### HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NYC H+H
Reporting Organization	Bellevue Hospital Center
Reporting Organization Id	1438
Reporting Organization Type	Hospital (pfi)
Data Entity	Bellevue Hospital Center

#### **RN DAY SHIFT STAFFING**

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	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) ?
BE IP 9S Labor & Delivery	6	4	12	2
BE IPP 21W Adolescent Psych	3	1.6	15	5
BE IPP 21S Pediatric Psych	3	1.6	15	5
BE IPP 21N Adolescent				
Psych	3	1.6	15	5
BE IPP 20W Adult Psych	6	1.71	28	5
BE IPP 20E Adult Psych	4	1.19	27	7
BE IPP 19W Forensic Psych	5	1.33	30	6
BE IPP 19N Forensic Psych	5	1.6	25	6
BE IPP 18W Adult Psych	4	1.14	28	7
BE IPP 18S Adult Psych	4	1.14	28	7
BE IPP 18N Adult Psychiatry	5	1.33	30	6
BE IPP 12S Adult Psych - Adult Med-Psych Unit that supports ECT procedures	5	1.43	28	6
BE IP 9N Neontal ICU	14	5.44	20.6	1.5
BE IP 9E Mother Baby	4	3.33	9.6	3
BE IP 8S Pediatric ICU	2	4.32	3.7	2
BE IP 8N Pediatrics	2	2.03	7.9	6
BE IP 11N Cardiac ICU	2	5.52	2.9	1.5
BE IP 15S Adult Neuro ICU	5	4.49	8.9	2
BE IP 10W/N Surgical ICU	9	4.1	15.6	2
BE IP 10E/S Medical ICU	9	4.34	16.6	2

BE IP 10E/N ICU- Cardiac				
CCU	14	5.6	20	1.5
BE IP 17N Cardiac				
Telemetry/Medicine	10	2.17	36.8	4
BE IP 17E				
Telemetry/Medicine	6	2.05	23.4	4
BE IP 7W Medicine	3	1.43	16.8	6
BE IPR 6W Rehab/TBI	4	1.68	19.1	6
BE IPR 6S Rehab	3	1.47	16.3	7
BE IP 19S Prison Health	3	2.67	9	4
BE IP 17W Medicine	4	1.73	18.5	6
BE 17S ICU/SDU Stepdown	3	2.4	10	4
BE IP 16W				
Oncology/Medicine	5	1.42	28.1	6
BE IP 16S Med Stepdown	3	2.16	11.1	4
BE 16N Acute Medicine	6	1.49	32.3	6
BE IP 16E - Stroke Room	2	3.48	4.6	4
BE IP 16E -				
Neurology/Medicine	4	1.45	22	6
BE IP 15W General				
Surgery/Bariatrics -				
Monitored Beds	7	2.25	24.9	4
BE IP 15N - Monitored beds	3	1.58	15.2	4
BE IP 15N trauma/ surgery	3	1.58	15.2	6
BE IP 15E SURG - is a				
surgical unit and includes all				
surgical specialties.	4	1.62	17.9	6

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
BE IP 9S Labor & Delivery	0	0
BE IPP 21W Adolescent		
Psych	0	0
BE IPP 21S Pediatric Psych	0	0
BE IPP 21N Adolescent		
Psych	0	0
BE IPP 20W Adult Psych	0	0
BE IPP 20E Adult Psych	0	0
BE IPP 19W Forensic Psych	0	0
BE IPP 19N Forensic Psych	0	0
BE IPP 18W Adult Psych	0	0
BE IPP 18S Adult Psych	0	0
BE IPP 18N Adult Psychiatry BE IPP 12S Adult Psych -	0	0
Adult Med-Psych Unit that		
supports ECT procedures	0	0
BE IP 9N Neontal ICU	0	0
BE IP 9E Mother Baby	0	0
BE IP 8S Pediatric ICU	0	0
BE IP 8N Pediatrics	0	0
BE IP 11N Cardiac ICU	0	0
BE IP 15S Adult Neuro ICU	0	0
BE IP 10W/N Surgical ICU	0	0
BE IP 10E/S Medical ICU	0	0

BE IP 10E/N ICU- Cardiac		
CCU	0	0
BE IP 17N Cardiac		
Telemetry/Medicine	0	0
BE IP 17E		
Telemetry/Medicine	0	0
BE IP 7W Medicine	0	0
BE IPR 6W Rehab/TBI	0	0
BE IPR 6S Rehab	0	0
BE IP 19S Prison Health	0	0
BE IP 17W Medicine	0	0
BE 17S ICU/SDU Stepdown	0	0
BE IP 16W		
Oncology/Medicine	0	0
BE IP 16S Med Stepdown	0	0
BE 16N Acute Medicine	0	0
BE IP 16E - Stroke Room	0	0
BE IP 16E -		
Neurology/Medicine	0	0
BE IP 15W General		
Surgery/Bariatrics -		
Monitored Beds	0	0
BE IP 15N - Monitored beds	0	0
BE IP 15N trauma/ surgery	0	0
BE IP 15E SURG - is a		
surgical unit and includes all		
surgical specialties.	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
BE IP 9S Labor & Delivery	0	0
BE IPP 21W Adolescent		
Psych	0	0
BE IPP 21S Pediatric Psych	0	0
BE IPP 21N Adolescent		
Psych	0	0
BE IPP 20W Adult Psych	0	0
BE IPP 20E Adult Psych	0	0
BE IPP 19W Forensic Psych	0	0
BE IPP 19N Forensic Psych	0	0
BE IPP 18W Adult Psych	0	0
BE IPP 18S Adult Psych	0	0
BE IPP 18N Adult Psychiatry BE IPP 12S Adult Psych -	0	0
Adult Med-Psych Unit that		
supports ECT procedures	0	0
BE IP 9N Neontal ICU	0	0
BE IP 9E Mother Baby	0	0
BE IP 8S Pediatric ICU	0	0
BE IP 8N Pediatrics	0	0
BE IP 11N Cardiac ICU	0	0
BE IP 15S Adult Neuro ICU	0	0
BE IP 10W/N Surgical ICU	0	0
BE IP 10E/S Medical ICU	0	0
BE IP 10E/N ICU- Cardiac CCU	0	0

BE IP 17N Cardiac		
Telemetry/Medicine	0	0
BE IP 17E		
Telemetry/Medicine	0	0
BE IP 7W Medicine	0	0
BE IPR 6W Rehab/TBI	0	0
BE IPR 6S Rehab	0	0
BE IP 19S Prison Health	0	0
BE IP 17W Medicine	0	0
BE 17S ICU/SDU Stepdown	0	0
BE IP 16W		
Oncology/Medicine	0	0
BE IP 16S Med Stepdown	0	0
BE 16N Acute Medicine	0	0
BE IP 16E - Stroke Room	0	0
BE IP 16E -		
Neurology/Medicine	0	0
BE IP 15W General		
Surgery/Bariatrics -		
Monitored Beds	0	0
BE IP 15N - Monitored beds	0	0
BE IP 15N trauma/ surgery	0	0
BE IP 15E SURG - is a		
surgical unit and includes all		
surgical specialties.	0	0

# DAY SHIFT UNLICENSED STAFFING

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

BE IP 9S Labor & Delivery	1	0.67
BE IPP 21W Adolescent		
Psych	4	2.03
BE IPP 21S Pediatric Psych	3	1.95
BE IPP 21N Adolescent		
Psych	3	1.71
BE IPP 20W Adult Psych	5	1.17
BE IPP 20E Adult Psych	5	1.37
BE IPP 19W Forensic Psych	6	2.84
BE IPP 19N Forensic Psych	6	2.7
BE IPP 18W Adult Psych	5	1.14
BE IPP 18S Adult Psych	5	1.3
BE IPP 18N Adult Psychiatry	5	1.14
BE IPP 12S Adult Psych -		
Adult Med-Psych Unit that		
supports ECT procedures	6	1.6
BE IP 9N Neontal ICU	2	1.72
BE IP 9E Mother Baby	2	0.8
BE IP 8S Pediatric ICU	1	0.31
BE IP 8N Pediatrics	1	0.66
BE IP 11N Cardiac ICU	1	0.24
BE IP 15S Adult Neuro ICU	1	0.74
BE IP 10W/N Surgical ICU	2	1.3
BE IP 10E/S Medical ICU	2	0.98
BE IP 10E/N ICU- Cardiac		
CCU	2	1.67
BE IP 17N Cardiac		
Telemetry/Medicine	4	0.65
BE IP 17E		
Telemetry/Medicine	2	1.95
BE IP 7W Medicine	2	1.4
BE IPR 6W Rehab/TBI	2	1.59
BE IPR 6S Rehab	2	1.36
BE IP 19S Prison Health	5	0.75
BE IP 17W Medicine	2	1.54
BE 17S ICU/SDU Stepdown	1	0.8
BE IP 16W		
Oncology/Medicine	3	2.34

BE IP 16S Med Stepdown	1	0.93
BE 16N Acute Medicine	3	2.69
BE IP 16E - Stroke Room	1	0.38
BE IP 16E -		
Neurology/Medicine	2	1.83
BE IP 15W General		
Surgery/Bariatrics -		
Monitored Beds	3	2.08
BE IP 15N - Monitored beds	2	1.27
BE IP 15N trauma/ surgery	2	1.27
BE IP 15E SURG - is a		
surgical unit and includes all		
surgical specialties.	2	0.83

# DAY SHIFT ADDITIONAL RESOURCES

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

	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 9S Labor & Delivery	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IPP 21W Adolescent	number of patients on this
Psych	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 21S Pediatric Psych	unit.
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	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IPP 21N Adolescent	number of patients on this
Psych	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 20W Adult Psych	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 20E Adult Psych	unit.

