONARY CARE          UNIT/PCI     0     0     0	VENT UNIT	0	0
MED/SURG NEURO     0     0       105124 BUCKLEY 4         MED/SURG     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105127 MINER 8     0     0       MED/SURG     0     0       105128 MINER 7      0       MED/SURG     0     0       105121 MINER 5      0       MED/SURG HEMO     0     0       105150 8N/7N/I7 -         STEPDOWN     0     0       105428 INFILL 5 / CT         STEPDOWN     0     0       105420 SICU/MICU     0     0       105133 CORONARY CARE         UNIT/PCI     0     0	105126 7 NORTH SURGERY	0	0
105124 BUCKLEY 4   0   0     MED/SURG   0   0     105127 MINER 8   0   0     MED/SURG   0   0     105128 MINER 7   0   0     MED/SURG   0   0     105121 MINER 7   0   0     MED/SURG   0   0     105121 MINER 5   0   0     MED/SURG HEMO   0   0     105150 8N/7N/I7 -   0   0     STEPDOWN   0   0     105428 INFILL 5 / CT   0   0     STEPDOWN   0   0     105420 SICU/MICU   0   0     105133 CORONARY CARE   UNIT/PCI   0	105125 8 NORTH		
MED/SURG     0     0       105127 MINER 8         MED/SURG     0     0       105128 MINER 7         MED/SURG     0     0       105128 MINER 7         MED/SURG     0     0       105121 MINER 5         MED/SURG HEMO     0     0       105150 8N/7N/I7 -         STEPDOWN     0     0       105428 INFILL 5 / CT         STEPDOWN     0     0       105420 SICU/MICU     0     0       105133 CORONARY CARE         UNIT/PCI     0     0	MED/SURG NEURO	0	0
105127 MINER 8   0   0     MED/SURG   0   0     105128 MINER 7   0   0     MED/SURG   0   0     105121 MINER 5   0   0     MED/SURG HEMO   0   0     105150 8N/7N/I7 -   0   0     STEPDOWN   0   0     105428 INFILL 5 / CT   0   0     STEPDOWN   0   0     105420 SICU/MICU   0   0     105133 CORONARY CARE   0   0     UNIT/PCI   0   0	105124 BUCKLEY 4		
MED/SURG     0     0       105128 MINER 7         MED/SURG     0     0       105121 MINER 5         MED/SURG HEMO     0     0       105150 8N/7N/I7 -         STEPDOWN     0     0       105428 INFILL 5 / CT         STEPDOWN     0     0       105420 SICU/MICU     0     0       105133 CORONARY CARE         UNIT/PCI     0     0	MED/SURG	0	0
105128 MINER 7   0   0     MED/SURG   0   0     105121 MINER 5   0   0     MED/SURG HEMO   0   0     105150 8N/7N/I7 -   0   0     STEPDOWN   0   0     105428 INFILL 5 / CT   0   0     STEPDOWN   0   0     105420 SICU/MICU   0   0     105133 CORONARY CARE   0   0     UNIT/PCI   0   0	105127 MINER 8		
MED/SURG     0     0       105121 MINER 5         MED/SURG HEMO     0     0     0       105150 8N/7N/I7 -          STEPDOWN     0     0     0       105428 INFILL 5 / CT          STEPDOWN     0     0     0       105420 SICU/MICU     0     0     0       105133 CORONARY CARE          UNIT/PCI     0     0     0	MED/SURG	0	0
105121 MINER 5   0   0     MED/SURG HEMO   0   0     105150 8N/7N/I7 -   0   0     STEPDOWN   0   0     105428 INFILL 5 / CT   0   0     STEPDOWN   0   0     105420 SICU/MICU   0   0     105133 CORONARY CARE   0   0     UNIT/PCI   0   0	105128 MINER 7		
MED/SURG HEMO     0     0       105150 8N/7N/I7 -         STEPDOWN     0     0       105428 INFILL 5 / CT         STEPDOWN     0     0       105420 SICU/MICU     0     0       105133 CORONARY CARE         UNIT/PCI     0     0	MED/SURG	0	0
105150 8N/7N/I7 -   0     STEPDOWN   0     105428 INFILL 5 / CT   0     STEPDOWN   0     105420 SICU/MICU   0     105133 CORONARY CARE   0     UNIT/PCI   0   0	105121 MINER 5		
STEPDOWN     0     0       105428 INFILL 5 / CT         STEPDOWN     0     0       105420 SICU/MICU     0     0       105133 CORONARY CARE         UNIT/PCI     0     0	MED/SURG HEMO	0	0
105428 INFILL 5 / CT 0   STEPDOWN 0   105420 SICU/MICU 0   105133 CORONARY CARE 0   UNIT/PCI 0 0	105150 8N/7N/I7 -		
STEPDOWN     0     0       105420 SICU/MICU     0     0       105133 CORONARY CARE      0       UNIT/PCI     0     0	STEPDOWN	0	0
105420 SICU/MICU     0     0       105133 CORONARY CARE	105428 INFILL 5 / CT		
105133 CORONARY CAREUNIT/PCI00	STEPDOWN	0	0
UNIT/PCI 0 0	-	0	0
	105133 CORONARY CARE		
105427 MINER 3/CT ICU 0 0	UNIT/PCI	0	0
	105427 MINER 3/CT ICU	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)
109728 Pre/Post Anesthesia	0	0
109728 PTe/POSt Allestitesia 109711 OR	0	0
109711 OK 109727 Endo	0	0
109727 Elido 106929 Endo	0	0
105335/105325 Pre/Post	0	0
Anesthesia	1	2
105320 OR	5	40
105320 OK 105485 EMERGENCY	5	40
DEPARTMENT	4	0.45
105530 6N PSYCH ADULT	2	
105250 LABOR-DELIVERY	2	1
NP4S	1	0.59
105140 INFILL 3 MIXED	1	0.39
ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM /	0	0
NURSERY	2	1
105123 8 SOUTH REHAB	2	1
105123 8 SOUTH REHAB	2	<u>1</u>
TELEMETRY	2	1
TELEIVIETRY	2	<u>I</u>
105143 INFILL 6 ONCOLOGY	2	1
105141 INFILL 4		
SURGERY/ORTHO	2	1
105129 7 SOUTH		
MED/SURG	2	1
105142 INFILL 5 MED/SURG		
UROLOGY	2	1

