## **HOSPITAL INFORMATION**

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NORTHWELL HEALTH
Reporting Organization	Lenox Hill Hospital
Reporting Organization Id	1450
Reporting Organization Type	Hospital (pfi)
Data Entity	Lenox Hill 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) ?
NATETIL Assis Cours December	2	0.67	45	4
MEETH Amb. Surg Recovery	2	0.67	15	4
MEETH Ambulatory Surgery	7	1	42	г
Unit MEETH Laser and Plastics	7	1	43	5
	2	2	0	4
Clinic MEETH PACU	2 11	2 1.25	8 40	4 4
	11	2.1	40	3
MEETH Operating Room  MEETH Outpt Infusion	14	Z.1	40	3
Center	3	0.8	21	7
LHH Preop/Same Day	3	0.0	21	1
Admission	10	0.5	25	4
LHH PACU	13	2	30	4
LHH Endoscopy Recovery	2	0.75	14	8
LHH Endoscopy Procedure	<u> </u>	0.73	14	O
Rooms	3	1	14	6
Non-Invasive Cardiology	,	1	± <sup>+</sup>	<u> </u>
Stress Test and TEE	3	2.25	8	3
EP HoldingPre/Post	<u> </u>	2.23		<u> </u>
Procedure	2	3	5	3
EP Procedure Rooms	4	7	3	2
Cath Lab HoldingPre/Post	·	·	-	
Procedure Area	3	1.5	15	4
Cath Lab Procedure Rooms	8	3	15	4

Emergency Department				
HoldingAdmitted pts	1	2.56	3	4
LHH Main ED	12	2.4	40	5
8 Uris 24 Bed Inpatient				
Psychiatry Unit	3	1.09	21	8
LHH Operating Room	18.75	3.3	30	2
Radiology IV Prep Area	2	0.25	35	17
Radiology CT Scan				
Procedure Room	1	0.25	8	8
Interventional Radiology				
Recovery	1	0.25	8	8
Interventional Radiology				
Procedure Rooms	4	3	8	4
General Inpatient Pediatric				
Services	1	2.56	3	4
Labor & Delivery (Maternal				
Child)	9	6.55	11	1.5
4 Lachman Postpartum			†	
(Maternal Child)	1	4	2	2
7 Uris Regional Medicine				
(Med/Surg)	6	1.55	31	6
4 Uris Regional Medicine				
(Med/Surg)	6	1.55	31	6
6 Uris Postpartum				
(Maternal Child)	7	1.75	32	6
Neonatal ICU (ICU)	7	5.09	11	1.57
9 Wollman Surgical				
Telemetry (Med/Surg)	6	2.29	21	4
9 Uris Regional Surgery				
(Med/Surg)	5	1.24	26	6
8 Wollman Regional Surgery			-	
(Med/Surg)	3	1.41	17	6
5 Uris Medical Telemetry				
(Med/Surg)	8	2.29	28	4
Nursery (Maternal Child)	1	1	8	8
6 Lachman High Risk		_		
Antepartum (Maternal				
Child)	3	2.4	10	3.3
4 Wollman Postpartum	<u> </u>			
(Maternal Child)	2	1.6	10	6

9 Lachman CTICU Stepdown				
(Med/Surg)	4	2.13	15	4
9 East CTICU (ICU)	6	4	12	2
8 Lachman Surgical				
Stepdown (Med/Surg)	4	2.13	15	4
8 East Surgical ICU (ICU)	6	4	12	2
7 Wollman Regional				
Medicine (Med/Surg)	3	1.5	16	6
7 Lachman Medical				
Stepdown (Med/Surg)	4	2.29	14	4
7 East Medical ICU (ICU)	6	4.36	11	2
5 Wollman Surgery				
(Med/Surg)	1	1.33	6	6
5 Lachman Cardiac				
Stepdown (Med/Surg)	4	2.13	15	4
5 East Coronary Care Unit				
(ICU)	5	4	10	2

## 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	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)
the hospital.		
MEETH Amb. Surg Recovery	0	0
·		0
MEETH Amb. Surg Recovery MEETH Ambulatory Surgery Unit MEETH Laser and Plastics		Ţ
MEETH Amb. Surg Recovery MEETH Ambulatory Surgery Unit		Ţ

