HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	
Reporting Organization	NYU Langone Orthopedic Hospital
Reporting Organization Id	1446
Reporting Organization Type	Hospital (pfi)
Data Entity	NYU Langone Orthopedic Hospital

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: 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) ?
HJD Immediate Care	2	3.6	8.3	4.1
HJD 6 RAD IR	1.88	8.41	1.78	0.95
LOH PACU	4	9.38	14.16	3.54
Langone Orthopedic				
Hospital- OR	12.2	4.67	23	1.67
Center for Children	2	0.41	18	9
Medical/Surgical - Special Care Unit Medical/Surgical - 11TH	1.2	6.4	1.2	1.2
FLOOR	3	1.5	15	5
Medical/Surgical - 12TH FLOOR	3	1.64	13.99	4.66
Medical/Surgical - 10TH FLOOR	3	1.68	13.68	4.56
Physical Medicine and Rehabilitation - 9 SOUTH	5	1.28	29.87	5.97
Physical Medicine and				_
Rehabilitation - 8 SOUTH	2	1.46	10.52	5.26
OSC 38th Street PACU	2.43	8.76	11.82	4.87
OSC 38th Street- OR	6.6	3.73	15	2.56
Medical/Surgical - Special Care Unit	1	9.58	0.8	1
Medical/Surgical - 11TH FLOOR	3	1.78	12.9	4.3

Medical/Surgical - 12TH				
FLOOR	3	1.8	12.8	4.27
Medical/Surgical - 10TH				
FLOOR	2	1.52	10.1	5.05
Physical Medicine and				
Rehabilitation - 9 SOUTH	5	1.24	30	6
Physical Medicine and				
Rehabilitation - 8 SOUTH	2	1.39	11	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)
HJD Immediate Care	0	0
HJD 6 RAD IR	0	0
LOH PACU	0	0
Langone Orthopedic		
Hospital- OR	0	0
Center for Children	0	0
Medical/Surgical - Special		
Care Unit	0	0
Medical/Surgical - 11TH		
FLOOR	0	0
Medical/Surgical - 12TH		
FLOOR	0	0
Medical/Surgical - 10TH FLOOR	0	0

Physical Medicine and		
Rehabilitation - 9 SOUTH	0	0
Physical Medicine and		
Rehabilitation - 8 SOUTH	0	0
OSC 38th Street PACU	0	0
OSC 38th Street- OR	0	0
Medical/Surgical - Special		
Care Unit	0	0
Medical/Surgical - 11TH		
FLOOR	0	0
Medical/Surgical - 12TH		
FLOOR	0	0
Medical/Surgical - 10TH		
FLOOR	0	0
Physical Medicine and		
Rehabilitation - 9 SOUTH	0	0
Physical Medicine and		
Rehabilitation - 8 SOUTH	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	Shift? (Please provide a number with up to 5	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)
the hospital.	digits. Ex: 101.50)	0
HJD Immediate Care	U	
HJD 6 RAD IR	0	0
LOH PACU	0	0
Langone Orthopedic		
Hospital- OR	11.2	89.6
Center for Children	0	0

Medical/Surgical - Special		
Care Unit	0	0
Medical/Surgical - 11TH		
FLOOR	0	0
Medical/Surgical - 12TH		
FLOOR	0	0
Medical/Surgical - 10TH		
FLOOR	0	0
Physical Medicine and		
Rehabilitation - 9 SOUTH	11.63	93
Physical Medicine and		
Rehabilitation - 8 SOUTH	4.13	33
OSC 38th Street PACU	0	0
OSC 38th Street- OR	5.6	44.8
Medical/Surgical - Special		
Care Unit	0	0
Medical/Surgical - 11TH		
FLOOR	0	0
Medical/Surgical - 12TH		
FLOOR	0	0
Medical/Surgical - 10TH		
FLOOR	0	0
Physical Medicine and		
Rehabilitation - 9 SOUTH	11.63	93
Physical Medicine and		
Rehabilitation - 8 SOUTH	4.13	33

