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.	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) ?
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
OSC 38th Street PACU	2.43	8.76	11.82	4.87
OSC 38th Street- OR	6.6	3.73	15	2.56
Langone Orthopedic				
Hospital- OR	12.2	4.67	23	1.67
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		4.00		
Rehabilitation - 8 SOUTH	2	1.39	11	5.5
Medical/Surgical - Special		0.50		
Care Unit	1	9.58	0.8	1
Medical/Surgical - 11TH	2	4.70	12.0	4.2
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
OSC 38th Street PACU	0	0
OSC 38th Street- OR	0	0
Langone Orthopedic Hospital- 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
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	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 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)	
HJD Immediate Care	0	0
HJD 6 RAD IR	0	0
LOH PACU	0	0
OSC 38th Street PACU	0	0
OSC 38th Street- OR	5.6	44.8
Langone Orthopedic Hospital- OR	11.2	89.6

0	0
0	0
0	0
11.63	93
4.13	33
0	0
0	0
0	0
0	0
11.63	93
4.13	33
	0 0 11.63 4.13 0 0 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)
HJD Immediate Care	1	0.9
HJD 6 RAD IR	0.88	3.96
LOH PACU	3.9	8.81

OSC 38th Street PACU	1.06	1.74
OSC 38th Street- OR	0	0
Langone Orthopedic		
Hospital- 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
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

	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	
annear squo, s rocation in	licensed practical nurses,
the hospital.	and ancillary staff.
	· ·
· · · · · · · · · · · · · · · · · · ·	and ancillary staff. Other house-wide resources
	and ancillary staff. Other house-wide resources are centrally staffed and
· · · · · · · · · · · · · · · · · · ·	and ancillary staff. Other house-wide resources are centrally staffed and available to this unit as
· · · · · · · · · · · · · · · · · · ·	and ancillary staff. Other house-wide resources are centrally staffed and available to this unit as needed based on patient
· · · · · · · · · · · · · · · · · · ·	and ancillary staff. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider
· · · · · · · · · · · · · · · · · · ·	and ancillary staff. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources
· · · · · · · · · · · · · · · · · · ·	and ancillary staff. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider
· · · · · · · · · · · · · · · · · · ·	and ancillary staff. 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
•	and ancillary staff. 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

HJD Immediate Care

and Clinical Nutrition.

<u></u>	1
	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,
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.
	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,

	OP Staffing Plan based on
	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
	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
Langone Orthopedic	Scrub Techs, and Patient
Hospital- OR	Support Associates

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.
care offic	and chinear Natificial.
	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 - 11TH FLOOR	Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 12TH	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
Medical/Surgical - 10TH FLOOR	Management, Social Work, 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. Other housewide 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 - 9 SOUTH

Physical Medicine and	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,
Rehabilitation - 8 SOUTH	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
Medical/Surgical - Special Care Unit	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 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.

Rehabilitation - 8 SOUTH

Physical Medicine and

DAY SHIFT CONSENSUS INFORMATION

• '	Committee reached consensus on the clinical	If no, Chief Executive Officer Statement in support of clinical staffing plan for	Statement by members of clinical staffing committee selected by the general hospital administration	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team
the hospital.	staffing plan for this unit:	this unit:	(management members):	(employee members):
HJD Immediate Care	Yes			
HJD 6 RAD IR	Yes			
LOH PACU	Yes			
OSC 38th Street PACU	Yes			
OSC 38th Street- OR	Yes			

Langone Orthopedic				
Hospital- 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	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 - 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.

T				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
			per patient day. At our Main	
		•	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		· · ·	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	will designate RNs for daily	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Medical/Surgical - Special		that were affirmed	medical equipment	the current collective
Care Unit	No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		the clinical staffing plan for	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	will designate RNs for daily	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Medical/Surgical - 11TH		that were affirmed	medical equipment	the current collective
FLOOR	No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.

			4) 4) 4) 4) 4	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		the clinical staffing plan for	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	•	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Medical/Surgical - 12TH		that were affirmed	medical equipment	the current collective
FLOOR	No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.