MEETH Operating Room	0	0
MEETH Outpt Infusion		
Center	0	0
LHH Preop/Same Day		
Admission	0	0
LHH PACU	0	0
LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure		
Rooms	0	0
Non-Invasive Cardiology		
Stress Test and TEE	0	0
EP HoldingPre/Post		
Procedure	0	0
EP Procedure Rooms	0	0
Cath Lab HoldingPre/Post		
Procedure Area	0	0
Cath Lab Procedure Rooms	0	0
Emergency Department		
HoldingAdmitted pts	0	0
LHH Main ED	0	0
8 Uris 24 Bed Inpatient		
Psychiatry Unit	0	0
LHH Operating Room	0	0
Radiology IV Prep Area	0	0
Radiology CT Scan		
Procedure Room	0	0
Interventional Radiology		
Recovery	0	0
Interventional Radiology		
Procedure Rooms	0	0
General Inpatient Pediatric		
Services	0	0
Labor & Delivery (Maternal		
Child)	0	0
4 Lachman Postpartum		
(Maternal Child)	0	0
7 Uris Regional Medicine		
(Med/Surg)	0	0

4 Uris Regional Medicine		
(Med/Surg)	0	0
6 Uris Postpartum		
(Maternal Child)	0	0
Neonatal ICU (ICU)	0	0
9 Wollman Surgical		
Telemetry (Med/Surg)	0	0
9 Uris Regional Surgery		
(Med/Surg)	0	0
8 Wollman Regional Surgery		
(Med/Surg)	0	0
5 Uris Medical Telemetry		
(Med/Surg)	0	0
Nursery (Maternal Child)	0	0
6 Lachman High Risk		
Antepartum (Maternal		
Child)	0	0
4 Wollman Postpartum		
(Maternal Child)	0	0
9 Lachman CTICU Stepdown		
(Med/Surg)	0	0
9 East CTICU (ICU)	0	0
8 Lachman Surgical		
Stepdown (Med/Surg)	0	0
8 East Surgical ICU (ICU)	0	0
7 Wollman Regional		
Medicine (Med/Surg)	0	0
7 Lachman Medical		
Stepdown (Med/Surg)	0	0
7 East Medical ICU (ICU)	0	0
5 Wollman Surgery		
(Med/Surg)	0	0
5 Lachman Cardiac		
Stepdown (Med/Surg)	0	0
5 East Coronary Care Unit		
(ICU)	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 Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
MEETH Amb. Surg Recovery	0	0
MEETH Ambulatory Surgery	U	U
Unit	0	0
MEETH Laser and Plastics	0	<u> </u>
Clinic	0	0
MEETH PACU	0	0
MEETH Operating Room	0	0
MEETH Outpt Infusion		
Center	0	0
LHH Preop/Same Day		
Admission	0	0
LHH PACU	0	0
LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure		
Rooms	0	0
Non-Invasive Cardiology		
Stress Test and TEE	0	0
EP HoldingPre/Post		
Procedure	0	0
EP Procedure Rooms	0	0
Cath Lab HoldingPre/Post		
Procedure Area	0	0
Cath Lab Procedure Rooms	0	0
Emergency Department		
HoldingAdmitted pts	0	0
LHH Main ED	4	0.52

8 Uris 24 Bed Inpatient		
Psychiatry Unit	4	1
LHH Operating Room	0	0
Radiology IV Prep Area	0	0
Radiology CT Scan		
Procedure Room	0	0
Interventional Radiology		
Recovery	0	0
Interventional Radiology		
Procedure Rooms	0	0
General Inpatient Pediatric		
Services	0	0
Labor & Delivery (Maternal		
Child)	5	2.92
4 Lachman Postpartum		
(Maternal Child)	5	2.92
7 Uris Regional Medicine		
(Med/Surg)	5	30.2
4 Uris Regional Medicine		
(Med/Surg)	5	29.4
6 Uris Postpartum		
(Maternal Child)	5	2.92
Neonatal ICU (ICU)	5	8.34
9 Wollman Surgical		
Telemetry (Med/Surg)	5	20.99
9 Uris Regional Surgery		
(Med/Surg)	5	23.42
8 Wollman Regional Surgery		
(Med/Surg)	5	20.7
5 Uris Medical Telemetry		
(Med/Surg)	5	22.27
Nursery (Maternal Child)	5	2.92
6 Lachman High Risk		
Antepartum (Maternal		
Child)	5	2.92
4 Wollman Postpartum		
(Maternal Child)	5	2.92
9 Lachman CTICU Stepdown		
(Med/Surg)	5	15.74
9 East CTICU (ICU)	5	15.74