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)
HJD Immediate Care	1	0.9
HJD 6 RAD IR	0.88	3.96
LOH PACU	3.9	8.81
Langone Orthopedic Hospital- OR	0	0
Center for Children	2	0.4
Medical/Surgical - Special Care Unit	1	0.7
Medical/Surgical - 11TH FLOOR	2	0.99
Medical/Surgical - 12TH FLOOR	2	1
Medical/Surgical - 10TH FLOOR	1	1
Physical Medicine and Rehabilitation - 9 SOUTH	3	1.3
Physical Medicine and Rehabilitation - 8 SOUTH	2	1.3
OSC 38th Street PACU	1.06	1.74
OSC 38th Street- OR	0	0
Medical/Surgical - Special Care Unit	1	0.7
Medical/Surgical - 11TH FLOOR	2	0.99
Medical/Surgical - 12TH FLOOR	2	1

Medical/Surgical - 10TH		
FLOOR	1	1
Physical Medicine and		
Rehabilitation - 9 SOUTH	3	1.3
Physical Medicine and		
Rehabilitation - 8 SOUTH	1	1.3

DAY SHIFT ADDITIONAL RESOURCES

DAY SHIFT ADDITIONAL RESC	DURCES
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.	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 staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.
HJD Immediate Care	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

LUD 6 DAD ID	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition
HJD 6 RAD IR	and Clinical Nutrition.
	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, Physical, Occupational/Speech Therapy, and Clinical
LOH PACU	Nutrition.

OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient **Support Associates**

Langone Orthopedic Hospital- OR

	1 Unit Secretary. Ancillary Services for this unit typically include Physical Therapy, Occupational Therapy, and Speech Therapy. In addition to the hours noted in the ancillary section, other. Other house wide resources are centrally staffed and available to this unit as needed based on patient acuity and or provider orders. These resources may include Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,
Center for Children	and Clinical Nutrition
Medical/Surgical - Special Care Unit	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 11TH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,
FLOOR	and Clinical Nutrition.
Madical/Gursical 13TH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case
Medical/Surgical - 12TH FLOOR	Management, Social Work, and Clinical Nutrition.

	1 Unit Secretary. Other house-wide resources are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Respiratory Therapy,
Modical/Surgical 10TU	Pharmacists, Case
Medical/Surgical - 10TH FLOOR	Management, Social Work, and Clinical Nutrition.
FLOUK	and Chilical Nutrition.
	1 Unit Secretary. Ancillary
	Services for this unit
	typically include: Physical
	Therapy, Occupational
	Therapy, and Speech
	Therapy. In addition to the
	hours noted in the ancillary
	section, other. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Respiratory Therapy,
	Pharmacists, Case
Physical Medicine and	Management, Social Work,
Rehabilitation - 9 SOUTH	and Clinical Nutrition.

	1
Physical Medicine and Rehabilitation - 8 SOUTH	1 Unit Secretary. Ancillary Services for this unit typically include: Physical Therapy, Occupational Therapy, and Speech Therapy. In addition to the hours noted in the ancillary section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
	Other resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Pharmacists,
OSC 38th Street PACU	Case Management,

	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
OSC 38th Street- OR	Support Associates
	1 Unit Secretary. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Respiratory Therapy,
	Pharmacists, Case
Medical/Surgical - Special	Management, Social Work,

Medical/Surgical - 11TH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,
FLOOR	and Clinical Nutrition.
Madical/Gursical 13TH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case
Medical/Surgical - 12TH FLOOR	Management, Social Work, and Clinical Nutrition.

	1 Unit Secretary. Other house-wide resources are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Respiratory Therapy,
Modical/Surgical 10TU	Pharmacists, Case
Medical/Surgical - 10TH FLOOR	Management, Social Work, and Clinical Nutrition.
FLOUK	and Chilical Nutrition.
	1 Unit Secretary. Ancillary
	Services for this unit
	typically include: Physical
	Therapy, Occupational
	Therapy, and Speech
	Therapy. In addition to the
	hours noted in the ancillary
	section, other. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Respiratory Therapy,
	Pharmacists, Case
Physical Medicine and	Management, Social Work,
Rehabilitation - 9 SOUTH	and Clinical Nutrition.

