### **HOSPITAL INFORMATION**

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NYC H+H
Reporting Organization	Harlem Hospital Center
Reporting Organization Id	1445
Reporting Organization Type	Hospital (pfi)
Data Entity	Harlem Hospital Center

NN DAT SHILL STALLING				
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Day Shift?  (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?
Primary Medicine	4	16	25	6
Mental Health Services	5	40	75	15
PACU	5	40	15	3
Operating Room	15	120	14	1
Nuclear Med/Radiology	7	56	110	70
Medicine Subspecialty	6	72	75	10
Primary Medicine	10	80	190	15
Outpatient	6	48	30	5
Dialysis Acute	3	24	5	2
Rehab Physiatry	0	0	25	0
Dental Outpatient	3	24	60	10
Thoracic Surgery	3	24	30	10
urology	2	16	30	15
HIGH RISK ANTEPARTUM	2	16	12	6
PRIMARY SUBSPECIALITY	1	8	17	17
Virology	3	32	57	40
Pediatric Primary Care Ron Brown 1st Floor Building	5	40	90	18
Pediatric Emergency Room	4	32	12	3
Adult Emergency Room	19	143	80	4.21
Ambulatory Surgery	8	64	20	3.2
MP 3rd Floor	3	2	12	4

ENT - Location 4th Ron				
Brown	2	0.43	40	17
Podiatry - 2nd Floor shared				
space with Ortho -	1	0.1	75	75
Plastic Surgery - Ronald				
Brown Building 2nd Floor	2	0.43	35	18
Opthalmology	1	0.1	75	75
Bariatric Clinic- MP 2	2	0.27	55	28
Infusion Center located				
MLK 3rd Floor , Adult				
patients for Iron Infusion				
and GI medication 8am-				
3pm	2	1	8	8
4 NICU	3	4.53	5.3	2
Mother and Baby				
Postpartum Unit	2	3.18	3	3
Pediatric Intensive Care Unit	1	8	2	2
Burn Intensive Care Unit 6th				
Floor	2	6.96	2.3	2
Behavioral Health Services _				
Inpatient	7	1.27	44	7
Pediatrics	1	1.38	5.8	6
Adult Intensive Care Unit	6	4.44	10.8	2
14 th Floor CCU	2.15	5.58	4.43	2
13th Floor Medical Surgical	۷.13	3.30	7.73	<u> </u>
(Telemetry)	6	3.41	32.8	5.5
14th Floor Medical Surgical	<u> </u>	3.71	32.0	3.5
Unit	7	1.55	36.1	6
12th Floor Medical Surgical	,	1.55	30.1	<del>                                     </del>
Unit	10	2.69	4	5.5

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Primary Medicine	0	0
Mental Health Services	0	0
PACU	0	0
Operating Room	0	0
Nuclear Med/Radiology	0	0
Medicine Subspecialty	1	8
Primary Medicine	0	0
Outpatient	3	24
Dialysis Acute	0	0
Rehab Physiatry	1	8
Dental Outpatient	0	0
Thoracic Surgery	0	0
urology	0	0
HIGH RISK ANTEPARTUM	0	0
PRIMARY SUBSPECIALITY	0	0
Virology	1	8
Pediatric Primary Care Ron Brown 1st Floor Building	4	32
Pediatric Emergency Room	0	0
Adult Emergency Room	0	0
Ambulatory Surgery	0	0
MP 3rd Floor	0	0
ENT - Location 4th Ron Brown	0	0