105144 INFILL 7 MEDICINE /		
VENT UNIT	2	1
105126 7 NORTH SURGERY	2	1
105125 8 NORTH		
MED/SURG NEURO	3	1
105124 BUCKLEY 4		
MED/SURG	1	1
105127 MINER 8		
MED/SURG	2	1
105128 MINER 7		
MED/SURG	2	1
105121 MINER 5		
MED/SURG HEMO	2	1
105150 8N/7N/I7 -		
STEPDOWN	2	1
105428 INFILL 5 / CT		
STEPDOWN	0.5	1
105420 SICU/MICU	0	0
105133 CORONARY CARE		
UNIT/PCI	1	1
105427 MINER 3/CT ICU	0	0

## NIGHT SHIFT ADDITIONAL RESOURCES

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

109728 Pre/Post Anesthesia	Unit closed overnight.
109711 OR	Unit closed overnight.
109727 Endo	Unit closed overnight.
106929 Endo	Unit closed overnight.
	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
105335/105325 Pre/Post	Charge RN supporting the
Anesthesia	team as well.
	Other support personnel
	that aid perioperative
	services include:
	Anesthesia, Perfusion,
	Pharmacy, and radiology,
	biomed, IT, supply chain,
	and CSPD. Each shift has a
	Charge RN supporting the
105320 OR	team as well.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Care
	Coordination/Mgmt,
105250 LABOR-DELIVERY	Dialysis Nursing, Pastoral
NP4S	Care, EKG Technicians
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Care
	Coordination/Mgmt,
105140 INFILL 3 MIXED	Dialysis Nursing, Pastoral
ACUITY PEDS	Care, EKG Technicians
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Care
	Coordination/Mgmt,
	Dialysis Nursing, Pastoral
105240 NEONATAL ICU	Care, EKG Technicians