	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 19W Forensic Psych	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 19N Forensic Psych	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 18W Adult Psych	unit.

Dedicated clerical and H resources for this unit ar planned as submitted. Additional resources such pharmacists, respirator	e
planned as submitted. Additional resources such	
Additional resources such	as
	as
pharmacists, respirator	~~
	/
therapists and social	
workers are available to	)
support the planned	
number of patients on th	is
BE IPP 18S Adult Psych unit.	
Dedicated clerical and H	N
resources for this unit ar	e
planned as submitted.	
Additional resources such	as
pharmacists, respirator	<b>/</b>
therapists and social	
workers are available to	)
support the planned	
number of patients on th	is
BE IPP 18N Adult Psychiatry unit.	
Dedicated clerical and H	N
resources for this unit ar	e
planned as submitted.	
Additional resources such	as
pharmacists, respirator	<b>/</b>
therapists and social	
workers are available to	<b>,</b>
BE IPP 12S Adult Psych - support the planned	
Adult Med-Psych Unit that number of patients on th	is
supports ECT procedures unit.	

	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 9N Neontal ICU	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 9E Mother Baby	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 8S Pediatric ICU	unit.

	Dedicated clerical and
	Assistant HN resources for
	this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
<b>BE IP 8N Pediatrics</b>	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 11N Cardiac ICU	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 15S Adult Neuro ICU	unit.

	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 10W/N Surgical ICU	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 10E/S Medical ICU	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 10E/N ICU- Cardiac	number of patients on this
CCU	unit.

	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 17N Cardiac	number of patients on this
Telemetry/Medicine	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 17E	number of patients on this
Telemetry/Medicine	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 7W Medicine	unit.

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	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPR 6W Rehab/TBI	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPR 6S Rehab	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 19S Prison Health	unit.

	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 17W Medicine	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE 17S ICU/SDU Stepdown	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 16W	number of patients on this
Oncology/Medicine	unit.

	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 16S Med Stepdown	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE 16N Acute Medicine	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 16E - Stroke Room	unit.

Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.BE IP 16E - Neurology/MedicineDedicated clerical and HN resources for this unit are planned as submitted.BE IP 16E - Neurology/MedicineDedicated clerical and HN resources for this unit are planned as submitted.BE IP 16E - Neurology/MedicineDedicated clerical and HN resources for this unit are planned as submitted.BE IP 15W General Surgery/Bariatrics - Monitored Bedssupport the planned number of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and socialMonitored Bedsunit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and social		
planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.BE IP 16E - Neurology/MedicineDedicated clerical and HN resources for this unit are planned as submitted.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the plannedBE IP 15W General Surgery/Bariatrics - Monitored BedsSupport the planned number of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory		Dedicated clerical and HN
Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this neurology/Medicine Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this workers are available to support the planned number of patients on this unit. Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.		resources for this unit are
pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the plannedBE IP 15W General Surgery/Bariatrics - Monitored BedsDedicated clerical and HN resources for this unit are planned as submitted.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratoryAdditional resources such as planned as submitted.Additional resources such as pharmacists, respiratory		planned as submitted.
Image: Second		Additional resources such as
Workers are available to support the planned number of patients on this unit.BE IP 16E - 		pharmacists, respiratory
BE IP 16E - Neurology/Medicinesupport the planned number of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.BE IP 15W General Surgery/Bariatrics - Monitored BedsDedicated clerical and HN resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratoryDedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory		therapists and social
BE IP 16E - Neurology/Medicinenumber of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned Surgery/Bariatrics - Monitored BedsBE IP 15W General Surgery/Bariatrics - Monitored BedsDedicated clerical and HN resources for this unit are planned as submitted.Dedicated clerical and HN resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this planned as submitted.Additional resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory		workers are available to
Neurology/Medicineunit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.BE IP 15W General Surgery/Bariatrics - Monitored BedsDedicated clerical and HN resources for this unit are planned as submitted.Dedicated clerical and HN resources for this unit are planned as submitted.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratoryDedicated clerical and HN resources for this unit are planned as submitted.		support the planned
Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned surgery/Bariatrics - Monitored Beds Unit. Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory	BE IP 16E -	number of patients on this
resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned Surgery/Bariatrics - Monitored Beds Unit. Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory	Neurology/Medicine	unit.
planned as submitted.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.BE IP 15W General Surgery/Bariatrics - Monitored Bedssupport the planned number of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory		Dedicated clerical and HN
Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this Monitored BedsMonitored BedsDedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory		resources for this unit are
pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.Monitored BedsDedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory		planned as submitted.
therapists and social workers are available to support the planned number of patients on this Monitored BedsMonitored BedsDedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory		Additional resources such as
BE IP 15W General Surgery/Bariatrics - Monitored Bedsworkers are available to support the planned number of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory		pharmacists, respiratory
BE IP 15W General Surgery/Bariatrics - Monitored Bedssupport the planned number of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory		therapists and social
Surgery/Bariatrics - Monitored Bedsnumber of patients on this unit.Dedicated clerical and HN resources for this unit are planned as submitted.Additional resources such as pharmacists, respiratory		workers are available to
Monitored Bedsunit.Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory	BE IP 15W General	support the planned
Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory	Surgery/Bariatrics -	number of patients on this
resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory	Monitored Beds	unit.
planned as submitted. Additional resources such as pharmacists, respiratory		Dedicated clerical and HN
Additional resources such as pharmacists, respiratory		resources for this unit are
pharmacists, respiratory		planned as submitted.
		Additional resources such as
therapists and social		pharmacists, respiratory
		therapists and social
workers are available to		workers are available to
support the planned		support the planned
number of patients on this		number of patients on this
BE IP 15N - Monitored beds unit.	BE IP 15N - Monitored beds	unit.

	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 15N trauma/ surgery	unit.
	Dedicated clerical and HN
	resources for this unit are
	planned as submitted.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
BE IP 15E SURG - is a	support the planned
surgical unit and includes all	number of patients on this
surgical specialties.	unit.

## DAY SHIFT CONSENSUS INFORMATION

				Statement by members
Provide a description of				of clinical staffing
Clinical Unit, including a			Statement by members	committee that were
description of typical		lf no,	of clinical staffing	registered nurses,
patient services provided	Our Clinical Staffing	<b>Chief Executive Officer</b>	committee selected by	licensed practical nurses,
on the unit and the	Committee reached	Statement in support of	the general hospital	and ancillary members of
unit's location in	consensus on the clinical	clinical staffing plan for	administration	the frontline team
the hospital.	staffing plan for this unit:	this unit:	(management members):	(employee members):
BE IP 9S Labor & Delivery	Yes			

		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 2 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined the current	members agree with the	of patient care hours per
BE IPP 21W Adolescent		staffing is adequate and	hospital leadership	day for the Bellevue
Psych	No	therefore will remain.	statement above.	population.
		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 2 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined the current	members agree with the	of patient care hours per
		staffing is adequate and	hospital leadership	day for the Bellevue
BE IPP 21S Pediatric Psych	No	therefore will remain.	statement above.	population.
		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 2 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined the current	members agree with the	of patient care hours per
BE IPP 21N Adolescent		staffing is adequate and	hospital leadership	day for the Bellevue
Psych	No	therefore will remain.	statement above.	population.

		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined the current	members agree with the	of patient care hours per
		staffing is adequate and	hospital leadership	day for the Bellevue
BE IPP 20W Adult Psych	No	therefore will remain.	statement above.	population.
BE IT 2000 Addit 1 Sych	NO	The current staffing for	statement above.	
		unlicensed personnel is 2		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary omployee
		,		In summary, employee members did not find that
		PCAs. The hospital		
		leadership (CEO) reviewed	In summary management	the ancillary staffing would provide a sufficient number
		the proposal and	In summary, management	•
		determined the current	members agree with the	of patient care hours per
DE IDD 205 Adult Daugh	No	staffing is adequate and	hospital leadership	day for the Bellevue
BE IPP 20E Adult Psych	No	therefore will remain.	statement above.	population.
		The current staffing for		
		unlicensed personnel is 3		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined the current	members agree with the	of patient care hours per
		staffing is adequate and	hospital leadership	day for the Bellevue
BE IPP 19W Forensic Psych	No	therefore will remain.	statement above.	population.