Podiatry - 2nd Floor shared		
space with Ortho -	1	0.1
Plastic Surgery - Ronald		
Brown Building 2nd Floor	0	0
Opthalmology	1	0.1
Bariatric Clinic- MP 2	1	0.13
Infusion Center located		
MLK 3rd Floor , Adult		
patients for Iron Infusion		
and GI medication 8am-		
3pm	0	0
4 NICU	0	0
Mother and Baby		
Postpartum Unit	0	0
Pediatric Intensive Care Unit	0	0
Burn Intensive Care Unit 6th		
Floor	0	0
Behavioral Health Services _		
Inpatient	0	0
Pediatrics	0	0
Adult Intensive Care Unit	0	0
14 th Floor CCU	0	0
13th Floor Medical Surgical		
(Telemetry)	0	0
14th Floor Medical Surgical		
Unit	0	0
12th Floor Medical Surgical		
Unit	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Primary Medicine	0	0
Mental Health Services	4	32
PACU	2	0 24
Operating Room	3	
Nuclear Med/Radiology	0	<u> </u>
Medicine Subspecialty	12	96
Primary Medicine	4	32
Outpatient Dialysis Acuto	0	0
Dialysis Acute	0	0
Rehab Physiatry Dental Outpatient	0	0
Thoracic Surgery	2	15
urology	5	40
HIGH RISK ANTEPARTUM	1	8
PRIMARY SUBSPECIALITY	0	0
Virology	1	8
Pediatric Primary Care Ron Brown 1st Floor Building	4	32
Pediatric Emergency Room	3	24
Adult Emergency Room	5	40
Ambulatory Surgery	0	2
MP 3rd Floor	1	4
ENT - Location 4th Ron		
Brown	0	0
Podiatry - 2nd Floor shared space with Ortho -	2	15

Diactic Curgony Donald		
Plastic Surgery - Ronald Brown Building 2nd Floor	2	0.43
Opthalmology	1	7.5
Bariatric Clinic- MP 2	2	0.27
Infusion Center located	2	0.27
MLK 3rd Floor , Adult		
patients for Iron Infusion		
and GI medication 8am-		
	1	7.5
3pm 4 NICU	0	7.5
	U	0
Mother and Baby	0	0
Postpartum Unit	0	0
Pediatric Intensive Care Unit	0	0
Burn Intensive Care Unit 6th		-
Floor	0	0
Behavioral Health Services		
Inpatient	3	0
Pediatrics	0	0
Adult Intensive Care Unit	0	0
14 th Floor CCU	0	0.3
13th Floor Medical Surgical		
(Telemetry)	0	24
14th Floor Medical Surgical		
Unit	0	0
12th Floor Medical Surgical		
Unit	0	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Primary Medicine	0	0
Mental Health Services	4	32
PACU	1	0
Operating Room	2	16
Nuclear Med/Radiology	1	1
Medicine Subspecialty	1	8
Primary Medicine	2	16
Outpatient	1	8
Dialysis Acute	0	0
Rehab Physiatry	0	0
Dental Outpatient	0	0
Thoracic Surgery	0	0
urology	0	0
HIGH RISK ANTEPARTUM	0	0
PRIMARY SUBSPECIALITY	0	0
Virology	1	8
Pediatric Primary Care Ron Brown 1st Floor Building	0	0
Pediatric Emergency Room	1	8
Adult Emergency Room	5	40
Ambulatory Surgery	0	0
MP 3rd Floor	1	4
ENT - Location 4th Ron Brown	0	0

Podiatry - 2nd Floor shared		
space with Ortho -	0	0
Plastic Surgery - Ronald		
Brown Building 2nd Floor	0	0
Opthalmology	2	15
Bariatric Clinic- MP 2	0	0
Infusion Center located		
MLK 3rd Floor , Adult		
patients for Iron Infusion		
and GI medication 8am-		
3pm	0	0
4 NICU	1	8
Mother and Baby		
Postpartum Unit	1	1.51
Pediatric Intensive Care Unit	0	0
Burn Intensive Care Unit 6th		
Floor	8	0
Behavioral Health Services _		
Inpatient	6	15.67
Pediatrics	1	0.77
Adult Intensive Care Unit	1	8
14 th Floor CCU	1	0.65
13th Floor Medical Surgical		
(Telemetry)	3	1.89
14th Floor Medical Surgical		
Unit	4	1.4
12th Floor Medical Surgical		
Unit	5	3.44