Nurse and	d cumport staff
flast vasla	a support starr
float pools	are available to
supplemen	nt unit staffing.
Other sup	port personnel
that aid nu	ursing services
include	: Unit Clerk,
Respirat	ory Therapy,
Pharn	nacy, Care
Coordina	ation/Mgmt,
105220 POSTARTUM / Dialysis Nu	ursing, Pastoral
NURSERY Care, EKG	G Technicians
Nurse and	d support staff
float pools	are available to
supplemer	nt unit staffing.
Other sup	port personnel
that aid nu	ursing services
include:	Respiratory
Therapy, P	harmacy, Care
Coordina	ation/Mgmt,
Dialysis Nu	ursing, Pastoral
105123 8 SOUTH REHAB Care, EKG	G Technicians
Nurse and	support staff
float pools	are available to
supplemen	nt unit staffing.
Other sup	port personnel
that aid nu	ursing services
include	: Unit Clerk,
Respirat	ory Therapy,
Pharn	nacy, Care
Coordina	ation/Mgmt,
105131 BUCKLEY WEST 5 - Dialysis Nu	ursing, Pastoral
TELEMETRY Care, EKO	G Technicians

	Nurse and support staff
	Nulse and support stan
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Respiratory
	Therapy, Pharmacy, Care
	Coordination/Mgmt,
	Dialysis Nursing, Pastoral
105143 INFILL 6 ONCOLOGY	Care, EKG Technicians
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Respiratory
	Therapy, Pharmacy, Care
	Coordination/Mgmt,
105141 INFILL 4	Dialysis Nursing, Pastoral
SURGERY/ORTHO	Care, EKG Technicians
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Respiratory
	Therapy, Pharmacy, Care
	Coordination/Mgmt,
105129 7 SOUTH	Dialysis Nursing, Pastoral
MED/SURG	Care, EKG Technicians

Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include: Respiratory
Therapy, Pharmacy, Care
Coordination/Mgmt,
Dialysis Nursing, Pastoral
Care, EKG Technicians
Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include: Respiratory
Therapy, Pharmacy, Care
Coordination/Mgmt,
Dialysis Nursing, Pastoral
Care, EKG Technicians
Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include: Respiratory
Therapy, Pharmacy, Care
Coordination/Mgmt,
Dialysis Nursing, Pastoral
Care, EKG Technicians

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float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include: Respiratory
Therapy, Pharmacy, Care
Coordination/Mgmt,
Dialysis Nursing, Pastoral
Care, EKG Technicians
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supplement unit staffing.
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that aid nursing services
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Therapy, Pharmacy, Care
Coordination/Mgmt,
Dialysis Nursing, Pastoral
Care, EKG Technicians
Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include: Respiratory
Therapy, Pharmacy, Care
Coordination/Mgmt,
Dialysis Nursing, Pastoral
Care, EKG Technicians

Nurse and support stafffloat pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians105128 MINER 7 MED/SURGDialysis Nursing, Pastoral Care, EKG Technicians105128 MINER 7 MED/SURGDialysis Nursing, Pastoral Care, EKG Technicians0Care, EKG Technicians105121 MINER 5 MED/SURG HEMOOther support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral MED/SURG Care, EKG Technicians Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, 105121 MINER 5 MED/SURG HEMO Care, EKG Technicians
Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, 105121 MINER 5 MED/SURG HEMO
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include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, 105121 MINER 5 MED/SURG HEMO Care, EKG Technicians
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105128 MINER 7 MED/SURGDialysis Nursing, Pastoral Care, EKG TechniciansNurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, 105121 MINER 5 MED/SURG HEMO105121 MINER 5 MED/SURG HEMODialysis Nursing, Pastoral Care, EKG Technicians
MED/SURGCare, EKG TechniciansNurse and support stafffloat pools are available to supplement unit staffing.Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt,105121 MINER 5 MED/SURG HEMODialysis Nursing, Pastoral Care, EKG Technicians
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float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, 105121 MINER 5 MED/SURG HEMO Care, EKG Technicians
supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, 105121 MINER 5 Dialysis Nursing, Pastoral MED/SURG HEMO Care, EKG Technicians
Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, 105121 MINER 5 Dialysis Nursing, Pastoral MED/SURG HEMO Care, EKG Technicians
that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, 105121 MINER 5 MED/SURG HEMO Care, EKG Technicians
include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, 105121 MINER 5 Dialysis Nursing, Pastoral MED/SURG HEMO Care, EKG Technicians
Therapy, Pharmacy, Care Coordination/Mgmt,105121 MINER 5Dialysis Nursing, Pastoral Care, EKG Technicians
Coordination/Mgmt,105121 MINER 5Dialysis Nursing, PastoralMED/SURG HEMOCare, EKG Technicians
105121 MINER 5Dialysis Nursing, PastoralMED/SURG HEMOCare, EKG Technicians
MED/SURG HEMO Care, EKG Technicians
Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include: Respiratory
Therapy, Pharmacy, Care
Coordination/Mgmt,
105150 8N/7N/I7 - Dialysis Nursing, Pastoral
STEPDOWN Care, EKG Technicians