		The current staffing for		
		unlicensed personnel is 3		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		,	In summary management	provide a sufficient number
		the proposal and determined the current	In summary, management	•
			members agree with the	of patient care hours per
	N	staffing is adequate and	hospital leadership	day for the Bellevue
BE IPP 19N Forensic Psych	No	therefore will remain.	statement above.	population.
		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined the current	members agree with the	of patient care hours per
		staffing is adequate and	hospital leadership	day for the Bellevue
BE IPP 18W Adult Psych	No	therefore will remain.	statement above.	population.
		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined the current	members agree with the	of patient care hours per
		staffing is adequate and	hospital leadership	day for the Bellevue
BE IPP 18S Adult Psych	No	therefore will remain.	statement above.	, population.

		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined the current	members agree with the	of patient care hours per
		staffing is adequate and	hospital leadership	day for the Bellevue
BE IPP 18N Adult Psychiatry	No	therefore will remain.	statement above.	population.
BE IFF 1810 Addit FSychiatry	NO	The current staffing for	statement above.	
		unlicensed personnel is 3		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is 4 BHAs, 2 PSHTs and 2		
				In summary, employee members did not find that
		PCAs. The hospital		
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
BE IPP 12S Adult Psych -		determined the current	members agree with the	of patient care hours per
Adult Med-Psych Unit that		staffing is adequate and	hospital leadership	day for the Bellevue
supports ECT procedures	No	therefore will remain.	statement above.	population.
BE IP 9N Neontal ICU	Yes			
BE IP 9E Mother Baby	Yes			
BE IP 8S Pediatric ICU	Yes			
BE IP 8N Pediatrics	Yes			
BE IP 11N Cardiac ICU	Yes			
BE IP 15S Adult Neuro ICU	Yes			
BE IP 10W/N Surgical ICU	Yes			
BE IP 10E/S Medical ICU	Yes			
BE IP 10E/N ICU- Cardiac				
CCU	Yes			

			The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current	In summary, management members agree with the	In summary, employee members did not find that the ancillary staffing would provide a sufficient number
BE	IP 17N Cardiac		ratio is adequate and	hospital leadership	of patient care hours per
	metry/Medicine	No	therefore will remain 1:12.	statement above.	day.
Tele	BE IP 17E metry/Medicine	Νο	The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and therefore will remain 1:12.	In summary, management members agree with the hospital leadership statement above.	In summary, employee members did not find that the ancillary staff ratio would provide a sufficient number of patient care hours per day.
			The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	In summary, management members agree with the hospital leadership	In summary, employee members did not find that the ancillary staff ratio would provide a sufficient number of patient care
BE I	IP 7W Medicine	No	therefore will remain 1:12.	statement above.	hours per day.

reviewed the proposal and In summary, management the ancillary staff ratio	BE IPR 6W Rehab/TBI	Yes			
BE IP 17W Medicine     No     The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and     In summary, management members agree with the hospital leadership     In summary, employee members did not find the the ancillary staff ratio would provide a sufficier number of patient care hours per day.       BE IP 17W Medicine     No     The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and     In summary, management in summary, employee       BE IP 16W     BE IP 16W     In summary, management ratio is adequate and     In summary, management in summary, employee	BE IPR 6S Rehab	Yes			
BE IP 17W MedicineNoThe current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and therefore will remain 1:12.In summary, employee members agree with the hospital leadership statement above.In summary, employee members agree with the hospital leadership statement above.BE 175 ICU/SDU StepdownYesThe current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate andIn summary, employee members agree with the hospital leadership hours per day.BE 175 ICU/SDU StepdownYesIn summary, employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate andIn summary, management members agree with the hospital leadership members agree with the hospital leadershipBE IP 16WFile IP 16WIn summary, management ratio is adequate andIn summary, management members agree with the hospital leadership	BE IP 19S Prison Health	Yes			
BE 17S ICU/SDU Stepdown   Yes     The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and   In summary, employee members did not find that the ancillary staff ratio would provide a sufficier number of patient care			unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	members agree with the hospital leadership	members did not find that the ancillary staff ratio would provide a sufficient number of patient care
The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate andIn summary, employee members agree with the hospital leadershipBE IP 16WBE IP 16WIn summary, management ratio is adequate andIn summary, management members agree with the hospital leadership		-	therefore will remain 1:12.	statement above.	hours per day.
BE IP 16Wunlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO)In summary, employee members agree with the would provide a sufficier number of patient care	BE 17S ICU/SDU Stepdown	Yes			
BE IP 16S Med Stepdown Yes			unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The		

BE 16N Acute Medicine	Νο	The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and therefore will remain 1:12.	In summary, management members agree with the hospital leadership statement above	In summary, employee members did not find that the ancillary staff ratio would provide a sufficient number of patient care hours per day.
BE IP 16E - Stroke Room	Yes			
		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current	In summary, management members agree with the	In summary, employee members did not find that the ancillary staff ratio would provide a sufficient
BE IP 16E -		ratio is adequate and	hospital leadership	number of patient care

· · · · · · · · · · · · · · · · · · ·				
BE IP 15W General Surgery/Bariatrics -		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	In summary, management members agree with the hospital leadership	In summary, employee members did not find that the ancillary staff ratio would provide a sufficient number of patient care
Monitored Beds	No	therefore will remain 1:12.	statement above.	hours per day.
BE IP 15N - Monitored beds	Νο	The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and therefore will remain 1:12.	In summary, management members agree with the hospital leadership statement above.	In summary, employee members did not find that the ancillary staff ratio would provide a sufficient number of patient care hours per day.
		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	In summary, management members agree with the hospital leadership	In summary, employee members did not find that the ancillary staff ratio would provide a sufficient number of patient care
BE IP 15N trauma/ surgery	No	therefore will remain 1:12.	statement above.	hours per day.

		The current ratio for unlicensed personnel (CNA, PCA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee		
		representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and	In summary, management	In summary, employee members did not find that the ancillary staff ratio
BE IP 15E SURG - is a		determined the current	members agree with the	would provide a sufficient
surgical unit and includes all		ratio is adequate and	leadership statement	number of patient care
surgical specialties.	No	therefore will remain 1:12.	above.	hours per day.

### **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)?
BE IP 9S Labor & Delivery	6	4	12	2
BE IPP 21W Adolescent				
Psych	3	1.6	15	5
BE IPP 21S Pediatric Psych	3	1.6	15	5
BE IPP 21N Adolescent				
Psych	3	1.6	15	5
BE IPP 20W Adult Psych	6	1.71	28	5
BE IPP 20E Adult Psych	4	1.19	27	7
BE IPP 19W Forensic Psych	5	1.33	30	6
BE IPP 19N Forensic Psych	5	1.6	25	6
BE IPP 18W Adult Psych	4	1.14	28	7
BE IPP 18S Adult Psych	4	1.14	28	7
BE IPP 18N Adult Psych	5	1.33	30	6
BE 1PP 12S Adult Psych -				
Adult med psych unit that				
supports ECT procedures	5	1.43	28	6
BE IP 9N - Neonatal ICU	14	5.44	20.6	1.5
BE IP 9E Mother Baby	4	3.33	9.6	3
BE IP 8S Pediatric ICU	2	4.32	3.7	2
BE IP 8N Pediatrics	2	2.03	7.9	6
BE IP 11N Cardiac ICU	2	5.52	2.9	1.5
BE IP 15S Adult Neuro ICU	5	4.49	8.9	2
BE IP 10W/N Surgical ICU	9	4.1	15.6	2
BE IP 10E/S Medical ICU	9	4.34	16.6	2

BE IP 10E/N ICU - Cardiac				
CCU	14	5.6	20	1.5
BE IP 17N Cardiac				
Telemetry/Medicine	10	2.17	36.8	4
BE IP 17E				
Telemetry/Medicine	6	2.05	23.4	4
BE IP 7W Medicine	3	1.43	16.8	6
BE IPR 6W Rehab/TBI	4	1.68	19.1	6
BE IPR 6S Rehab	3	1.47	16.3	7
BE IP 19S Prison Health	3	2.67	9	4
BE IP 17W Medicine	4	1.73	18.5	6
BE IP 17S ICU/SDU				
Stepdown	3	2.4	10	4
BE IP 16W				
Oncology/Medicine	5	1.42	28.1	6
BE IP 16S Med Stepdown	3	2.16	11.1	4
BE IP 16N Acute Medicine	6	1.49	32.3	6
BE IP 16E Stroke Room	2	3.48	4.6	4
BE IP 16E				
Neurology/Medicine	4	1.45	22	6
15W General				
Surgery/Bariatrics -				
Monitored beds	7	2.25	24.9	4
BE IP 15N monitored beds	3	1.58	15.2	4
BE IP 15N Trauma /surgery	3	1.58	15.2	6
BE IP 15E SURG - is a				
surgical unit and includes all				
surgical specialties.	4	1.62	17.9	6