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.
Primary Medicine	clerical staff on duty
	,
Mental Health Services	clerical support provided
PACU	clerical support provided
	Surgical techs and
	anesthesia techs .Clerical
Operating Room	support
Nuclear Med/Radiology	Rad tech and clerical
Madicina Subspacialty	Clarical Support provided
Medicine Subspecialty	Clerical Support provided
Primary Medicine	Clerical support provided
Outpatient	HN and Clerical support
Dialysis Acute	Hemo tech on duty.
,	,
	Support from Rehab tech
Rehab Physiatry	and Physical Therapist.
	Dentist , Dental Hygienist
	,Dental Assistants and
Dental Outpatient	Clerical staff included
Thoracic Surgery	Clerical staff provided

urology	Clerical support provided
urology	CLERICAL AND
	SONOGRAPHY TECH ON
HIGH RISK ANTEPARTUM	DUTY
HIGH KISK ANTEPAKTOW	DOTT
PRIMARY SUBSPECIALITY	CLERICAL STAFF ON DUTY
Virology	Clerical staff on duty
Thiology	Cicrical Stail off daty
Pediatric Primary Care Ron	HN and Clerical staff on
Brown 1st Floor Building	duty
Brown 13t 11001 Building	HN and clerical support on
Podiatric Emorgonsy Poom	· ·
Pediatric Emergency Room	duty at this time  HN and Clerical staff on
Adult Emergency Deem	
Adult Emergency Room	duty at this time
A substitution of some	there is a HN and 3Clerical
Ambulatory Surgery	support
MP 3rd Floor	Surgical Solutions technician
ENT - Location 4th Ron	
Brown	Clerical staff provided
Podiatry - 2nd Floor shared	Clerical support provided
space with Ortho -	for registration
·	-
Plastic Surgery - Ronald	Additional Clerical Support
Brown Building 2nd Floor	for registration of patients
	Unlicensed Personnel are
	the ophthalmology techs , 2
Opthalmology	Clerical staff
	Bariatric coordinator ,
	Psychologist , and
Bariatric Clinic- MP 2	nutritionist
Infusion Center located	
MLK 3rd Floor , Adult	
patients for Iron Infusion	
and GI medication 8am-	Clerical support by admin
3pm	staff
	Dedicated Clerical support
4 NICU	and HN
7 11100	ana m

Mother and Baby	
Postpartum Unit	Dedicated Clerical and HN
Pediatric Intensive Care Unit	None
Burn Intensive Care Unit 6th	
Floor	None
Behavioral Health Services _	Dedicated HN and Clerical
Inpatient	Staff
	Dedicated HN and Clerical
Pediatrics	Staff
	Dedicated HN and Clerical
Adult Intensive Care Unit	Staff
14 th Floor CCU	Dedicated HN and
13th Floor Medical Surgical	
(Telemetry)	Dedicated HN and Clerical
14th Floor Medical Surgical	Dedicated HN and Clerical
Unit	Staff
12th Floor Medical Surgical	Dedicated HN and Clerical
Unit	staff

# DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Primary Medicine	Yes			, , ,
Mental Health Services	Yes			
PACU	Yes			
Operating Room	Yes			
Nuclear Med/Radiology	Yes			
Medicine Subspecialty	Yes			
Primary Medicine	Yes			
Outpatient	Yes			
Dialysis Acute	Yes			