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Respiratory
	Therapy, Pharmacy, Care
	Coordination/Mgmt,
105428 INFILL 5 / CT	Dialysis Nursing, Pastoral
STEPDOWN	Care, EKG Technicians
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Unit Clerk,
	Respiratory Therapy,
	Pharmacy, Care
	Coordination/Mgmt,
	Dialysis Nursing, Pastoral
105420 SICU/MICU	Care, EKG Technicians
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Respiratory
	Therapy, Pharmacy, Care
	Coordination/Mgmt,
105133 CORONARY CARE	Dialysis Nursing, Pastoral
UNIT/PCI	Care, EKG Technicians

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include: Respiratory
	Therapy, Pharmacy, Care
	Coordination/Mgmt,
	Dialysis Nursing, Pastoral
105427 MINER 3/CT ICU	Care, EKG Technicians

## NIGHT SHIFT CONSENSUS INFORMATION

	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
109728 Pre/Post Anesthesia	Yes			
109711 OR	Yes			
109727 Endo	Yes			
106929 Endo	Yes			
105335/105325 Pre/Post				
Anesthesia	Yes			
105320 OR	Yes			

1			I	<b></b> 1
		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105485 EMERGENCY		non-management partners	based upon unit census and	employee members of the
DEPARTMENT	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
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		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105530 6N PSYCH ADULT	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
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		Hospital's Clinical Staffing	As many clinical staffing	
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		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105250 LABOR-DELIVERY		non-management partners	based upon unit census and	employee members of the
NP4S	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
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		Hospital management has	negotiation sessions were	
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		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
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		physical environment,	signed, at which the	
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		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105140 INFILL 3 MIXED		non-management partners	based upon unit census and	employee members of the
ACUITY PEDS	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
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		nursing care units at the	BMH/NYSNA labor contract	
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		units. While the Clinical	the employee members of	
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		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105240 NEONATAL ICU	No	were insightful and	acuity.	clinical staffing committee.

Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the	
("Hospital"), I submit the	
Hospital's Clinical Staffing As many clinical staffing	
Plan. This Staffing Plan committee members were	
encompasses in-patient also involved in the NYP-	
nursing care units at the BMH/NYSNA labor contract	
Hospital. Over the last year renewal process,	
Hospital management has negotiation sessions were	
worked collaboratively with held In lieu of clinical	
the non-management staffing committee	
members of the Clinical meetings. A clinical staffing	
Staffing Committee committee meeting was	
discussing with them the held on June 20, 2023, once	
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available resources, census, Hospital presented the	
acuity, and feedback adopted plan to the clinical	
submitted to the Clinical staffing committee. The	
Staffing Committee on each Hospital has not received an	
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units. While the Clinical the employee members of	
Staffing Committee did not the committee. The	
reach consensus on a plan Hospital believes that The Hospital did	d not receive
for the Hospital the adopted staffing and an alternative	
discussions we had with our support are appropriate statement	
105220 POSTARTUM / non-management partners based upon unit census and employee men	
NURSERY No were insightful and acuity. clinical staffing	

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
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		nursing care units at the	BMH/NYSNA labor contract	
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		for the Hospital the	adopted staffing and	an alternative proposal or
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		non-management partners	based upon unit census and	employee members of the
105123 8 SOUTH REHAB	No	were insightful and	acuity.	clinical staffing committee.