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
BE IP 9S Labor & Delivery	0	0
BE IPP 21W Adolescent		
Psych	0	0
BE IPP 21S Pediatric Psych	0	0
BE IPP 21N Adolescent		
Psych	0	0
BE IPP 20W Adult Psych	0	0
BE IPP 20E Adult Psych	0	0
BE IPP 19W Forensic Psych	0	0
BE IPP 19N Forensic Psych	0	0
BE IPP 18W Adult Psych	0	0
BE IPP 18S Adult Psych	0	0
BE IPP 18N Adult Psych	0	0
BE 1PP 12S Adult Psych -		
Adult med psych unit that	-	
supports ECT procedures	0	0
BE IP 9N - Neonatal ICU	0	0
BE IP 9E Mother Baby	0	0
BE IP 8S Pediatric ICU	0	0
BE IP 8N Pediatrics	0	0
BE IP 11N Cardiac ICU	0	0
BE IP 15S Adult Neuro ICU	0	0
BE IP 10W/N Surgical ICU	0	0
BE IP 10E/S Medical ICU	0	0
BE IP 10E/N ICU - Cardiac		
CCU	0	0
BE IP 17N Cardiac Telemetry/Medicine	0	0

BE IP 17E		
Telemetry/Medicine	0	0
BE IP 7W Medicine	0	0
BE IPR 6W Rehab/TBI	0	0
BE IPR 6S Rehab	0	0
BE IP 19S Prison Health	0	0
BE IP 17W Medicine	0	0
BE IP 17S ICU/SDU		
Stepdown	0	0
BE IP 16W		
Oncology/Medicine	0	0
BE IP 16S Med Stepdown	0	0
BE IP 16N Acute Medicine	0	0
BE IP 16E Stroke Room	0	0
BE IP 16E		
Neurology/Medicine	0	0
15W General		
Surgery/Bariatrics -		
Monitored beds	0	0
BE IP 15N monitored beds	0	0
BE IP 15N Trauma /surgery	0	0
BE IP 15E SURG - is a		
surgical unit and includes all		
surgical specialties.	0	0

## EVENING SHIFT ANCILLARY STAFF

		Planned total hours of
Provide a description of	Planned average number	ancillary members of the
Clinical Unit, including a	of ancillary members of	frontline team including
description of typical	the frontline team on the	adjustment for case mix
patient services provided	unit per day on the	and acuity on the
on the unit and the	Evening Shift? (Please	Evening Shift (Please
unit's location in	provide a number with	provide a number with
the hospital.	up to 4 digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
BE IP 9S Labor & Delivery	0	0

BE IPP 21W Adolescent		
Psych	0	0
BE IPP 21S Pediatric Psych	0	0
BE IPP 21N Adolescent		
Psych	0	0
BE IPP 20W Adult Psych	0	0
BE IPP 20E Adult Psych	0	0
BE IPP 19W Forensic Psych	0	0
BE IPP 19N Forensic Psych	0	0
BE IPP 18W Adult Psych	0	0
BE IPP 18S Adult Psych	0	0
BE IPP 18N Adult Psych	0	0
BE 1PP 12S Adult Psych -		
Adult med psych unit that		
supports ECT procedures	0	0
BE IP 9N - Neonatal ICU	0	0
BE IP 9E Mother Baby	0	0
BE IP 8S Pediatric ICU	0	0
BE IP 8N Pediatrics	0	0
BE IP 11N Cardiac ICU	0	0
BE IP 15S Adult Neuro ICU	0	0
BE IP 10W/N Surgical ICU	0	0
BE IP 10E/S Medical ICU	0	0
BE IP 10E/N ICU - Cardiac		
CCU	0	0
BE IP 17N Cardiac		
Telemetry/Medicine	0	0
BE IP 17E		
Telemetry/Medicine	0	0
BE IP 7W Medicine	0	0
BE IPR 6W Rehab/TBI	0	0
BE IPR 6S Rehab	0	0
BE IP 19S Prison Health	0	0
BE IP 17W Medicine	0	0
BE IP 17S ICU/SDU		
Stepdown	0	0
BE IP 16W		
Oncology/Medicine	0	0
BE IP 16S Med Stepdown	0	0

BE IP 16N Acute Medicine	0	0
BE IP 16E Stroke Room	0	0
BE IP 16E		
Neurology/Medicine	0	0
15W General		
Surgery/Bariatrics -		
Monitored beds	0	0
BE IP 15N monitored beds	0	0
BE IP 15N Trauma /surgery	0	0
BE IP 15E SURG - is a		
surgical unit and includes all		
surgical specialties.	0	0

# EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
BE IP 9S Labor & Delivery	1	0.67
BE IPP 21W Adolescent		
Psych	4	2.03
BE IPP 21S Pediatric Psych	3	1.95
BE IPP 21N Adolescent		
Psych	3	1.71
BE IPP 20W Adult Psych	5	1.17
BE IPP 20E Adult Psych	5	1.37
BE IPP 19W Forensic Psych	6	2.84
BE IPP 19N Forensic Psych	6	2.7
BE IPP 18W Adult Psych	5	1.14
BE IPP 18S Adult Psych	5	1.3
BE IPP 18N Adult Psych	5	1.14

BE 1PP 12S Adult Psych -		
Adult med psych unit that		
supports ECT procedures	6	1.6
BE IP 9N - Neonatal ICU	2	1.72
BE IP 9E Mother Baby	2	0.8
BE IP 8S Pediatric ICU	1	0.31
BE IP 8N Pediatrics	1	0.66
BE IP 11N Cardiac ICU	1	0.24
BE IP 15S Adult Neuro ICU	1	0.74
BE IP 10W/N Surgical ICU	2	1.3
BE IP 10E/S Medical ICU	2	0.98
BE IP 10E/N ICU - Cardiac	2	0.55
CCU	2	1.6
BE IP 17N Cardiac	۷	1.0
Telemetry/Medicine	4	0.65
BE IP 17E		0.05
Telemetry/Medicine	2	1.95
BE IP 7W Medicine	2	1.55
BE IPR 6W Rehab/TBI	2	1.59
BE IPR 6S Rehab	2	1.36
BE IP 19S Prison Health	5	1.75
BE IP 17W Medicine	2	1.54
BE IP 17S ICU/SDU		2.0 .
Stepdown	1	0.8
BE IP 16W		
Oncology/Medicine	3	2.34
BE IP 16S Med Stepdown	1	0.93
BE IP 16N Acute Medicine	3	2.69
BE IP 16E Stroke Room	1	0.38
BE IP 16E		
Neurology/Medicine	2	1.83
15W General		
Surgery/Bariatrics -		
Monitored beds	3	2.08
BE IP 15N monitored beds	2	1.27
	-	
BE IP 15N Trauma /surgery	2	1.27

BE IP 15E SURG - is a		
surgical unit and includes all		
surgical specialties.	2	0.83

#### EVENING SHIFT ADDITIONAL RESOURCES

	Description of additional
	resources available to
	support unit level
	patient care on the
	Evening Shift. These
	resources include but are
	not limited to unit
Provide a description of	clerical staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 9S Labor & Delivery	unit.

	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IPP 21W Adolescent	number of patients on this
Psych	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 21S Pediatric Psych	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IPP 21N Adolescent	number of patients on this
Psych	unit.
•	

	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 20W Adult Psych	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 20E Adult Psych	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 19W Forensic Psych	unit.
	anne.

	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 19N Forensic Psych	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 18W Adult Psych	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 18S Adult Psych	unit.

	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 18N Adult Psych	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
BE 1PP 12S Adult Psych -	support the planned
Adult med psych unit that	number of patients on this
supports ECT procedures	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 9N - Neonatal ICU	unit.

	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 9E Mother Baby	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 8S Pediatric ICU	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 8N Pediatrics	unit.

	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 11N Cardiac ICU	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 15S Adult Neuro ICU	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 10W/N Surgical ICU	unit.
	•

	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 10E/S Medical ICU	unit.
· · · · · · · · · · · · · · · · · · ·	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 10E/N ICU - Cardiac	number of patients on this
CCU	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 17N Cardiac	number of patients on this
Telemetry/Medicine	unit.
<i>''</i>	

	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 17E	number of patients on this
Telemetry/Medicine	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 7W Medicine	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPR 6W Rehab/TBI	unit.
	-

	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPR 6S Rehab	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 19S Prison Health	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 17W Medicine	unit.

	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 17S ICU/SDU	number of patients on this
Stepdown	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 16W	number of patients on this
Oncology/Medicine	unit.
	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 16S Med Stepdown	unit.