Rehab Physiatry	Yes		
Dental Outpatient	Yes		
Thoracic Surgery	Yes		
urology	Yes		
HIGH RISK ANTEPARTUM	Yes		
PRIMARY SUBSPECIALITY	Yes		
Virology	Yes		
Pediatric Primary Care Ron Brown 1st Floor Building	Yes		
Pediatric Emergency Room	Yes		
Adult Emergency Room	Yes		
Ambulatory Surgery	Yes		
MP 3rd Floor	Yes		
ENT - Location 4th Ron			
Brown	Yes		
Podiatry - 2nd Floor shared			
space with Ortho -	Yes		
Plastic Surgery - Ronald Brown Building 2nd Floor	Yes		
Opthalmology	Yes		
Bariatric Clinic- MP 2	Yes		
Infusion Center located MLK 3rd Floor , Adult patients for Iron Infusion and GI medication 8am-			
3pm	Yes		
4 NICU	Yes		
Mother and Baby			
Postpartum Unit	Yes		
Pediatric Intensive Care Unit	Yes		
Burn Intensive Care Unit 6th			
Floor	Yes		

		Π		
Behavioral Health Services _		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission for	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for
Inpatient	No	for the full statement.	the full statement.	the full statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
	.,	see staffing plan submission		staffing plan submission for
Pediatrics	No	for the full statement.	the full statement.	the full statement
		In summary, after	In summary, management	1
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
Additional a County in	N.	see staffing plan submission	staffing plan submission	staffing plan submission for
Adult Intensive Care Unit	No	for the full statement.	from for the full statement.	the full statement

thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staffing plan submission for the full statement.  In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staffing plan submission for the full statement.  In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission for auxiliary staff ratios. Please see staffing plan submission for auxiliary staff ratios. Please see see staffing plan submission for auxiliary staff ratios. Please see see staffing plan submission for auxiliary staff ratios. Please see see staffing plan submission from 7/1/2022 for the full statement.  In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.  In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.  In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.  In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and the literature on safe staffing plan submission from 7/1/2022 for the full statement.					
In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full (Telemetry)  No  In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.  In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for the ratio for auxiliary staff nounder of pathous provide and the literature on safe staffing models supported the natio for auxiliary staff nounder of pathous provide and the literature on safe staffing models supported the natio for auxiliary staff nounder of pathous provide and the literature on safe staffing models supported the natio for auxiliary staff nounder of pathous provide and the literature on safe staffing models supported the natio for auxiliary staff nounder of pathous provide and the literature on safe staffing models supported the natio for auxiliary staff nounder of pathous provide and the literature on safe staffing models supported the natio for auxiliary staff nounder of pathous provide and the literature on safe staffing models supported the natio for auxiliary staff nounder of pathous provide and the literature on safe staffing models supported the natio for auxiliary staff nounder of pathous provide and the literature on safe staffing models supported the natio for auxiliary staff nounder of pathous provide and the literature on safe staffing plan submission from 7/1/2022 for the full staffing plan submission from 7/1/2022 f	14 th Floor CCU	No	thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission	thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submissior for the full statement.
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 (Telemetry)  No  In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staffing plan submission from 7/1/2022 for the full statement.  In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staffing models supported the ratio for auxiliary staffing models supported the auxiliary staffing models supported the normal proposals, hospital and the literature on safe staffing models supported the ratio for auxiliary staffing models supported the number of patential administration agreed with management's proposal and their explanation for	14 1111001 000	140	Tor the fair statement.	Tor the fair statement.	Tor the fair statement.
thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for the ratio for auxiliary staff lin summary, experience at the hospital members did not auxiliary staff lin summary, experience at the hospital members did not auxiliary staff lin summary, experience at the hospital members did not auxiliary staff lin summary, experience at the hospital and the literature on safe staffing models supported would provide a number of patential members found that lin summary, experience at the hospital and the literature on safe staffing models supported would provide a number of patential members did not auxiliary staff lin summary, experience at the hospital and the literature on safe staffing models supported would provide a number of patential members did not auxiliary staff lin summary, experience at the hospital and the literature on safe staffing models supported would provide a number of patential members did not auxiliary staff lines auxiliar		No	thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full	members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
see staffing plan submission from 7/1/2022 for the full from 7/1/2022	<u>-</u>	Mo	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	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	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

		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
12th Floor Medical Surgical		see staffing plan submission	staffing plan submission for	staffing plan submission for
Unit	No	for the full statement.	the full statement.	the full statement.