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
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		reach consensus on a plan	Hospital believes that	The Hospital did not receive
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		discussions we had with our	support are appropriate	statement from the
105131 BUCKLEY WEST 5 -		non-management partners	based upon unit census and	employee members of the
TELEMETRY	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
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		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105143 INFILL 6 ONCOLOGY	No	were insightful and	acuity.	clinical staffing committee.

	Presbyterian Brooklyn		
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	("Hospital"), I submit the		
	Hospital's Clinical Staffing	As many clinical staffing	
	Plan. This Staffing Plan	committee members were	
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	Staffing Committee on each	Hospital has not received an	
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	units. While the Clinical		
	Staffing Committee did not	the committee. The	
	-		The Hospital did not receive
	·	·	an alternative proposal or
	discussions we had with our	, s	statement from the
			employee members of the
No	• ·		clinical staffing committee.
	Νο	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners

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nsus and employee members of the
clinical staffing committee.

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		units. While the Clinical	the employee members of	
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		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105142 INFILL 5 MED/SURG		non-management partners	based upon unit census and	employee members of the
UROLOGY	No	were insightful and	acuity.	clinical staffing committee.

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	Presbyterian Brooklyn		
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	reach consensus on a plan	Hospital believes that	The Hospital did not receive
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		Presbyterian Brooklyn Methodist Hospital		
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		non-management partners	based upon unit census and	employee members of the
105126 7 NORTH SURGERY	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
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		reach consensus on a plan	Hospital believes that	The Hospital did not receive
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		discussions we had with our	support are appropriate	statement from the
105125 8 NORTH		non-management partners	based upon unit census and	employee members of the
MED/SURG NEURO	No	were insightful and	acuity.	clinical staffing committee.

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		Presbyterian Brooklyn		
		Methodist Hospital		
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		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105124 BUCKLEY 4		non-management partners	based upon unit census and	employee members of the
MED/SURG	No	were insightful and	acuity.	clinical staffing committee.

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		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105127 MINER 8		non-management partners	based upon unit census and	employee members of the
MED/SURG	No	were insightful and	acuity.	clinical staffing committee.

			I	r
		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105128 MINER 7		non-management partners	based upon unit census and	employee members of the
MED/SURG	No	were insightful and	acuity.	clinical staffing committee.

	Presbyterian Brooklyn		
	•		
	("Hospital"), I submit the		
	Hospital's Clinical Staffing	As many clinical staffing	
	Plan. This Staffing Plan	committee members were	
	encompasses in-patient	also involved in the NYP-	
	nursing care units at the	BMH/NYSNA labor contract	
	Hospital. Over the last year	renewal process,	
	Hospital management has	negotiation sessions were	
	worked collaboratively with	held In lieu of clinical	
	the non-management	staffing committee	
	members of the Clinical	meetings. A clinical staffing	
	Staffing Committee	committee meeting was	
	discussing with them the	held on June 20, 2023, once	
	working conditions, staffing,	the labor contract was	
	physical environment,	signed, at which the	
	available resources, census,	Hospital presented the	
	acuity, and feedback	adopted plan to the clinical	
	submitted to the Clinical	staffing committee. The	
	Staffing Committee on each	Hospital has not received an	
	of these in-patient nursing	alternative proposal from	
	units. While the Clinical	the employee members of	
	Staffing Committee did not	the committee. The	
	-	Hospital believes that	The Hospital did not receive
	for the Hospital the	adopted staffing and	an alternative proposal or
	discussions we had with our		statement from the
			employee members of the
No	were insightful and	acuity.	clinical staffing committee.
	Νο	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners	Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partnersAs many clinical staffing committee members were also involved in the NYP- BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and