Dedicated clerical resourcefor this unit are planned assubmitted. Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannednumber of patients on thisBE IP 16N Acute MedicineDedicated clerical resourcefor this unit are planned assubmitted. Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosubmitted. Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannednumber of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resourcefor this unit are planned assubmitted. Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosubmitted. Additionalresources such aspharmacists, respiratorytherapists, respiratorytherapists, respiratorytherapists and socialworkers are available tosubmitted. Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannedBE IP 16ENeurology/Medicineunit.		
Submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.BE IP 16N Acute MedicineDedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available toBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned and resources such asBE IP 16Emumber of patients on this		Dedicated clerical resource
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therapists and social workers are available to support the planned number of patients on thisBE IP 16N Acute MedicineDedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke RoomUnit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke RoomUnit.BE IP 16EDedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned aresources such asBE IP 16EDedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned mumber of patients on this		resources such as
BE IP 16N Acute Medicineworkers are available to support the planned number of patients on thisBE IP 16N Acute MedicineDedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such asBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned at submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned at submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned and resources such as		pharmacists, respiratory
BE IP 16N Acute Medicinesupport the planned number of patients on this unit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as support the planned number of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned and resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this		therapists and social
BE IP 16N Acute Medicinenumber of patients on this unit.BE IP 16N Acute MedicineDedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke RoomUnit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such asBE IP 16E Stroke RoomUnit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to supmitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned therapists and socialBE IP 16ESupport the planned support the planned mumber of patients on this		workers are available to
BE IP 16N Acute Medicineunit.Dedicated clerical resourcefor this unit are planned assubmitted. Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannednumber of patients on thisBE IP 16E Stroke RoomUnit.Dedicated clerical resourcefor this unit are planned assubmitted. Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosubmitted. Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosubmitted. Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannedBE IP 16Enumber of patients on this		support the planned
Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as planned number of patients on thisBE IP 16E Stroke Roomunit.		number of patients on this
for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this BE IP 16E Stroke RoomDedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned anumber of patients on thisBE IP 16EDedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this	BE IP 16N Acute Medicine	unit.
Submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to submitted. Additional fer this unit are planned as submitted. Additional for this unit are planned to submitted. Additional fer the such as pharmacists, respiratory the support the planned morkers are available to support the planned mumber of patients on this		Dedicated clerical resource
resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available toBE IP 16Esupport the planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this		for this unit are planned as
pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the plannedBE IP 16EEIP 16E		submitted. Additional
therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned nedBE IP 16Enumber of patients on this		resources such as
workers are available to support the planned number of patients on thisBE IP 16E Stroke Roomunit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned BE IP 16EBE IP 16Enumber of patients on this		pharmacists, respiratory
BE IP 16E Stroke Roomsupport the planned number of patients on this unit.DEdicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this		therapists and social
BE IP 16E Stroke Roomnumber of patients on this unit.Dedicated clerical resource for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this		workers are available to
BE IP 16E Stroke Roomunit.Dedicated clerical resourcefor this unit are planned assubmitted.Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannedBE IP 16Enumber of patients on this		support the planned
Dedicated clerical resourcefor this unit are planned assubmitted. Additionalresources such aspharmacists, respiratorytherapists and socialworkers are available tosupport the plannedBE IP 16Enumber of patients on this		number of patients on this
for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned BE IP 16E number of patients on this	BE IP 16E Stroke Room	unit.
Submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the plannedBE IP 16Enumber of patients on this		Dedicated clerical resource
resources such as pharmacists, respiratory therapists and social workers are available to support the planned BE IP 16E number of patients on this		for this unit are planned as
pharmacists, respiratory therapists and social workers are available to support the planned BE IP 16E number of patients on this		submitted. Additional
therapists and social workers are available to support the planned BE IP 16E number of patients on this		resources such as
workers are available to support the planned BE IP 16E number of patients on this		pharmacists, respiratory
BE IP 16E number of patients on this		therapists and social
BE IP 16E number of patients on this		workers are available to
		support the planned
Neurology/Medicine unit.	BE IP 16E	number of patients on this
	Neurology/Medicine	unit.

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	Dedicated clerical resource
	for this unit are planned as
	submitted. Additional
	resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
BE IP 15E SURG - is a	support the planned
surgical unit and includes all	number of patients on this
surgical specialties.	unit.

#### EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):
BE IP 9S Labor & Delivery	Yes		
		The current staffing for	
		unlicensed personnel is 2	
		NHAs and 2 PSHTs. The	
		proposed change by the	
		employee representatives is	
		4 BHAs, 2 PSTs, and 2 PCAs.	
		The hospital leadership	
		(CEO) reviewed the	
		proposal and determined	In summary, management
		the current staffing is	members agree with the
BE IPP 21W Adolescent		adequate and therefore will	hospital leadership
Psych	No	remain.	statement above.

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The current staffing for unlicensed personnel is 2     BHAs and 3 PSHTs. The proposed change by the employee representatives is     4 BHAs, 2 PSHTs, and 2     PCAs. The hospital leadership (CEO) reviewed the proposal and determined the current     BE IPP 20E Adult Psych     No	
BHAs and 3 PSHTs. The proposed change by the employee representatives is 4 BHAs, 2 PSHTs, and 2 PCAs. The hospital leadership (CEO) reviewed the proposal and determined the currentIn summary, management members agree with the hospital leadership	
proposed change by the employee representatives is 4 BHAs, 2 PSHTs, and 2 PCAs. The hospital leadership (CEO) reviewed the proposal and determined the currentIn summary, management members agree with the hospital leadership	
employee representatives is 4 BHAs, 2 PSHTs, and 2 PCAs. The hospital leadership (CEO) reviewed the proposal and determined the current staffing is adequate and hospital leadership	
4 BHAs, 2 PSHTs, and 2 PCAs. The hospital leadership (CEO) reviewed the proposal and In summary, management determined the current members agree with the staffing is adequate and hospital leadership	
PCAs. The hospitalleadership (CEO) reviewedthe proposal andthe proposal anddetermined the currentmembers agree with thestaffing is adequate andhospital leadership	
leadership (CEO) reviewedthe proposal andIn summary, managementdetermined the currentmembers agree with thestaffing is adequate andhospital leadership	
the proposal andIn summary, managementdetermined the currentmembers agree with thestaffing is adequate andhospital leadership	
determined the current members agree with the staffing is adequate and hospital leadership	
staffing is adequate and hospital leadership	
BE IPP 20E Adult Psych No therefore will remain statement above	
The current staffing for	
unlicensed personnel is 3	
BHAs and 3 PSHTs. The	
proposed change by the	
employee representatives is	
4 BHAs, 2 PSHTs, and 2	
PCAs. The hospital	
leadership (CEO) reviewed	
the proposal and In summary, management	
determined the current members agree with the	
staffing is adequate and hospital leadership	
BE IPP 19W Forensic Psych No therefore will remain. statement above.	
The current staffing for	
unlicensed personnel is 3	
BHAs and 3 PSHTs. The	
proposed change by the	
employee representatives is	
4 BHAs, 2 PSHTs, and 2	
PCAs. The hospital	
leadership (CEO) reviewed	
the proposal and In summary, management	
determined the current members agree with the	
staffing is adequate and hospital leadership	
BE IPP 19N Forensic Psych No therefore will remain. statement above.	

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		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs, and 2		
		PCAs. The hospital		
		leadership (CEO) reviewed		
		the proposal and	In summary, management	
		determined the current	members agree with the	
		staffing is adequate and	hospital leadership	
BE IPP 18W Adult Psych	No	therefore will remain.	statement above.	
		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs, and 2		
		PCAs. The hospital		
		leadership (CEO) reviewed		
		the proposal and	In summary, management	
		determined the current	members agree with the	
		staffing is adequate and	hospital leadership	
BE IPP 18S Adult Psych	No	therefore will remain.	statement above.	
		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs, and 2		
		PCAs. The hospital		
		leadership (CEO) reviewed		
		the proposal and	In summary, management	
		determined the current	members agree with the	
		staffing is adequate and	hospital leadership	
BE IPP 18N Adult Psych	No	therefore will remain.	statement above.	

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		The current staffing for		
		unlicensed personnel is 3		
		BHAs and 3 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs, and 2		
		PCAs. The hospital		
		leadership (CEO) reviewed		
		the proposal and	In summary, management	
BE 1PP 12S Adult Psych -		determined the current	members agree with the	
Adult med psych unit that		staffing is adequate and	hospital leadership	
supports ECT procedures	No	therefore will remain.	statement above.	
BE IP 9N - Neonatal ICU	Yes			
BE IP 9E Mother Baby	Yes			
BE IP 8S Pediatric ICU	Yes			
BE IP 8N Pediatrics	Yes			
BE IP 11N Cardiac ICU	Yes			
BE IP 15S Adult Neuro ICU	Yes			
BE IP 10W/N Surgical ICU	Yes			
BE IP 10E/S Medical ICU	Yes			
BE IP 10E/N ICU - Cardiac				
CCU	Yes			
		The current ratio for		
		unlicensed personnel (PCA,		
		CNA, PCT) on the medical-		
		surgical units is 1:12. The		
		proposed ratio change by		
		the employee		
		representatives is 1:8. The		
		hospital leadership (CEO)		
		reviewed the proposal and	In summary, management	
		determined the current	members agree with the	
BE IP 17N Cardiac		ratio is adequate and	hospital leadership	
Telemetry/Medicine	No	therefore will remain 1:12.	statement above.	