			4) 4) 4) 4) 4	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		the clinical staffing plan for	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	•	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Medical/Surgical - 10TH		that were affirmed	medical equipment	the current collective
FLOOR	No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.

			4) 10/4/11/11 14/4/12 (0.11/4/12	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		the clinical staffing plan for	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	will designate RNs for daily	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Physical Medicine and		that were affirmed	medical equipment	the current collective
Rehabilitation - 9 SOUTH	No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.

T				
			4) 10/4/11/11 14/4/12 (2014)	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		the clinical staffing plan for	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	'	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Physical Medicine and		that were affirmed	medical equipment	the current collective
Rehabilitation - 8 SOUTH	No	unanimously.	requiring 1 to 1 assignment.	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 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 Evening Shift (Please provide a number with	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. HJD Immediate Care	2	up to 5 digits. Ex: 101.50) 3.6	digits. Ex: 101.50) 8.3	101.50)? 4.1
HJD 6 RAD IR	0.38	8.41	0.36	0.95
LOH PACU	4.42	12.74	21.24	4.81
OSC 38th Street PACU	1.85	7.82	8.04	4.34
OSC 38th Street- OR	4.6	1.57	4	0.75
Langone Orthopedic	4.0	1.57	7	0.73
Hospital- OR	5.75	5.55	13	0.98
Medical/Surgical - Special	3.73	3.33		0.30
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
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
OSC 38th Street PACU	0	0
OSC 38th Street- OR	0	0
Langone Orthopedic Hospital- 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

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
OSC 38th Street PACU	0	0
OSC 38th Street- OR	3.6	28.8
Langone Orthopedic Hospital- OR	4.75	38
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
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 the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 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
OSC 38th Street PACU	1	1.84
OSC 38th Street- OR	0	0
Langone Orthopedic Hospital- 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
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,

	1
	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,
HJD 6 RAD IR	and Clinical Nutrition.
I ID O NAD IN	and Chineal 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.
	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.

	OP Staffing Plan based on
	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
	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
Langone Orthopedic	Scrub Techs, and Patient
Hospital- OR	Support Associates

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.
care offic	and chinear Natificial.
	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 - 11TH FLOOR	Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 12TH	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
Medical/Surgical - 10TH FLOOR	Management, Social Work, and Clinical Nutrition.

Physical Medicine and Rehabilitation - 9 SOUTH	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.
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.

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.
care offic	and chinear Natificial.
	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 - 11TH FLOOR	Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 12TH	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
Medical/Surgical - 10TH FLOOR	Management, Social Work, and Clinical Nutrition.

Physical Medicine and	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,
Rehabilitation - 9 SOUTH	and Clinical Nutrition.
Physical Medicine and	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,
Rehabilitation - 8 SOUTH	I Widing Cilicity, Jocial Work,

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of			
Clinical Unit, including a			Statement by members
description of typical		If no,	of clinical staffing
patient services provided	Our Clinical Staffing	Chief Executive Officer	committee selected by
on the unit and the	Committee reached	Statement in support of	the general hospital
unit's location in	consensus on the clinical	clinical staffing plan for	administration
the hospital.	staffing plan for this unit:	this unit:	(management members):
HJD Immediate Care	Yes		
HJD 6 RAD IR	Yes		

LOH PACU	Yes			
OSC 38th Street PACU	Yes			
OSC 38th Street- OR	Yes			
Langone Orthopedic				
Hospital- 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	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	
		to adopt those portions of	requirements is routinely	
		the clinical staffing plan for	considered and subject to	
		which the Clinical Staffing	change based on the clinical	
		Committee did not achieve	needs of our patients and	
		consensus, as well as those	the operational	
Medical/Surgical - Special		that were affirmed	requirements of the	
Care Unit	No	unanimously.	hospital.	

			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	
		to adopt those portions of	requirements is routinely	
		the clinical staffing plan for	considered and subject to	
		which the Clinical Staffing	change based on the clinical	
		Committee did not achieve	needs of our patients and	
		consensus, as well as those	the operational	
Medical/Surgical - 11TH		that were affirmed	requirements of the	
FLOOR	No	unanimously.	hospital.	