1 Unit Secretary. Ancillary Services for this unit typically include: Physical Therapy, Occupational Therapy, and Speech Therapy. In addition to the hours noted in the ancillary section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Physical Medicine and Rehabilitation - 8 SOUTH

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	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):
HJD Immediate Care	Yes			
HJD 6 RAD IR	Yes			
LOH PACU	Yes			
Langone Orthopedic				
Hospital- OR	Yes			
1103pital- Oit	. •••			

Medical/Surgical - Special				
Care Unit	Yes			
			The care models that were	
			voted on by staff and	
			presented in this survey are	
			directly reflective of the	
			ratios and staffing levels	
			mandated by the collective	
		I acknowledge the	bargaining agreement	
		statements of both the	(CBA). Management can,	
		management and employee	and often does, staff these	
		members of the clinical	units with resources greater	
		staffing committee, and,	than required by the	
		pursuant to the law, I am	contractual levels set by the	
		using my discretion as Chief	CBA. The decision to staff	
		Executive Officer of NYULH	our units above contractual	At LOH, employees (RNs
		to adopt those portions of	requirements is routinely	and PCTs) requested the
		the clinical staffing plan for	considered and subject to	clinical staffing plan
		which the Clinical Staffing	change based on the clinical	incorporate current staffing
		Committee did not achieve	needs of our patients and	levels rather than the
		consensus, as well as those	the operational	staffing levels outlined in
Medical/Surgical - 11TH		that were affirmed	requirements of the	the current collective
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to	
Medical/Surgical - 12TH			· ·	
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to	
Medical/Surgical - 10TH			· ·	
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the	
		management and employee members of the clinical staffing committee, and,	and often does, staff these units with resources greater than required by the	
		using my discretion as Chief Executive Officer of NYULH	CBA. The decision to staff our units above contractual	At LOH, employees (RNs
		to adopt those portions of the clinical staffing plan for which the Clinical Staffing	requirements is routinely considered and subject to change based on the clinical	-
		Committee did not achieve consensus, as well as those	needs of our patients and the operational	levels rather than the staffing levels outlined in
Physical Medicine and Rehabilitation - 9 SOUTH	No	that were affirmed unanimously.	requirements of the hospital.	the current collective bargaining agreement.

	T			
			The care models that were	
			voted on by staff and	
			presented in this survey are	
			directly reflective of the	
			ratios and staffing levels	
			mandated by the collective	
		I acknowledge the	bargaining agreement	
		statements of both the	(CBA). Management can,	
		management and employee	and often does, staff these	
		members of the clinical	units with resources greater	
		staffing committee, and,	than required by the	
		pursuant to the law, I am	contractual levels set by the	
		using my discretion as Chief	CBA. The decision to staff	
		Executive Officer of NYULH	our units above contractual	At LOH, employees (RNs
		to adopt those portions of	requirements is routinely	and PCTs) requested the
		the clinical staffing plan for	considered and subject to	clinical staffing plan
		which the Clinical Staffing	change based on the clinical	incorporate current staffing
		Committee did not achieve	needs of our patients and	levels rather than the
		consensus, as well as those	the operational	staffing levels outlined in
Physical Medicine and		that were affirmed	requirements of the	the current collective
Rehabilitation - 8 SOUTH	No	unanimously.	hospital.	bargaining agreement.
OSC 38th Street PACU	Yes			
OSC 38th Street- OR	Yes			

			The care models that were	
			voted on by staff and	
			presented in this survey are	
			directly reflective of the	
			ratios and staffing levels	
			mandated by the collective	
		I acknowledge the	bargaining agreement	
		statements of both the	(CBA). Management can,	
		management and employee	· ·	
		members of the clinical	units with resources greater	
		staffing committee, and,	than required by the	
		pursuant to the law, I am	contractual levels set by the	
		using my discretion as Chief	CBA. The decision to staff	
		Executive Officer of NYULH	our units above contractual	At LOH, employees (RNs
		to adopt those portions of	requirements is routinely	and PCTs) requested the
		the clinical staffing plan for	considered and subject to	clinical staffing plan
		which the Clinical Staffing	change based on the clinical	incorporate current staffing
		Committee did not achieve	needs of our patients and	levels rather than the
		consensus, as well as those	the operational	staffing levels outlined in
Medical/Surgical - Special		that were affirmed	requirements of the	the current collective
Care Unit	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and	At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the
Medical/Surgical - 11TH		Committee did not achieve consensus, as well as those that were affirmed	needs of our patients and the operational requirements of the	levels rather than the staffing levels outlined in the current collective
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to	
Medical/Surgical - 12TH			· ·	
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to	
Medical/Surgical - 10TH			· ·	
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the	
		management and employee members of the clinical staffing committee, and,	and often does, staff these units with resources greater than required by the	
		using my discretion as Chief Executive Officer of NYULH	CBA. The decision to staff our units above contractual	At LOH, employees (RNs
		to adopt those portions of the clinical staffing plan for which the Clinical Staffing	requirements is routinely considered and subject to change based on the clinical	-
		Committee did not achieve consensus, as well as those	needs of our patients and the operational	levels rather than the staffing levels outlined in
Physical Medicine and Rehabilitation - 9 SOUTH	No	that were affirmed unanimously.	requirements of the hospital.	the current collective bargaining agreement.