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BE IP 17E		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	In summary, management members agree with the leadership statement	
Telemetry/Medicine	No	therefore will remain 1:12.	above.	
		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	In summary, management members agree with the hospital leadership	
BE IP 7W Medicine	No	therefore will remain 1:12.	statement above.	
BE IPR 6W Rehab/TBI	Yes			
BE IPR 6S Rehab	Yes			
BE IP 19S Prison Health	Yes			

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		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee		
		representatives is 1:8. The		
		hospital leadership (CEO)		
		reviewed the proposal and	In summary, management	
		determined the current	members agree with the	
		ratio is adequate and	hospital leadership	
BE IP 17W Medicine	No	therefore will remain 1:12.	statement above.	
BE IP 17S ICU/SDU				
Stepdown	Yes			
		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current	In summary, management members agree with the	
BE IP 16W		ratio is adequate and	hospital leadership	
Oncology/Medicine	No	therefore will remain 1:12.	statement above.	
BE IP 16S Med Stepdown	Yes			

			<b>r</b>	
		The current ratio for		
		unlicensed personnel (PCA,		
		CNA, PCT) on the medical-		
		surgical units is 1:12. The		
		proposed ratio change by		
		the employee		
		representatives is 1:8. The		
		hospital leadership (CEO)		
		reviewed the proposal and	In summary, management	
		determined the current	members agree with the	
		ratio is adequate and	hospital leadership	
BE IP 16N Acute Medicine	No	therefore will remain 1:12.	statement above.	
BE IP 16E Stroke Room	Yes			
		The current ratio for		
		unlicensed personnel (PCA,		
		CNA, PCT) on the medical-		
		surgical units is 1:12. The		
		proposed ratio change by		
		the employee		
		representatives is 1:8. The		
		hospital leadership (CEO)		
		reviewed the proposal and	In summary, management	
		determined the current	members agree with the	
BE IP 16E		ratio is adequate and	hospital leadership	
Neurology/Medicine	No	therefore will remain 1:12.	statement above.	

T		·		
15W General Surgery/Bariatrics -		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	In summary, management members agree with the hospital leadership	
Monitored beds	No	therefore will remain 1:12.	statement above.	
BE IP 15N monitored beds	Νο	The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and therefore will remain 1:12.	In summary, management members agree with the hospital leadership statement above.	
		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical- surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	In summary, management members agree with the hospital leadership	
BE IP 15N Trauma /surgery	No	therefore will remain 1:12.	statement above.	

		The current ratio for		
		unlicensed personnel (PCA,		
		CNA, PCT) on the medical-		
		surgical units is 1:12. The		
		proposed ratio change by		
		the employee		
		representatives is 1:8. The		
		hospital leadership (CEO)		
		reviewed the proposal and	In summary, management	
BE IP 15E SURG - is a		determined the current	members agree with the	
surgical unit and includes all		ratio is adequate and	hospital leadership	
surgical specialties.	No	therefore will remain 1:12.	statement above.	

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)?
BE IP 9S Labor & Delivery	6	4	12	2
BE IPP 21W Adolescent				_
Psych	3	1.6	15	5
BE 1PP 21S Pediatric Psych	3	1.6	15	5
BE IPP 21N Adolescent				
Psych	3	1.6	15	5
BE IPP 20W Adult Psych	6	1.71	28	5
BE IPP 20E Adult Psych	4	1.19	27	7
BE IPP 19W Forensic				
Psychiatry	5	1.33	30	6
BE IPP 19N Forensic				
Psychiatry	3	1.35	17.8	6
BE IPP 18W Adult Psych	4	1.14	28	7
BE IPP 18S Adult Psych	4	1.14	28	7
BE IPP 18N Adult Psych	5	1.33	30	6
BE 1PP 12S Adult Psych -				
Adult med psych unit that				
supports ECT procedures	5	1.43	28	6
BE IP 9N - Neonatal ICU	14	5.44	20.6	1.5
BE IP 9E Mother Baby	4	3.33	5.6	3
BE IP 8S Pediatric ICU	2	4.32	3.7	2
BE IP 8N Pediatrics	2	2.03	7.9	6
BE IP 11N - Cardiac ICU	2	5.52	2.9	1.5
BE IP 15S Adult Neuro ICU	5	4.49	8.9	2
BE IP 10W/N Surgical ICU	9	4.1	15.6	2
BE IP 10E/S Medical ICU	9	4.34	16.6	2

BE IP 10E/N ICU - Cardiac				
CCU	14	5.6	20	1.5
BE IP 17N Cardiac				
Telemetry/Medicine	10	2.17	36.8	4
BE IP 17E				
Telemetry/Medicine	6	2.05	23.4	4
BE IP 7W Medicine	3	1.43	16.8	6
BE IPR 6W Rehab/TBI	4	1.68	19.2	6
BE IPR 6S Rehab.	3	1.47	16.3	7
BE IP 19S Prison Health	3	2.67	9	4
BE IP 17W Medicine	4	1.73	18.5	6
BE IP 17S ICU/SDU				
Stepdown	3	2.4	10	4
BE IP 16W				
Oncology/Medicine	5	1.42	28.1	6
BE IP 16S Med Stepdown	3	2.16	11.1	4
BE IP 16N Acute Medicine	6	1.49	32.3	6
BE IP 16E Stroke room	2	3.48	4.6	4
BE IP 16E				
Neurology/Medicine	4	1.45	22	6
15W General				
Surgery/Bariatrics -				
monitored beds	7	2.25	24.9	4
BE IP 15N - monitored beds	3	1.58	15.2	4
BE IP 15N Trauma/surgery	3	1.58	15.2	6
BE IP 15E SURG - is a				
surgical unit and includes all				
surgical specialties.	4	1.62	17.9	6

LPN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
BE IP 9S Labor & Delivery	0	0
BE IPP 21W Adolescent		
Psych	0	0
BE 1PP 21S Pediatric Psych	0	0
BE IPP 21N Adolescent		
Psych	0	0
BE IPP 20W Adult Psych	0	0
BE IPP 20E Adult Psych	0	0
BE IPP 19W Forensic		
Psychiatry	0	0
BE IPP 19N Forensic		
Psychiatry	0	0
BE IPP 18W Adult Psych	0	0
BE IPP 18S Adult Psych	0	0
BE IPP 18N Adult Psych	0	0
BE 1PP 12S Adult Psych -		
Adult med psych unit that		
supports ECT procedures	0	0
BE IP 9N - Neonatal ICU	0	0
BE IP 9E Mother Baby	0	0
BE IP 8S Pediatric ICU	0	0
BE IP 8N Pediatrics	0	0
BE IP 11N - Cardiac ICU	0	0
BE IP 15S Adult Neuro ICU	0	0
BE IP 10W/N Surgical ICU	0	0
BE IP 10E/S Medical ICU	0	0
BE IP 10E/N ICU - Cardiac CCU	0	0

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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)
BE IP 9S Labor & Delivery	0	0
BE IPP 21W Adolescent		
Psych	0	0
BE 1PP 21S Pediatric Psych	0	0
BE IPP 21N Adolescent		
Psych	0	0
BE IPP 20W Adult Psych	0	0
BE IPP 20E Adult Psych	0	0
BE IPP 19W Forensic		
Psychiatry	0	0
BE IPP 19N Forensic		
Psychiatry	0	0
BE IPP 18W Adult Psych	0	0
BE IPP 18S Adult Psych	0	0
BE IPP 18N Adult Psych	0	0
BE 1PP 12S Adult Psych -		
Adult med psych unit that		
supports ECT procedures	0	0
BE IP 9N - Neonatal ICU	0	0
BE IP 9E Mother Baby	0	0
BE IP 8S Pediatric ICU	0	0
BE IP 8N Pediatrics	0	0
BE IP 11N - Cardiac ICU	0	0
BE IP 15S Adult Neuro ICU	0	0
BE IP 10W/N Surgical ICU	0	0
BE IP 10E/S Medical ICU	0	0
BE IP 10E/N ICU - Cardiac CCU	0	0

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### NIGHT SHIFT UNLICENSED STAFFING

	Planned average number	Planned total hours of
Provide a description of	of unlicensed personnel	unlicensed personnel
Clinical Unit, including a	on the unit providing	care per patient
description of typical	direct patient care per	including adjustment for
patient services provided	day on the Night Shift?	case mix and acuity on
on the unit and the	(Please provide a	the Night 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)

BE IP 9S Labor & Delivery	1	0.67
BE IPP 21W Adolescent		
Psych	3	2.03
BE 1PP 21S Pediatric Psych	3	1.95
BE IPP 21N Adolescent		
Psych	3	1.71
BE IPP 20W Adult Psych	5	1.17
BE IPP 20E Adult Psych	5	1.37
BE IPP 19W Forensic		
Psychiatry	6	2.84
BE IPP 19N Forensic		
Psychiatry	6	2.7
BE IPP 18W Adult Psych	5	1.14
BE IPP 18S Adult Psych	5	1.3
BE IPP 18N Adult Psych	5	1.14
BE 1PP 12S Adult Psych -		
Adult med psych unit that		
supports ECT procedures	6	1.6
BE IP 9N - Neonatal ICU	2	1.72
BE IP 9E Mother Baby	2	0.8
BE IP 8S Pediatric ICU	1	0.31
BE IP 8N Pediatrics	1	0.66
BE IP 11N - Cardiac ICU	1	0.24
BE IP 15S Adult Neuro ICU	1	0.74
BE IP 10W/N Surgical ICU	2	1.3
BE IP 10E/S Medical ICU	2	0.98
BE IP 10E/N ICU - Cardiac		
CCU	2	1.67
BE IP 17N Cardiac		
Telemetry/Medicine	4	0.65
BE IP 17E		
Telemetry/Medicine	2	1.95
BE IP 7W Medicine	2	1.4
BE IPR 6W Rehab/TBI	2	1.59
BE IPR 6S Rehab.	2	1.36
BE IP 19S Prison Health	5	0.75
BE IP 17W Medicine	2	1.54
BE IP 17S ICU/SDU		
Stepdown	1	0.8

3	2.34
1	0.93
3	2.69
1	0.38
2	1.83
3	2.08
2	1.27
2	1.27
2	0.83
	1 3 1 2 3 3 2 2 2

## NIGHT SHIFT ADDITIONAL RESOURCES

	Description of additional
	resources available to
	support unit level
	patient care on the Night
	Shift. These resources
	include but are not
	limited to unit clerical
Provide a description of	staff,
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.