Presbyterian BrooklynMethodist Hospital("Hospital"), I submit theHospital's Clinical StaffingPlan. This Staffing Plancommittee members wereencompasses in-patientalso involved in the NYP-nursing care units at theBMH/NYSNA labor contract	
("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the BMH/NYSNA labor contract	
Hospital's Clinical Staffing Plan. This Staffing PlanAs many clinical staffing committee members were also involved in the NYP- nursing care units at theMathematical Staffing PlanBMH/NYSNA labor contract	
Plan. This Staffing Plancommittee members wereencompasses in-patientalso involved in the NYP-nursing care units at theBMH/NYSNA labor contract	
encompasses in-patient also involved in the NYP- nursing care units at the BMH/NYSNA labor contract	
nursing care units at the BMH/NYSNA labor contract	
Hospital. Over the last year renewal process,	
Hospital management has negotiation sessions were	
worked collaboratively with held In lieu of clinical	
the non-management staffing committee	
members of the Clinical meetings. A clinical staffing	
Staffing Committee committee meeting was	
discussing with them the held on June 20, 2023, once	
working conditions, staffing, the labor contract was	
physical environment, signed, at which the	
available resources, census, Hospital presented the	
acuity, and feedback adopted plan to the clinical	
submitted to the Clinical staffing committee. The	
Staffing Committee on each Hospital has not received an	
of these in-patient nursing alternative proposal from	
units. While the Clinical the employee members of	
Staffing Committee did not the committee. The	
reach consensus on a plan Hospital believes that The Hospital did not	receive
for the Hospital the adopted staffing and an alternative property	
discussions we had with our support are appropriate statement from	
105150 8N/7N/I7 - non-management partners based upon unit census and employee members	of the
STEPDOWN No were insightful and acuity. clinical staffing com	

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105428 INFILL 5 / CT		non-management partners	based upon unit census and	employee members of the
STEPDOWN	No	were insightful and	acuity.	clinical staffing committee.

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105420 SICU/MICU	No	were insightful and	acuity.	clinical staffing committee.

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
105133 CORONARY CARE		non-management partners	based upon unit census and	employee members of the
UNIT/PCI	No	were insightful and	acuity.	clinical staffing committee.

		Presbyterian Brooklyn		
		Methodist Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing	As many clinical staffing	
		Plan. This Staffing Plan	committee members were	
		encompasses in-patient	also involved in the NYP-	
		nursing care units at the	BMH/NYSNA labor contract	
		Hospital. Over the last year	renewal process,	
		Hospital management has	negotiation sessions were	
		worked collaboratively with	held In lieu of clinical	
		the non-management	staffing committee	
		members of the Clinical	meetings. A clinical staffing	
		Staffing Committee	committee meeting was	
		discussing with them the	held on June 20, 2023, once	
		working conditions, staffing,	the labor contract was	
		physical environment,	signed, at which the	
		available resources, census,	Hospital presented the	
		acuity, and feedback	adopted plan to the clinical	
		submitted to the Clinical	staffing committee. The	
		Staffing Committee on each	Hospital has not received an	
		of these in-patient nursing	alternative proposal from	
		units. While the Clinical	the employee members of	
		Staffing Committee did not	the committee. The	
		reach consensus on a plan	Hospital believes that	The Hospital did not receive
		for the Hospital the	adopted staffing and	an alternative proposal or
		discussions we had with our	support are appropriate	statement from the
		non-management partners	based upon unit census and	employee members of the
105427 MINER 3/CT ICU	No	were insightful and	acuity.	clinical staffing committee.

## **CBA INFORMATION**

We have one or more collective bargaining agreements:	Yes
	103
If yes, then:	
Our general hospital has a collective	
bargaining agreement with the following	
organizations that represent clinical staff	
(Select all that apply):	
(Select all that apply).	New York
	State
**Please select association and identify staff	Nurses
(e.g. nurses, ancillary staff, etc.)	Associatio
represented.	n,SEIU
	1199

Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:	04/30/20
uate.	26 12:00
	AM
The number of hospital employees represented by New York State Nurses Association is:	1375
Our general hospital's collective	09/30/20
bargaining agreement with SEIU 1199	24 12:00
expires on the following date:	AM
expires on the following date.	