			The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels	
		I acknowledge the	mandated by the collective bargaining agreement	
		statements of both the management and employee		
		members of the clinical staffing committee, and,	units with resources greater than required by the	
		pursuant to the law, I am using my discretion as Chief	contractual levels set by the CBA. The decision to staff	
		Executive Officer of NYULH to adopt those portions of	our units above contractual requirements is routinely	At LOH, employees (RNs and PCTs) requested the
		the clinical staffing plan for	considered and subject to	clinical staffing plan
		which the Clinical Staffing Committee did not achieve	change based on the clinical needs of our patients and	incorporate current staffing levels rather than the
		consensus, as well as those	the operational	staffing levels outlined in
Physical Medicine and		that were affirmed	requirements of the	the current collective
Rehabilitation - 8 SOUTH	No	unanimously.	hospital.	bargaining agreement.

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 Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex:
the hospital.		up to 5 digits. Ex: 101.50)		101.50)?
HJD Immediate Care	2	3.6	8.3	4.1
HJD 6 RAD IR	0.38	8.41	0.36	0.95
LOH PACU	4.42	12.74	21.24	4.81
Langone Orthopedic				
Hospital- OR	5.75	5.55	13	0.98
Center for Children	2	0.42	18	9
Medical/Surgical - Special				
Care Unit	1	6.4	1.2	1.2
Medical/Surgical - 11TH				
FLOOR	2.5	1.28	15	6
Medical/Surgical - 12TH				
FLOOR	2.5	1.37	13.99	5.6
Medical/Surgical - 10TH				
FLOOR	2.5	1.4	13.68	5.47
Physical Medicine and				
Rehabilitation - 9 SOUTH	4.5	1.16	29.87	6.64
Physical Medicine and				
Rehabilitation - 8 SOUTH	2	1.46	10.52	5.26
OSC 38th Street PACU	1.85	7.82	8.04	4.34
OSC 38th Street- OR	4.6	1.57	4	0.75
Medical/Surgical - Special				
Care Unit	1	9.58	0.8	1
Medical/Surgical - 11TH				
FLOOR	2.5	1.49	12.9	5.16

Medical/Surgical - 12TH				
FLOOR	2.5	1.5	12.8	5.12
Medical/Surgical - 10TH				
FLOOR	2	1.52	10.1	5.05
Physical Medicine and				
Rehabilitation - 9 SOUTH	4.5	1.11	30	6.67
Physical Medicine and				
Rehabilitation - 8 SOUTH	2	1.39	11	5.5

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)
HJD Immediate Care	0	0
HJD 6 RAD IR	0	0
LOH PACU	0	0
Langone Orthopedic		
Hospital- OR	0	0
Center for Children	0	0
Medical/Surgical - Special Care Unit	0	0
Medical/Surgical - 11TH FLOOR	0	0
Medical/Surgical - 12TH FLOOR	0	0
Medical/Surgical - 10TH FLOOR	0	0
Physical Medicine and Rehabilitation - 9 SOUTH	0	0
Physical Medicine and Rehabilitation - 8 SOUTH	0	0
OSC 38th Street PACU	0	0

OSC 38th Street- OR	0	0
Medical/Surgical - Special		
Care Unit	0	0
Medical/Surgical - 11TH		
FLOOR	0	0
Medical/Surgical - 12TH		
FLOOR	0	0
Medical/Surgical - 10TH		
FLOOR	0	0
Physical Medicine and		
Rehabilitation - 9 SOUTH	0	0
Physical Medicine and		
Rehabilitation - 8 SOUTH	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 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)
HJD Immediate Care	0	0
HJD 6 RAD IR	0	0
LOH PACU	0	0
Langone Orthopedic		
Hospital- OR	4.75	38
Center for Children	0	0
Medical/Surgical - Special		
Care Unit	0	0
Medical/Surgical - 11TH		
FLOOR	0	0
Medical/Surgical - 12TH	0	0
FLOOR	0	0