	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 9S Labor & Delivery	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IPP 21W Adolescent	number of patients on this
Psych	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE 1PP 21S Pediatric Psych	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IPP 21N Adolescent	number of patients on this
Psych	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 20W Adult Psych	unit.

	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 20E Adult Psych	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IPP 19W Forensic	number of patients on this
Psychiatry	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IPP 19N Forensic	number of patients on this
Psychiatry	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 18W Adult Psych	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPP 18S Adult Psych	unit.

BE IP 8S Pediatric ICU	unit.
	number of patients on this
	support the planned
	workers are available to
	therapists and social
	pharmacists, respiratory
	Additional resources such as
BE IP 9E Mother Baby	unit.
	number of patients on this
	support the planned
	workers are available to
	therapists and social
	pharmacists, respiratory
	Additional resources such as
BE IP 9N - Neonatal ICU	unit.
	number of patients on this
	support the planned
	workers are available to
	therapists and social
	pharmacists, respiratory
The restriction of	Additional resources such as
supports ECT procedures	unit.
Adult med psych unit that	number of patients on this
BE 1PP 12S Adult Psych -	support the planned
	workers are available to
	therapists and social
	pharmacists, respiratory
DE IFF ION AUUIL FSYCH	Additional resources such as
BE IPP 18N Adult Psych	unit.
	support the planned number of patients on this
	workers are available to
	therapists and social
	pharmacists, respiratory

	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 8N Pediatrics	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 11N - Cardiac ICU	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 15S Adult Neuro ICU	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 10W/N Surgical ICU	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 10E/S Medical ICU	unit.

	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 10E/N ICU - Cardiac	number of patients on this
CCU	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 17N Cardiac	number of patients on this
Telemetry/Medicine	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 17E	number of patients on this
Telemetry/Medicine	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 7W Medicine	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this

	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IPR 6S Rehab.	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 19S Prison Health	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 17W Medicine	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 17S ICU/SDU	number of patients on this
Stepdown	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
BE IP 16W	number of patients on this
Oncology/Medicine	unit.

pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16N Acute Medicineunit.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke roomunit.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke roomunit.BE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16Enumber of patients on this number of patients on this		Additional resources such as
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BE IP 16S Med Stepdownsupport the planned number of patients on this BE IP 16S Med StepdownAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this BE IP 16N Acute MedicineAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this be IP 16E Stroke roomBE IP 16E Stroke roomunit.BE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this support the planned number of patients on thisBE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this		therapists and social
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BE IP 16S Med Stepdownunit.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this BE IP 16N Acute Medicinesupport the planned number of patients on this pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16E Stroke roomunit.BE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned therapists and social workers are available to support the planned therapists and social workers are available to support the planned therapists and social workers are available to support the planned morkers are available to support the planned <td></td> <td>support the planned</td>		support the planned
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BE IP 16N Acute Medicinesupport the planned number of patients on thisBE IP 16N Acute MedicineAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this BE IP 16E Stroke roomAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this support the planned support the planned support the planned support the planned therapists and social workers are available to support the planned support the planned therapists and social workers are available to support the planned support the planned therapists and social workers are available to support the planned therapists and social <td></td> <td>therapists and social</td>		therapists and social
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workers are available to support the planned number of patients on thisBE IP 16E Stroke roomunit.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on thisBE IP 16Enumber of patients on this support the planned number of patients on this support the planned number of patients on this pharmacists, respiratory therapists and social workers are available to support the planned futureBE IP 16EAdditional resources such as pharmacists, respiratory therapists and social workers are available to support the planned future15W General Surgery/Bariatrics -support the planned number of patients on this		pharmacists, respiratory
Support the planned number of patients on thisBE IP 16E Stroke roomunit.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this support the planned number of patients on this pharmacists, respiratory therapists and social support the planned therapists and social therapists and social support the planned therapists and social workers are available to support the planned therapists and social workers are available to		therapists and social
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workers are available to support the plannedBE IP 16Enumber of patients on thisNeurology/Medicineunit.Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned Surgery/Bariatrics -		pharmacists, respiratory
BE IP 16E Neurology/Medicine Surgery/Bariatrics - BE IP 16E support the planned number of patients on this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this		therapists and social
BE IP 16Enumber of patients on thisNeurology/Medicineunit.Additional resources such aspharmacists, respiratorytherapists and socialworkers are available to15W GeneralSurgery/Bariatrics -		workers are available to
Neurology/Medicineunit.Additional resources such as pharmacists, respiratory therapists and social workers are available to Surgery/Bariatrics -		support the planned
Additional resources such as pharmacists, respiratory therapists and social workers are available to 15W General Surgery/Bariatrics - number of patients on this	BE IP 16E	number of patients on this
pharmacists, respiratory therapists and social workers are available to 15W General Surgery/Bariatrics - number of patients on this	Neurology/Medicine	unit.
therapists and social workers are available to 15W General Surgery/Bariatrics - number of patients on this		Additional resources such as
workers are available to15W Generalsupport the plannedSurgery/Bariatrics -number of patients on this		pharmacists, respiratory
15W Generalsupport the plannedSurgery/Bariatrics -number of patients on this		therapists and social
Surgery/Bariatrics - number of patients on this		workers are available to
	15W General	support the planned
monitored beds unit.	Surgery/Bariatrics -	number of patients on this
	monitored beds	unit.

	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 15N - monitored beds	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
	support the planned
	number of patients on this
BE IP 15N Trauma/surgery	unit.
	Additional resources such as
	pharmacists, respiratory
	therapists and social
	workers are available to
BE IP 15E SURG - is a	support the planned
surgical unit and includes all	number of patients on this
surgical specialties.	unit.

## NIGHT SHIFT CONSENSUS INFORMATION

	Our Clinical Staffing Committee reached consensus on the clinical		Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team
	staffing plan for this unit:	(management members):	(employee members):
BE IP 9S Labor & Delivery	Yes		

				1
		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 2 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined that the current	members agree with the	of patient care hours per
BE IPP 21W Adolescent		staffing is adequate and	hospital leadership	day for the Bellevue
Psych	No	therefore will remain.	statement above.	population.
		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 2 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined that the current	members agree with the	of patient care hours per
		staffing is adequate and	hospital leadership	day for the Bellevue
BE 1PP 21S Pediatric Psych	No	therefore will remain.	statement above.	population.
		The current staffing for		
		unlicensed personnel is 2		
		BHAs and 2 PSHTs. The		
		proposed change by the		
		employee representatives is		
		4 BHAs, 2 PSHTs and 2		In summary, employee
		PCAs. The hospital		members did not find that
		leadership (CEO) reviewed		the ancillary staffing would
		the proposal and	In summary, management	provide a sufficient number
		determined that the current	members agree with the	of patient care hours per
BE IPP 21N Adolescent		staffing is adequate and	hospital leadership	day for the Bellevue
Psych	No	therefore will remain.	statement above.	population.

The current staffing for unlicensed personnel is 2 BHAs and 2 PSHTs. The proposed change by the	
employee representatives is 4 BHAs, 2 PSHTs and 2 PCAs. The hospital leadership (CEO) reviewed the proposal and determined that the current staffing is adequate andIn summary, end members did no the ancillary staff provide a sufficient 	t find that fing would nt number nours per ellevue
BE IPP 20W Adult Psych     No     therefore will remain.     statement above.     population	n.
The current staffing for unlicensed personnel is 2 BHAs and 2 PSHTs. The proposed change by the employee representatives is 4 BHAs, 2 PSHTs and 2 PCAs. The hospital leadership (CEO) reviewed the proposal and BE IPP 20E Adult PsychIn summary, end members diversed the proposal and therefore will remain.In summary, end 	find that fing would nt number nours per ellevue
The current staffing for unlicensed personnel is 3 BHAs and 3 PSHTs. The proposed change by the employee representatives is 4 BHAs, 2 PSHTs and 2 PCAs. The hospital leadership (CEO) reviewed the proposal andIn summary, management the ancillary staff provide a sufficie	t find that ing would
	nours per
BE IPP 19W Forensic staffing is adequate and hospital leadership of patient care l	

BE IPP 19N Forensic Psychiatry	Νο	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
BE IPP 18W Adult Psych	Νο	The current staffing for unlicensed personnel is 2 BHAs and 3 PSHTs. The proposed change by the employee representatives is 4 BHAs, 2 PSHTs and 2 PCAs. The hospital leadership (CEO) reviewed the proposal and determined that the current staffing is adequate and therefore will remain.	In summary, management	In summary, employee members did not find that the ancillary staffing would provide a sufficient number of patient care hours per day for the Bellevue population.
BE IPP 18S Adult Psych	Νο	The current staffing for unlicensed personnel is 2 BHAs and 3 PSHTs. The proposed change by the employee representatives is 4 BHAs, 2 PSHTs and 2 PCAs. The hospital leadership (CEO) reviewed the proposal and determined that the current staffing is adequate and therefore will remain.	In summary, management members agree with the hospital leadership statement above.	In summary, employee members did not find that the ancillary staffing would provide a sufficient number of patient care hours per day for the Bellevue population.