8 Lachman Surgical		
Stepdown (Med/Surg)	5	15.93
8 East Surgical ICU (ICU)	5	21.72
7 Wollman Regional		
Medicine (Med/Surg)	5	17.77
7 Lachman Medical		
Stepdown (Med/Surg)	5	17.86
7 East Medical ICU (ICU)	5	17.86
5 Wollman Surgery		
(Med/Surg)	5	2.54
5 Lachman Cardiac		
Stepdown (Med/Surg)	5	12.74
5 East Coronary Care Unit		
(ICU)	5	16.49

## 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)
MEETH Amb. Surg Recovery	1	0.5
I WILL I I I / WII D. Saig Recovery		
MEETH Ambulatory Surgery Unit	3	0.5
MEETH Ambulatory Surgery	3 2	
MEETH Ambulatory Surgery Unit MEETH Laser and Plastics Clinic MEETH PACU	2 4	0.5 2 0.3
MEETH Ambulatory Surgery Unit MEETH Laser and Plastics Clinic	2	0.5

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LHH Preop/Same Day		
Admission	4	1.2
LHH PACU	5	0.3
LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure		
Rooms	3	1
Non-Invasive Cardiology		
Stress Test and TEE	3	2.8
EP HoldingPre/Post		
Procedure	1	1.5
EP Procedure Rooms	2	3.5
Cath Lab HoldingPre/Post		
Procedure Area	2	1
Cath Lab Procedure Rooms	4	1.5
Emergency Department		
HoldingAdmitted pts	1	2.5
LHH Main ED	5	0.94
8 Uris 24 Bed Inpatient		
Psychiatry Unit	4	1.42
LHH Operating Room	15	3.3
Radiology IV Prep Area	0	0
Radiology CT Scan		
Procedure Room	1	0.25
Interventional Radiology		
Recovery	0	0
Interventional Radiology		
Procedure Rooms	1	1.5
General Inpatient Pediatric		-
Services	1	2.5
Labor & Delivery (Maternal	_	
Child)	3	2.05
4 Lachman Postpartum		
(Maternal Child)	1	3.75
7 Uris Regional Medicine	_	2.7.0
(Med/Surg)	4	0.97
4 Uris Regional Medicine	'	0.57
(Med/Surg)	4	0.97
6 Uris Postpartum	'	5.57
(Maternal Child)	3	0.7
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Neonatal ICU (ICU)	1	0.68
9 Wollman Surgical	-	0.00
Telemetry (Med/Surg)	2	0.71
9 Uris Regional Surgery		0.71
(Med/Surg)	3	0.87
8 Wollman Regional Surgery	3	0.07
(Med/Surg)	2	0.88
5 Uris Medical Telemetry	_	0.00
(Med/Surg)	3	0.8
Nursery (Maternal Child)	1	0.94
6 Lachman High Risk		
Antepartum (Maternal		
Child)	1	0.75
4 Wollman Postpartum		
(Maternal Child)	1	0.75
9 Lachman CTICU Stepdown		
(Med/Surg)	2	1
9 East CTICU (ICU)	1	0.63
8 Lachman Surgical		
Stepdown (Med/Surg)	2	1
8 East Surgical ICU (ICU)	1	0.63
7 Wollman Regional		
Medicine (Med/Surg)	2	0.94
7 Lachman Medical		
Stepdown (Med/Surg)	2	1.07
7 East Medical ICU (ICU)	1	0.68
5 Wollman Surgery		
(Med/Surg)	1	1.25
5 Lachman Cardiac		
Stepdown (Med/Surg)	2	1
5 East Coronary Care Unit		
(ICU)	1	0.75

DAY 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 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.  Attending and anesthesiologist and unit nurse leadership. Volume varies by hour of day and day of week. Operating
MEETH Amb. Surg Recovery  MEETH Ambulatory Surgery  Unit	Attending and anesthesiologist and unit nurse leadership. Volume varies by hour of day and day of week. Operating hours are 530am to 430pm
MEETH Laser and Plastics Clinic	Attending, Unit Nursing Leadership. Volume varies by hour of day and day of week based on scheduled cases. 1 nurse and 1 tech per procedure as per union contract

MEETH PACU	Attending, Anesthesiologist, Unit Nursing Leadership. Volume varies by hour of day and day of week based on scheduled cases. Minimum of 1 for 2 patients during phase 1 recovery as per union contract
MEETH Operating Room	Attending, Anesthesiologist, Unit Nursing Leadership. Cases range in time from 30 min to 6 hours. Volume varies by hour of day and day of week based on scheduled cases. Minimum of 1 nurse and 1 scrub person in a case as per union contract.
MEETH Outpt Infusion Center	Phlebotomist, ACP, Unit Nurse Leadership, access service reps. Unit is open until 6pm and sees approx 30 patients per day in 13 chairs. Volume varies by hour of day, day of week, and type of treatment.