Medical/Surgical - 10TH		
FLOOR	0	0
Physical Medicine and		
Rehabilitation - 9 SOUTH	0	0
Physical Medicine and		
Rehabilitation - 8 SOUTH	0	0
OSC 38th Street PACU	0	0
OSC 38th Street- OR	3.6	28.8
Medical/Surgical - Special		
Care Unit	0	0
Medical/Surgical - 11TH		
FLOOR	0	0
Medical/Surgical - 12TH		
FLOOR	0	0
Medical/Surgical - 10TH		
FLOOR	0	0
Physical Medicine and		
Rehabilitation - 9 SOUTH	0	0
Physical Medicine and		
Rehabilitation - 8 SOUTH	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)
HJD Immediate Care	1	0.9
HJD 6 RAD IR	0.13	3.96
LOH PACU	2.88	4.79
Langone Orthopedic		
Hospital- OR	0	0
Center for Children	2	0.42

Medical/Surgical - Special		
Care Unit	1	0.7
Medical/Surgical - 11TH		
FLOOR	2	0.99
Medical/Surgical - 12TH		
FLOOR	2	1
Medical/Surgical - 10TH		
FLOOR	1	1
Physical Medicine and		
Rehabilitation - 9 SOUTH	3	1.3
Physical Medicine and		
Rehabilitation - 8 SOUTH	1	1.3
OSC 38th Street PACU	1	1.84
OSC 38th Street- OR	0	0
Medical/Surgical - Special		
Care Unit	1	0.7
Medical/Surgical - 11TH		
FLOOR	2	0.99
Medical/Surgical - 12TH		
FLOOR	2	1
Medical/Surgical - 10TH		
FLOOR	1	1
Physical Medicine and		
Rehabilitation - 9 SOUTH	3	1.3
Physical Medicine and		
Rehabilitation - 8 SOUTH	1	1.3

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.
the hospital.	and ancillary staff.
the hospital.	and ancillary staff.
the hospital.	Other house-wide resources
the hospital.	Other house-wide resources are centrally staffed and
the hospital.	Other house-wide resources are centrally staffed and available to this unit as
the hospital.	Other house-wide resources are centrally staffed and available to this unit as needed based on patient
the hospital.	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider
the hospital.	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources
the hospital.	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care
the hospital.	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert
the hospital.	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy,
the hospital.	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case
the hospital. HJD Immediate Care	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy,

LUD 6 DAD ID	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition
HJD 6 RAD IR	and Clinical Nutrition.
	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, Physical, Occupational/Speech Therapy, and Clinical
LOH PACU	Nutrition.

OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient **Support Associates**

Langone Orthopedic Hospital- OR

	-
	1 Unit Secretary. Ancillary Services for this unit typically include Physical Therapy, Occupational Therapy, and Speech Therapy. In addition to the hours noted in the ancillary section, other. Other house wide resources are centrally staffed and available to this unit as needed based on patient acuity and or provider orders. These resources may include Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,
Center for Children	and Clinical Nutrition.
Medical/Surgical - Special	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,
Care Unit	and Clinical Nutrition.
Care Offic	and omnour ratherer

Medical/Surgical - 11TH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,
FLOOR	and Clinical Nutrition.
Madical/Gursical 13TH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case
Medical/Surgical - 12TH FLOOR	Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 10TH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,
FLOOR	and Clinical Nutrition.
	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case
Physical Medicine and Rehabilitation - 9 SOUTH	Management, Social Work, and Clinical Nutrition.

Physical Medicine and Rehabilitation - 8 SOUTH	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
	Other resources are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Pharmacists,
OSC 38th Street PACU	Case Management.

	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
OSC 38th Street- OR	Support Associates
	1 Unit Secretary. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Respiratory Therapy,
	Pharmacists, Case
Medical/Surgical - Special	Management, Social Work,

Medical/Surgical - 11TH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,
FLOOR	and Clinical Nutrition.
Madical/Gursical 13TH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case
Medical/Surgical - 12TH FLOOR	Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 10TH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,
FLOOR	and Clinical Nutrition.
	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case
Physical Medicine and Rehabilitation - 9 SOUTH	Management, Social Work, and Clinical Nutrition.

Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

EVENING SHIFT CONSENSUS INFORMATION

Physical Medicine and

Rehabilitation - 8 SOUTH

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):
HJD Immediate Care	Yes			
HJD 6 RAD IR	Yes			
LOH PACU	Yes			
Langone Orthopedic				
Hospital- OR	Yes			
Center for Children	Yes			
Medical/Surgical - Special				
Care Unit	Yes			
Medical/Surgical - 11TH				
FLOOR	Yes			

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to	
Medical/Surgical - 12TH			· ·	
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to	
Medical/Surgical - 10TH			· ·	
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the	
		management and employee members of the clinical staffing committee, and,	and often does, staff these units with resources greater than required by the	
		using my discretion as Chief Executive Officer of NYULH	CBA. The decision to staff our units above contractual	At LOH, employees (RNs
		to adopt those portions of the clinical staffing plan for which the Clinical Staffing	requirements is routinely considered and subject to change based on the clinical	-
		Committee did not achieve consensus, as well as those	needs of our patients and the operational	levels rather than the staffing levels outlined in
Physical Medicine and Rehabilitation - 9 SOUTH	No	that were affirmed unanimously.	requirements of the hospital.	the current collective bargaining agreement.

	T			
			The care models that were	
			voted on by staff and	
			presented in this survey are	
			directly reflective of the	
			ratios and staffing levels	
			mandated by the collective	
		I acknowledge the	bargaining agreement	
		statements of both the	(CBA). Management can,	
		management and employee	and often does, staff these	
		members of the clinical	units with resources greater	
		staffing committee, and,	than required by the	
		pursuant to the law, I am	contractual levels set by the	
		using my discretion as Chief	CBA. The decision to staff	
		Executive Officer of NYULH	our units above contractual	At LOH, employees (RNs
		to adopt those portions of	requirements is routinely	and PCTs) requested the
		the clinical staffing plan for	considered and subject to	clinical staffing plan
		which the Clinical Staffing	change based on the clinical	incorporate current staffing
		Committee did not achieve	needs of our patients and	levels rather than the
		consensus, as well as those	the operational	staffing levels outlined in
Physical Medicine and		that were affirmed	requirements of the	the current collective
Rehabilitation - 8 SOUTH	No	unanimously.	hospital.	bargaining agreement.
OSC 38th Street PACU	Yes			
OSC 38th Street- OR	Yes			

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to	
		consensus, as well as those	the operational	staffing levels outlined in
Medical/Surgical - Special Care Unit	No	that were affirmed unanimously.	requirements of the hospital.	the current collective bargaining agreement.
care onic	140	anammoasiy.	nospital.	Sar Barring agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and	At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the
Medical/Surgical - 11TH		Committee did not achieve consensus, as well as those that were affirmed	needs of our patients and the operational requirements of the	levels rather than the staffing levels outlined in the current collective
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to	
Medical/Surgical - 12TH			· ·	
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to	
Medical/Surgical - 10TH			· ·	
FLOOR	No	unanimously.	hospital.	bargaining agreement.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the	
		management and employee members of the clinical staffing committee, and,	and often does, staff these units with resources greater than required by the	
		using my discretion as Chief Executive Officer of NYULH	CBA. The decision to staff our units above contractual	At LOH, employees (RNs
		to adopt those portions of the clinical staffing plan for which the Clinical Staffing	requirements is routinely considered and subject to change based on the clinical	-
		Committee did not achieve consensus, as well as those	needs of our patients and the operational	levels rather than the staffing levels outlined in
Physical Medicine and Rehabilitation - 9 SOUTH	No	that were affirmed unanimously.	requirements of the hospital.	the current collective bargaining agreement.

			The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels	
		I acknowledge the	mandated by the collective bargaining agreement	
		statements of both the management and employee		
		members of the clinical staffing committee, and,	units with resources greater than required by the	
		pursuant to the law, I am using my discretion as Chief	contractual levels set by the CBA. The decision to staff	
		Executive Officer of NYULH to adopt those portions of	our units above contractual requirements is routinely	At LOH, employees (RNs and PCTs) requested the
		the clinical staffing plan for	considered and subject to	clinical staffing plan
		which the Clinical Staffing Committee did not achieve	change based on the clinical needs of our patients and	incorporate current staffing levels rather than the
		consensus, as well as those	the operational	staffing levels outlined in
Physical Medicine and		that were affirmed	requirements of the	the current collective
Rehabilitation - 8 SOUTH	No	unanimously.	hospital.	bargaining agreement.