	Planned average number of Registered Nurses (RN) on the unit	Planned total hours of		What is the planned average number of patients for which one
Provide a description of	providing direct patient	RN nursing care per		RN on the unit will
Clinical Unit, including a	care per day on the	patient including	Planned average number	provide direct patient
description of typical	Evening Shift? (Please	adjustment for case mix	of patients on the unit	care per day on the
patient services provided	provide a number with	and acuity on the	per day on the Evening	Evening Shift (Please
on the unit and the	up to 5 digits. Ex: 101.50)	Evening Shift (Please	Shift? (Please provide a	provide a number with
unit's location in		provide a number with	number with up to 5	up to 5 digits. Ex:
the hospital.		up to 5 digits. Ex: 101.50)	digits. Ex: 101.50)	101.50)?
Nuclear Medicine	6	48	30	5
Dialysis OP	6	48	25	4
Dialysis Acute	2	40	5	2
PACU	5	40	4	1
Operating Room	13	104	10	1
Pediatrics Subspecialty	1	4	6	4
Pediatric Primary	1	4	15	10
Pediatric MP 1st Floor	4	32	10	2
Adult ED	19	152	65	5
MP3rd Floor	2	16	3	1
MP 3rd Floor	5	40	10	2
Neonatal Intensive Care Unit	3	4.53	5.3	2
17th floor PICU	1	8	1	2
17th Floor Pediatrics	1	1.51	5.3	6
6th Floor Burn Intensive	-		5.0	
Care Unit	2	10.8	2	2
10th Floor Behavioral	_		_	-
Health Services	5	1.36	29.4	7
Mother and Baby	-			
Postpartum	2	5.22	3.1	3
6th Floor Adult Intensive				
Care Unit	6	4.63	10.4	2
15th Floor CCU	2	4.43	3.6	2

14th Floor Medical Surgical	7	1.55	36.1	6
13th Floor Medical Surgical				
Unit (Telemetry )	6	1.42	33.9	5.5
12th Floor Medical Surgical				
Unit	10	4	46.9	5

## 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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)
Nuclear Medicine	0	0
Dialysis OP	0	0
Dialysis Acute	0	0
PACU	0	0
Operating Room	0	0
Pediatrics Subspecialty	0	0
Pediatric Primary	2	16
Pediatric MP 1st Floor	0	0
Adult ED	0	0
MP3rd Floor	0	0
MP 3rd Floor	0	0
Neonatal Intensive Care		
Unit	0	0
17th floor PICU	0	0
17th Floor Pediatrics	0	0
6th Floor Burn Intensive		
Care Unit	0	0
10th Floor Behavioral Health Services	0	0

Mother and Baby		
Postpartum	0	0
6th Floor Adult Intensive		
Care Unit	0	0
15th Floor CCU	0	0
14th Floor Medical Surgical	0	0
13th Floor Medical Surgical		
Unit (Telemetry )	0	0
12th Floor Medical Surgical		
Unit	0	0

#### **EVENING SHIFT ANCILLARY STAFE**

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Nuclear Medicine	0	0
Dialysis OP	0	0
Dialysis Acute	1	8
PACU	0	0
Operating Room	3	24
Pediatrics Subspecialty	1	4
Pediatric Primary	1	4
Pediatric MP 1st Floor	2	16
Adult ED	5	40
MP3rd Floor	0	0
MP 3rd Floor	0	0
Neonatal Intensive Care		
Unit	0	0
17th floor PICU	0	0
17th Floor Pediatrics	0	0