LHH Preop/Same Day Admission	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
LHH PACU	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits. Minimally we would need 1 RN for every 2 patients.
LHH Endoscopy Recovery	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.

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LHH Endoscopy Procedure Rooms	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
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Non-Invasive Cardiology Stress Test and TEE	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
EP HoldingPre/Post Procedure	Attending Physician, Fellow, unit nurse leadership, Physician Assistant. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.

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EP Procedure Rooms	Attending Physician, Fellow, unit nurse leadership, Physician Assistant, anesthesiologist. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Cath Lab HoldingPre/Post Procedure Area	Attending Physician, Fellow, unit nurse leadership, Physician Assistant. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Cath Lab Procedure Rooms	Attending Physician, Fellow, unit nurse leadership. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Emergency Department HoldingAdmitted pts	Volume fluctuates by hour of day based on ED volume and admitted patients waiting for bed. ED resources are used to care for these patients as needed. Nursing staff is separate from ED staff.

	Members:
	1:1 Patient observer/sitter
	Rehab – PT, OT, Speech
	Respiratory Therapy
	Unit Leadership
	Patient Transport Team/SSA
	ED Technicians
	Other Care Team Members:
	Patient Service Facilitator
	Staff Educator
	Clinical Impact ACP Team
	Nutritionist
	Clinical Pharmacist
LHH Main ED	Social work/case

	Members:
	1:1 Patient observer/sitter
	Rehab – PT, OT, Speechas needed
	Respiratory Therapyas needed
	Unit Leadership
	Patient Transport Team
	Security Personnel
	Other Care Team Members:
	Patient Service Facilitator
	Staff Educator
	Clinical Impact ACP Team
	Nutritionist
8 Uris 24 Bed Inpatient	
Psychiatry Unit	Clinical Pharmacistas
	PER ROOM, 1 circulator + 1
	scrub (either tech or RN).
	For open heart, local
	anesthesia cases, laser
	cases, major
	neuro/spine/ENT cases add
	1 circulator for a total of 3
	per room. Schedule varies
	by day of week and hour of
LHH Operating Room	day.

	I
	IV Prep Area2 RN's per day
	staffing standard. Total
	number varies by hour of
	the day and day of week
	according to number of
Radiology IV Prep Area	scheduled daily visits.
	1:1 Staffing Standard per
	CBA in procedure room.
Radiology CT Scan	Approx 15 min/pt for CT
Procedure Room	Scan
	IR Recovery is a 1:4 ratio
	and patients recover for an
Interventional Radiology	hour on average to meet
Recovery	discharge criteria
	Minimal Staffing is based on
	number of nurses and techs
	to do 1 casePer contract it
	is 2 RN's and 1 tech, other
	team members include
Interventional Radiology	Attending MD, Attending
Procedure Rooms	Anesthesiologist

Ancillary service personnel respond to patient care needs as needed. 1:1 Patient Observer/Sitter as needed, Rehab services as needed--PT/OT/Speech therapy, Respiratory Therapy as needed, Unit leadership, patient transport, Patient Service facilitator, staff educator, Clinical impact ACP team, nutritionist, clinical pharmacist, social work, case management, spiritual General Inpatient Pediatric | services, hospitalist, nursing students, intern/residents.