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	LOH PACU	0.13	0	0
Intensive Care	Medical/Surgical - Special Care Unit	1	6.39	1.2
Medical/Surgical	Medical/Surgical - 11TH FLOOR	2	1.19	12.9
Medical/Surgical	Medical/Surgical - 12TH FLOOR	2	1.1	13.99
Medical/Surgical	Medical/Surgical - 10TH FLOOR	2	1.12	13.68
Rehabilitaion	Physical Medicine and Rehabilitation - 9 SOUTH	4	1.03	29.87
Rehabilitaion	Physical Medicine and Rehabilitation - 8 SOUTH	2	1.46	10.52
Intensive Care	Medical/Surgical - Special Care Unit	1	9.58	0.8
Medical/Surgical	Medical/Surgical - 12TH FLOOR	2	1.2	12.8
Medical/Surgical	Medical/Surgical - 10TH FLOOR	2	1.52	10.1
Rehabilitaion	Physical Medicine and Rehabilitation - 9 SOUTH	4	0.99	30
Rehabilitaion	Physical Medicine and Rehabilitation - 8 SOUTH	2	1.39	11

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	0	0
Intensive Care	1.2	0
Medical/Surgical	6.45	0
Medical/Surgical	7	0
Medical/Surgical	6.84	0
Rehabilitaion	7.47	0
Rehabilitaion	5.26	0
Intensive Care	0.8	0
Medical/Surgical	3.59	0
Medical/Surgical	5.05	0
Rehabilitaion	6.45	0
Rehabilitaion	5.5	0

NIGHT SHIFT ANCILLARY STAFF

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

Medical/Surgical	0	0
Rehabilitaion	0	0
Rehabilitaion	0	0
Intensive Care	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Rehabilitaion	0	0
Rehabilitaion	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	0.25
Intensive Care	0	1
Medical/Surgical	0	2
Medical/Surgical	0	2
Medical/Surgical	0	1
Rehabilitaion	0	3
Rehabilitaion	0	2
Intensive Care	0	1
Medical/Surgical	0	2
Medical/Surgical	0	1
Rehabilitaion	0	3
Rehabilitaion	0	1

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	0
Intensive Care	0.7
Medical/Surgical	0.99
Medical/Surgical	1
Medical/Surgical	1
Rehabilitaion	1.3
Rehabilitaion	1.3
Intensive Care	0.7
Medical/Surgical	1
Medical/Surgical	1
Rehabilitaion	1.3
Rehabilitaion	1.3

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			Statement by members
	nurse, and other		If no,	of clinical staffing
	coverage provided to	Our Clinical Staffing	Chief Executive Officer	committee selected by
	registered nurses,	Committee reached	Statement in support of	the general hospital
	•	consensus on the clinical	• .	administration
Name of Clinical Unit:	and ancillary staff.	staffing plan for this unit:	this unit:	(management members):

	Other house-wide resources are centrally staffed and		
	available to this unit as		
	needed based on patient		
	acuity and/or provider		
	orders. These resources		
	may include: Wound Care		
	Team, IV Access Team, Alert		
	Team, Respiratory Therapy,		
	Pharmacists, Case		
	Management, Social Work,		
	Physical,		
	Occupational/Speech		
	Therapy, and Clinical		
Other	Nutrition.	Yes	

	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those	The care models that were voted on by staff and presented in this survey and directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greate than required by the contractual levels set by th CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational
				'
			that were affirmed	·
latanaha Can	Management, Social Work,	NI a		requirements of the
Intensive Care	and Clinical Nutrition.	No	unanimously.	hospital.

	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff thes units with resources greated than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinic needs of our patients and the operational requirements of the
Medical/Surgical	and Clinical Nutrition.	No	unanimously.	hospital.

	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff thes units with resources greated than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinic needs of our patients and the operational requirements of the
Medical/Surgical	and Clinical Nutrition.	No	unanimously.	hospital.

	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff thes units with resources greated than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinic needs of our patients and the operational requirements of the
Medical/Surgical	and Clinical Nutrition.	No	unanimously.	hospital.

	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work,		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greate than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the
Rehabilitaion	and Clinical Nutrition.	No	unanimously.	hospital.

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			that were affirmed	·
latanaha Can	Management, Social Work,	NI a		requirements of the
Intensive Care	and Clinical Nutrition.	No	unanimously.	hospital.

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Rehabilitaion	and Clinical Nutrition.	No	unanimously.	hospital.

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): **Please select association and identify staff (e.g. nurses, ancillary staff, etc.) represented. SEIU 1199

Our general hospital's collective	09/30/20
bargaining agreement with SEIU 1199 expires on the following date:	26 12:00 AM
The number of hospital employees	
represented by SEIU 1199 is:	861