6th Floor Burn Intensive		
Care Unit	0	0
10th Floor Behavioral		
Health Services	0	0
Mother and Baby		
Postpartum	0	0
6th Floor Adult Intensive		
Care Unit	0	0
15th Floor CCU	0	0
14th Floor Medical Surgical	0	0
13th Floor Medical Surgical Unit (Telemetry )	0	0
12th Floor Medical Surgical		
Unit	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	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift?  (Please provide a number with up to 5	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with
the hospital.	digits. Ex: 101.50)	up to 5 digits. Ex: 101.50)
Nuclear Medicine	0	0
Dialysis OP	0	0
Dialysis Acute	0	0
PACU	0	0
Operating Room	2	16
Pediatrics Subspecialty	0	0
Pediatric Primary	1	4
Pediatric MP 1st Floor	1	8
Adult ED	2	16
MP3rd Floor	0	0
MP 3rd Floor	0	0

Neonatal Intensive Care		
Unit	1	8
17th floor PICU	1	3.91
17th Floor Pediatrics	1	0.77
6th Floor Burn Intensive		
Care Unit	1	2.21
10th Floor Behavioral		
Health Services	6	15.67
Mother and Baby		
Postpartum	1	1.51
6th Floor Adult Intensive		
Care Unit	1	8
15th Floor CCU	1	0.65
14th Floor Medical Surgical	4	1.4
14th Floor Wiedical Sargical	т	1.7
13th Floor Medical Surgical		
Unit (Telemetry )	2	1.43
12th Floor Medical Surgical		
Unit	4	3.44

## **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.
Nuclear Medicine	Clerical support

21.1.1.02	5
Dialysis OP	Bio med
Dialysis Acute	Biomed tecch
PACU	clerical staff on site
Operating Room	clerical staff on duty
Pediatrics Subspecialty	none
Pediatric Primary	Clerical support
Pediatric MP 1st Floor	Clerical support provided
Adult ED	Clerical support on duty
	Surgical Solutions tech
MP3rd Floor	onsite
MP 3rd Floor	Clerical support
Neonatal Intensive Care	Dedicated HN and Clerical
Unit	staff
17th floor PICU	None
17th Floor Pediatrics	Dedicated Unit secretary
6th Floor Burn Intensive	
Care Unit	None
10th Floor Behavioral	
Health Services	Dedicated Clerical Support
Mother and Baby	
Postpartum	Dedicated Clerical support
6th Floor Adult Intensive	
Care Unit	Unit Secretary
15th Floor CCU	Clerical
14th Floor Medical Surgical	Clerical
13th Floor Medical Surgical	
Unit (Telemetry )	Clerical Support
12th Floor Medical Surgical	
Unit	Clerical support

**EVENING SHIFT CONSENSUS INFORMATION** 

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Nuclear Medicine	Yes			
Dialysis OP	Yes			
Dialysis Acute	Yes			
PACU	Yes			
Operating Room	Yes			
Pediatrics Subspecialty	Yes			
Pediatric Primary	Yes			
Pediatric MP 1st Floor	Yes			
Adult ED	Yes			
MP3rd Floor	Yes			
MP 3rd Floor	Yes			
Neonatal Intensive Care				
Unit	Yes			
17th floor PICU	Yes			
17th Floor Pediatrics	Yes			
6th Floor Burn Intensive				
Care Unit	Yes			
		In summary, after	In summary, management	
		thoughtful review of both proposals, hospital	members found that experience at the hospital	In summary, employee members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal and their explanation for	staffing models supported the ratio for auxiliary staff	would provide a sufficient number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission		staffing plan submission
10th Floor Behavioral		from 7/1/2022 for the full	from 7/1/2022 for the full	from 7/1/2022 for the full
Health Services	No	statement.	statement.	statement.

		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
Mother and Baby		see staffing plan submission	staffing plan submission for	staffing plan submission for
Postpartum	No	for the full statement.	the full statement.	the full statement.
		In summary, after	In summary, after	
		thoughtful review of both	thoughtful review of both	In summary, employee
		proposals, hospital	proposals, hospital	members did not find that
		administration agreed with	administration agreed with	the auxiliary staff ratio
		management's proposal	management's proposal	would provide a sufficient
		and their explanation for	and their explanation for	number of patient care
		auxiliary staff ratios. Please	auxiliary staff ratios. Please	hours per day. Please see
6th Floor Adult Intensive		see staffing plan submission	see staffing plan submission	staffing plan submission ffor
Care Unit	No	for the full statement.	for the full statement.	the full statement.
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
		see staffing plan submission	staffing plan submission for	staffing plan submission for
15th Floor CCU	No	for the full statement.	the full statement.	the full statement.