			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		
		Executive Officer of NYULH	our units above contractual	
		to adopt those portions of	requirements is routinely	
		the clinical staffing plan for	considered and subject to	
		which the Clinical Staffing	change based on the clinical	
		Committee did not achieve	needs of our patients and	
		consensus, as well as those	the operational	
Medical/Surgical - 12TH		that were affirmed	requirements of the	
FLOOR	No	unanimously.	hospital.	

			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	
		to adopt those portions of	requirements is routinely	
		the clinical staffing plan for	considered and subject to	
		which the Clinical Staffing	change based on the clinical	
		Committee did not achieve	needs of our patients and	
		consensus, as well as those	the operational	
Medical/Surgical - 10TH		that were affirmed	requirements of the	
FLOOR	No	unanimously.	hospital.	

			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	
		to adopt those portions of	requirements is routinely	
		the clinical staffing plan for	considered and subject to	
		which the Clinical Staffing	change based on the clinical	
		Committee did not achieve	needs of our patients and	
		consensus, as well as those	the operational	
Physical Medicine and		that were affirmed	requirements of the	
Rehabilitation - 9 SOUTH	No	unanimously.	hospital.	

			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	· ·	
		staffing committee, and,	units with resources greater than required by the	
		pursuant to the law, I am	contractual levels set by the	
		using my discretion as Chief		
		Executive Officer of NYULH	our units above contractual	
		to adopt those portions of	requirements is routinely	
		the clinical staffing plan for	considered and subject to	
		which the Clinical Staffing	change based on the clinical	
		Committee did not achieve	needs of our patients and	
		consensus, as well as those	the operational	
Physical Medicine and		that were affirmed	requirements of the	
Rehabilitation - 8 SOUTH	No	unanimously.	hospital.	

Т		I	<u> </u>	
			1) NIVIII II Main Campus	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	· ·	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
			per patient day. At our Main	
		· ·	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		1 ' '	•	
		I	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
Mandian I/Countries I Countries		consensus, as well as those	acuity and patients on	
Medical/Surgical - Special	Al -	that were affirmed	medical equipment	
Care Unit	No	unanimously.	requiring 1 to 1 assignment.	

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Medical/Surgical - 11TH		that were affirmed	medical equipment	
FLOOR	No	unanimously.	requiring 1 to 1 assignment.	

			1) NYULH Main Campus	
			·	
			plans to hire into our PCT float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			<i>'</i>	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	I	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Medical/Surgical - 12TH		that were affirmed	medical equipment	
FLOOR	No	unanimously.	requiring 1 to 1 assignment.	

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Medical/Surgical - 10TH		that were affirmed	medical equipment	
FLOOR	No	unanimously.	requiring 1 to 1 assignment.	

	T			
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
		La alva avvila da a Ala a	vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	-	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Physical Medicine and		that were affirmed	medical equipment	
Rehabilitation - 9 SOUTH	No	unanimously.	requiring 1 to 1 assignment.	

ī		I	ı	
			4) 10/4/11/11 14/4/12 (0.11/4/12)	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Physical Medicine and		that were affirmed	medical equipment	
Rehabilitation - 8 SOUTH	No	unanimously.	requiring 1 to 1 assignment.	

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)	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)?
LOH PACU	0.13	0	0	0
Medical/Surgical - Special	1	9.58	0.8	0.8
Care Unit	1	9.58	0.8	0.8
Medical/Surgical - 11TH FLOOR	2	1.19	12.9	6.45
Medical/Surgical - 12TH				
FLOOR	2	1.2	12.8	3.59
Medical/Surgical - 10TH FLOOR	2	1.52	10.1	5.05
Physical Medicine and Rehabilitation - 9 SOUTH	4	0.99	30	6.45
Physical Medicine and Rehabilitation - 8 SOUTH	2	1.39	11	5.5
Medical/Surgical - Special Care Unit	1	9.58	0.8	0.8
Medical/Surgical - 11TH FLOOR	2	1.19	12.9	6.45
Medical/Surgical - 12TH FLOOR	2	1.2	12.8	3.59
Medical/Surgical - 10TH FLOOR	2	1.52	10.1	5.05
Physical Medicine and Rehabilitation - 9 SOUTH	4	0.99	30	6.45
Physical Medicine and Rehabilitation - 8 SOUTH	2	1.39	11	5.5