				1
		The current staffing for unlicensed personnel is 2 BHAs and 3 PSHTs. The proposed change by the employee representatives is 4 BHAs, 2 PSHTs and 2 PCAs. The hospital leadership (CEO) reviewed the proposal and determined that the current staffing is adequate and	In summary, management	In summary, employee members did not find that the ancillary staffing would provide a sufficient number of patient care hours per day for the Bellevue
BE IPP 18N Adult Psych	No	therefore will remain.	statement above.	population.
BE 1PP 12S Adult Psych - Adult med psych unit that		The current staffing for unlicensed personnel is 3 BHAs and 3 PSHTs. The proposed change by the employee representatives is 4 BHAs, 2 PSHTs and 2 PCAs. The hospital leadership (CEO) reviewed the proposal and determined that the current staffing is adequate and	In summary, management	In summary, employee members did not find that the ancillary staffing would provide a sufficient number of patient care hours per day for the Bellevue
supports ECT procedures	No	therefore will remain.	statement above.	population.
BE IP 9N - Neonatal ICU	Yes			
BE IP 9E Mother Baby	Yes			
BE IP 8S Pediatric ICU	Yes			
BE IP 8N Pediatrics	Yes			
BE IP 11N - Cardiac ICU	Yes			
BE IP 15S Adult Neuro ICU	Yes			
BE IP 10W/N Surgical ICU	Yes			
BE IP 10E/S Medical ICU	Yes			
BE IP 10E/N ICU - Cardiac				
CCU	Yes			
				-

BE IP 17N Cardiac   The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee   In summary, employee     BE IP 17N Cardiac   The current ratio for unlicensed personnel (PCA, CCNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by therefore will remain 1:12.   In summary, management members agree with the hospital leadership of patient care hours per statement above.     BE IP 17N Cardiac   The current ratio for unlicensed personnel (PCA, CCNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee   In summary, employee     BE IP 17E   No   The current ratio for unlicensed personnel (PCA, CCNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee   In summary, management members agree with the hospital leadership of patient care hours per statement above.     BE IP 17E   No   The current ratio for unlicensed personnel (PCA, CCNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee   In summary, management members agree with the hospital leadership statement above.   In summary, employee members did not find that the ancillary staffing would provide a sufficient number of patient care hours per statement above.     BE IP 17E   No   The current ratio for unlicensed personnel (PCA, CCNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee   In summary, employee members agree with the hospital leadership statement above.   In summary, employee members agree with the hospital leadership st	<b></b>				
BE IP 17E   No   The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee   In summary, employee     BE IP 17E   No   In summary, employee     Telemetry/Medicine   No   The current ratio for unlicensed personnel (PCA, conspital leadership (CEO)     Telemetry/Medicine   No   The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee   In summary, employee     The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee   In summary, management members agree with the hospital leadership (CEO)     In summary, employee   In summary, management members agree with the proposed ratio change by the employee   In summary, employee members did not find that the ancillary staff ratio would provide a sufficient members agree with the hospital leadership			unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	members agree with the hospital leadership	members did not find that the ancillary staffing would provide a sufficient number
BE IP 17E   No   The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and therefore will remain 1:12.   In summary, employee members did not find that the ancillary staffing would provide a sufficient number of patient care hours per day.     In summary, management members agree with the hospital leadership therefore will remain 1:12.   In summary, employee members did not find that the ancillary staffing would provide a sufficient number of patient care hours per day.     In summary, management members agree with the hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and determined the current ratio is adequate and   In summary, employee members did not find that the ancillary staffing would provide a sufficient number day.	Telemetry/Medicine	No	therefore will remain 1:12.	statement above.	day.
unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employeerepresentatives is 1:8. The hospital leadership (CEO)In summary, employee members did not find that the ancillary staff ratioreviewed the proposal and determined the currentIn summary, management members agree with the hospital leadershipunlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employeeIn summary, employee members did not find thatunlicenseIn summary, management members agree with the hospital leadershipIn summary, management members agree with the number of patient care		Νο	unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	members agree with the hospital leadership	members did not find that the ancillary staffing would provide a sufficient number of patient care hours per
			unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current	members agree with the	members did not find that the ancillary staff ratio would provide a sufficient
	BE IP 7W Medicine	No	therefore will remain 1:12.	statement above.	hours per day.

BE IPR 6W Rehab/TBI	Yes			
BE IPR 6S Rehab.	Yes			
BE IP 19S Prison Health	Yes			
BE IP 17W Medicine	Νο	The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and therefore will remain 1:12.	In summary, management members agree with the hospital leadership statement above.	In summary, employee members did not find that the ancillary staff ratios would provide a sufficient number of patient care hours per day.
BE IP 17S ICU/SDU				
Stepdown	Yes			
BE IP 16W		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	In summary, management members agree with the hospital leadeship	In summary, employee members did not find that the ancillary staff ratios would provide a sufficient number of patient care
Oncology/Medicine	No	therefore will remain 1:12.	statement above.	hours per day.
BE IP 16S Med Stepdown	Yes			

BE IP 16N Acute Medicine	Νο	The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and therefore will remain 1:12.	In summary, management members agree with the hospital leadership statement above.	In summary, employee members did not find that the ancillary staff ratios would provide a sufficient number of patient care hours per day.
BE IP 16E Stroke room	Yes			
		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current	In summary, management members agree with the	In summary, employee members did not find that the ancillary staff ratios would provide a sufficient
BE IP 16E		ratio is adequate and	hospital leadership	number of patient care

				г <sup>,</sup>
15W General Surgery/Bariatrics - monitored beds	Νο	The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and therefore will remain 1:12.	In summary, management members agree with the hospital leadership statement above.	In summary, employee members did not find that the ancillary staff ratios would provide a sufficient number of patient care hours per day.
monitored beds	INU			nours per uay.
BE IP 15N - monitored beds	Νο	The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and therefore will remain 1:12.	In summary, management members agree with the hospital leadership statement above.	In summary, employee members did not find that the ancillary staff ratios would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
		The current ratio for unlicensed personnel (PCA, CNA, PCT) on the medical surgical units is 1:12. The proposed ratio change by the employee representatives is 1:8. The hospital leadership (CEO) reviewed the proposal and determined the current ratio is adequate and	In summary, management members agree with the hospital leadership	In summary, employee members did not find that the ancillary staff ratios would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full
BE IP 15N Trauma/surgery	No	therefore will remain 1:12.	statement above.	statement.

		The current ratio for		
		unlicensed personnel (PCA,		
		CNA, PCT) on the medical		
		surgical units is 1:12. The		In summary, employee
		proposed ratio change by		members did not find that
		the employee		the ancillary staff ratios
		representatives is 1:8. The		would provide a sufficient
		hospital leadership (CEO)		number of patient care
		reviewed the proposal and	In summary, management	hours per day. Please see
BE IP 15E SURG - is a		determined the current	members agree with the	staffing plan submission
surgical unit and includes all		ratio is adequate and	hospital leadership	from 7/1/2022 for the full
surgical specialties.	No	therefore will remain 1:12.	statement above.	statement.

## **CBA INFORMATION**

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

Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:	03/02/20 23 12:00 AM
	AIVI
The number of hospital employees	
represented by New York State Nurses	
Association is:	1244
	1344
Our general hospital's collective	04/09/20
bargaining agreement with SEIU 1199	22 12:00
expires on the following date:	AM
· · ·	

The number of hospital employees represented by SEIU 1199 is:   239     Our general hospital’s collective bargaining agreement with DC 37 expires on the following date:   11/06/20 26 12:00 AM     The number of hospital employees represented by DC37 is:   2300		
represented by SEIU 1199 is:   239     Our general hospital’s collective bargaining agreement with DC 37 expires on the following date:   11/06/20 26 12:00 AM     The number of hospital employees   11/06/20 26 12:00		
represented by SEIU 1199 is:   239     Our general hospital’s collective bargaining agreement with DC 37 expires on the following date:   11/06/20 26 12:00 AM     The number of hospital employees   11/06/20 26 12:00		
represented by SEIU 1199 is:   239     Our general hospital’s collective bargaining agreement with DC 37 expires on the following date:   11/06/20 26 12:00 AM     The number of hospital employees   11/06/20 26 12:00		
Our general hospital's collective bargaining agreement with DC 37 expires on the following date:   11/06/20 26 12:00 AM     The number of hospital employees   11/06/20 26 12:00 AM	The number of hospital employees	
bargaining agreement with DC 37 expires on the following date:   26 12:00 AM     AM     The number of hospital employees	represented by SEIU 1199 is:	239
bargaining agreement with DC 37 expires on the following date:   26 12:00 AM     AM     The number of hospital employees		
the following date:   AM     The number of hospital employees   AM		
The number of hospital employees		
	the following date:	AM
	The number of hospital employees	
		2300