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		In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please	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	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
441 51 44 11 10 11	•	see staffing plan submission		staffing plan submission for
14th Floor Medical Surgical	No	for the full statement.	the full statement	the full statement
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
13th Floor Medical Surgical		see staffing plan submission	staffing plan submission for	staffing plan submission for
Unit (Telemetry )	No	for the full statement	the full statement.	the full statement
		In summary, after	In summary, management	
		thoughtful review of both	members found that	In summary, employee
		proposals, hospital	experience at the hospital	members did not find that
		administration agreed with	and the literature on safe	the auxiliary staff ratio
		management's proposal	staffing models supported	would provide a sufficient
		and their explanation for	the ratio for auxiliary staff	number of patient care
40th Floring Modernia		auxiliary staff ratios. Please	on this unit. Please see	hours per day. Please see
12th Floor Medical Surgical	Nie	see staffing plan submission		staffing plan submission for
Unit	No	for the full statement.	the full statement.	the full statement

### RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	Operating Room	2	16	2
Other	PACU	2	16	2
Other	Dialysis Acute	2	16	8
Other	Pediatric Emergency Department Adult Emergency	4	32	12
Other	Department	17	136	40
Critical Care	4th Floor NICU	5	4.71	8.5
Critical Care	17th Floor PICU	1	8	1
Pediatric	17th Floor Pediatrics	1	1.51	5.3
Critical Care	6 Burn ICU	2	7.83	2
Psychiatry	BHS 10th Floor	5	1.34	29.4
Obstetrics/Gynecology	4th Floor Mother and Baby Postpartum	2	5.22	3.1
	6th Floor Adult Incentive		4.62	10.4
Critical Care	Care Unit	6	4.63	10.4
Critical Care	15th Floor CCU	2	4.43	3.6
Medical/Surgical	14th floor	7	1.55	36.1
Medical/Surgical  Medical/Surgical	13th Floor Telemetry 12th floor medical Surgical unit	7	3.91	33.9 38.9

LPN NIGHT SHIFT STAFFING

Name of Clinical Unit:	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	1	0
Other	1	0
Other	4	0
Other	3	0
Other	8	0
Critical Care	2	0
Critical Care	2	0
Pediatric	6	0
Critical Care	2	0
Psychiatry	7	0
Obstetrics/Gynecology	2	0
Critical Care	2	0
Critical Care	2	0
Medical/Surgical	6	0
Medical/Surgical	5	0
Medical/Surgical	5	0

# NIGHT SHIFT ANCILLARY STAFF

	Planned total hours of	Planned average number
	LPN care per patient	of ancillary members of
	including adjustment for	the frontline team on the
	case mix and acuity on	unit per day on the Night
	the Night Shift (Please	Shift? (Please provide a
	provide a number with	number with up to 5
Name of Clinical Unit:	up to 5 digits. Ex: 101.50)	digits. Ex: 101.50)
Other	0	0

Other	0	0
Other	0	0
Other	0	2
Other	0	6
Critical Care	0	0
Critical Care	0	0
Pediatric	0	0
Critical Care	0	0
Psychiatry	0	0
Obstetrics/Gynecology	0	0
Critical Care	0	0
Critical Care	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0

### NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift?  (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	1
Other	0	0
Other	0	0
Other	16	1
Other	48	2
Critical Care	0	1
Critical Care	0	1
Pediatric	0	1
Critical Care	0	1
Psychiatry	0	6
Obstetrics/Gynecology	0	1
Critical Care	0	1
Critical Care	0	1