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
LOH PACU	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
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

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
LOH PACU	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
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

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
LOH PACU	0.25	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
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

NIGHT SHIFT ADDITIONAL RESOURCES

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 Night 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.
	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
LOH PACU	Management, Social Work, Physical, Occupational/Speech Therapy, and Clinical Nutrition.

Medical/Surgical - Special	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.
	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 - 11TH FLOOR	Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 12TH	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.
	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 - 10TH	Management, Social Work,
FLOOR	and Clinical Nutrition.

	1
Physical Medicine and	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,
Rehabilitation - 9 SOUTH	and Clinical Nutrition.
Physical Modicine and	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 - 8 SOUTH	Management, Social Work, and Clinical Nutrition.

Medical/Surgical - Special	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.
	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 - 11TH FLOOR	Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 12TH	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.
	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 - 10TH	Management, Social Work,
FLOOR	and Clinical Nutrition.

·	1
Physical Medicine and	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
Rehabilitation - 9 SOUTH	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
Physical Medicine and	Management, Social Work,
Rehabilitation - 8 SOUTH	and Clinical Nutrition.

NIGHT SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	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):
LOH PACU	Yes			
		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	
		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	our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational	At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the 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.

T				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
			per patient day. At our Main	
		·	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		· · ·	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	will designate RNs for daily	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Medical/Surgical - Special		that were affirmed	medical equipment	the current collective
Care Unit	No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.

		1) NYULH Main Campus	
		plans to hire into our PCT	
		float team an additional 23	
		full-time equivalents (FTEs)	
		to meet the patient care	
		and break coverage needs	
		expressed by the Employee	
		Committee Members.	
		2) NYULH has also	
		prioritized hiring of all	
		vacant frontline nursing and	
	I acknowledge the	ŭ	
	statements of both the		
	management and employee		
	members of the clinical	-	
	staffing committee, and,	unit based on care hours	
	_	per patient day. At our Main	
	· ·		
		· · · · · · · · · · · · · · · · · · ·	At LOH, employees (RNs
	to adopt those portions of	ŭ	and PCTs) requested the
	' '	•	clinical staffing plan
		'	incorporate current staffing
	Committee did not achieve	,	levels rather than the
		-	staffing levels outlined in
	that were affirmed		the current collective
No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.
	No	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	plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members. 2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed 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

			4) 4) 4) 4) 4	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		the clinical staffing plan for	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	•	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Medical/Surgical - 12TH		that were affirmed	medical equipment	the current collective
FLOOR	No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.

			4) 40 40 40 40 40 40 40 40 40 40 40 40 40	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		the clinical staffing plan for	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	' '	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Medical/Surgical - 10TH		that were affirmed	medical equipment	the current collective
FLOOR	No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.

Γ				
			4) 10/4/11/11 14/4/12 (0.11/4/12	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		the clinical staffing plan for	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	will designate RNs for daily	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Physical Medicine and		that were affirmed	medical equipment	the current collective
Rehabilitation - 9 SOUTH	No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.

T				
			4) 10/4/11/11 14/4/12 (0.11/4/12	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	At LOH, employees (RNs
		to adopt those portions of	Team to 170 FTEs (an	and PCTs) requested the
		the clinical staffing plan for	additional 69 positions) and	clinical staffing plan
		which the Clinical Staffing	will designate RNs for daily	incorporate current staffing
		Committee did not achieve	floating to account for	levels rather than the
		consensus, as well as those	acuity and patients on	staffing levels outlined in
Physical Medicine and		that were affirmed	medical equipment	the current collective
Rehabilitation - 8 SOUTH	No	unanimously.	requiring 1 to 1 assignment.	bargaining agreement.

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