Medical/Surgical	0	4
Medical/Surgical	0	3
Medical/Surgical	0	5

## NIGHT SHIFT ADDITIONAL RESOURCES

Name of Clinical Unit:	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Other	8
Other	0
Other	0
Other	8
Other	16
Critical Care	8
Critical Care	3.91
Pediatric	0.77
Critical Care	2.2
Psychiatry	15.67
Obstetrics/Gynecology	1.51
Critical Care	1.3
Critical Care	0.65
Medical/Surgical	1.4
Medical/Surgical	1.3
Medical/Surgical	3.44

NIGHT SHIFT CONSENSUS INFORMATION

	Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to	Our Clinical Staffing	If no, Chief Executive Officer	Statement by members of clinical staffing committee selected by
	registered nurses,	Committee reached	Statement in support of	the general hospital
Name of Clinical Units	licensed practical nurses,		clinical staffing plan for this unit:	administration
Name of Clinical Unit: Other	and ancillary staff.  surgical techs	staffing plan for this unit:  Yes	this unit:	(management members):
Other	none	Yes		
Other	Biomed tech support	Yes		
Other	Clerical Support	Yes		
Other	Clerical support	Yes		
Critical Care	Clerical Support from Float pool			
Cuitian Com	clerical support from float	V		
Critical Care Pediatric	pool Unit secretary	Yes Yes		
	Clerical Support from float			
Critical Care	pool	Yes		

Psychiatry	Clerical support	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission 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 for the full statement.

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			la sugara any after	In
			In summary, after	In summary, management
			thoughtful review of both	members found that
			proposals, hospital	experience at the hospital
			administration agreed with	and the literature on safe
			management's proposal	staffing models supported
			and their explanation for	the ratio for auxiliary staff
			auxiliary staff ratios. Please	on this unit. Please see
			see staffing plan submission	staffing plan submission
			from 7/1/2022 for the full	from 7/1/2022 for the full
Obstetrics/Gynecology	Clerical Support	No	statement.	statement.

			In summary, after	In summary, management
			thoughtful review of both	members found that
			proposals, hospital administration agreed with	experience at the hospital and the literature on safe
			management's proposal	staffing models supported
			and their explanation for	the ratio for auxiliary staff
			auxiliary staff ratios. Please	on this unit. Please see
	Clerical support from float		see staffing plan submission	staffing plan submission
Critical Care	pool	No	for the full statement.	from the full statement.

Critical Care	Clerical Staff in Float pool	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.

			In summary, after thoughtful review of both proposals, hospital	In summary, management members found that experience at the hospital
	Clerical Secretary from float		administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission	and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see
Medical/Surgical	pool	No	for the full statement.	the full statement.

			In summary often	In summary, management
			In summary, after thoughtful review of both	In summary, management members found that
			proposals, hospital	experience at the hospital
			administration agreed with	and the literature on safe
			management's proposal	staffing models supported
			and their explanation for auxiliary staff ratios. Please	the ratio for auxiliary staff on this unit. Please see
	Clerical support from the		see staffing plan submission	staffing plan submission
Medical/Surgical	float pool	No	for the full statement.	from or the full statement.

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			In summary, after	In summary, management
			thoughtful review of both	members found that
			proposals, hospital	experience at the hospital
			administration agreed with	and the literature on safe
			management's proposal	staffing models supported
			and their explanation for	the ratio for auxiliary staff
			auxiliary staff ratios. Please	on this unit. Please see
	Clerical Support from the			staffing plan submission for
Medical/Surgical	float pool	No	for the full statement.	the full statement.

The number of hospital employees represented by New York State Nurses Association is:	430
Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	04/09/20 22 12:00 AM
The number of hospital employees represented by SEIU 1199 is:	106

Our general hospital's collective	11/06/20
bargaining agreement with DC 37 expires on	26 12:00
the following date:	AM
The number of hospital employees	
represented by DC37 is:	933