Services

Labor & Delivery (Maternal Child)

4 Lachman Postpartum (Maternal Child)

7 Uris Regional Medicine (Med/Surg)

4 Uris Regional Medicine (Med/Surg)

6 Uris Postpartum (Maternal Child)

Neonatal ICU (ICU)

9 Wollman Surgical Telemetry (Med/Surg)

9 Uris Regional Surgery (Med/Surg)

8 Wollman Regional Surgery (Med/Surg)

5 Uris Medical Telemetry (Med/Surg)

Nursery (Maternal Child)

6 Lachman High Risk Antepartum (Maternal Child)

4 Wollman Postpartum (Maternal Child)

9 Lachman CTICU Stepdown (Med/Surg)

9 East CTICU (ICU)

8 Lachman Surgical Stepdown (Med/Surg)

Unit Nurse Management **Assistant Nurse** Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter **Admissions Nurse** (Facilitator/ Functional Nurse) **Patient Transport Team** Monitor /Tele Technician Rapid Response Team **Respiratory Therapy** Support Nutritionist Rehab Activities (OT, PT, Speech) **Clinical Pharmacist** Licensed Social Services / Case Management **Spiritual Services** Hospitalist / NP / PA Intensivist **Nursing Student** Intern / Resident

8 East Surgical ICU (ICU)

Unit Nurse Management **Assistant Nurse** Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team **Respiratory Therapy** Support Nutritionist Rehab Activities (OT, PT, Speech) **Clinical Pharmacist** Licensed Social Services / Case Management **Spiritual Services** Hospitalist / NP / PA **Nursing Student** Intern / Resident

7 Wollman Regional Medicine (Med/Surg)

Unit Nurse Management **Assistant Nurse** Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter **Admissions Nurse** (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team **Respiratory Therapy** Support Nutritionist Rehab Activities (OT, PT, Speech) **Clinical Pharmacist** Licensed Social Services / Case Management **Spiritual Services** Hospitalist / NP / PA **Nursing Student** Intern / Resident

7 Lachman Medical Stepdown (Med/Surg)

Unit Nurse Management **Assistant Nurse** Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team **Respiratory Therapy** Support Nutritionist Rehab Activities (OT, PT, Speech) **Clinical Pharmacist** Licensed Social Services / Case Management **Spiritual Services** Hospitalist / NP / PA Intensivist **Nursing Student** Intern / Resident

7 East Medical ICU (ICU)

Unit Nurse Management **Assistant Nurse** Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team **Respiratory Therapy** Support Nutritionist Rehab Activities (OT, PT, Speech) **Clinical Pharmacist** Licensed Social Services / Case Management **Spiritual Services** Hospitalist / NP / PA **Nursing Student** Intern / Resident

5 Wollman Surgery (Med/Surg)

Unit Nurse Management **Assistant Nurse** Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team **Respiratory Therapy** Support Nutritionist Rehab Activities (OT, PT, Speech) **Clinical Pharmacist** Licensed Social Services / Case Management **Spiritual Services** Hospitalist / NP / PA **Nursing Student** Intern / Resident

5 Lachman Cardiac Stepdown (Med/Surg)

**Unit Nurse Management Assistant Nurse** Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter **Patient Transport Team** Monitor /Tele Technician Rapid Response Team **Respiratory Therapy** Support Nutritionist Rehab Activities (OT, PT, Speech) **Clinical Pharmacist** Licensed Social Services / Case Management Intensivist Intern / Resident Spiritual **Services Nursing Student** 

## DAY SHIFT CONSENSUS INFORMATION

5 East Coronary Care Unit

(ICU)

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):
MEETH Amb. Surg Recovery	Yes			
MEETH Ambulatory Surgery				
Unit	Yes			

MEETH Laser and Plastics			
Clinic	Yes		
MEETH PACU	Yes		
MEETH Operating Room	Yes		
MEETH Outpt Infusion	103		
Center	Yes		
LHH Preop/Same Day	163		
Admission	Yes		
LHH PACU	Yes		
LHH Endoscopy Recovery	Yes		
LHH Endoscopy Procedure	163		
Rooms	Yes		
Non-Invasive Cardiology	163	+	
Stress Test and TEE	Yes		
EP HoldingPre/Post	163	+	
Procedure	Yes		
EP Procedure Rooms	Yes	+	
	res	-	
Cath Lab HoldingPre/Post Procedure Area	Yes		
Procedure Area	162	_	
Cath Lab Procedure Rooms	Yes		
Emergency Department	163		
HoldingAdmitted pts	Yes		
LHH Main ED	Yes		
	162	+	
8 Uris 24 Bed Inpatient Psychiatry Unit	Yes		
LHH Operating Room	Yes	+	
	Yes	-	
Radiology IV Prep Area Radiology CT Scan	162	+	
Procedure Room	Voc		
	Yes		
Interventional Radiology	Voc		
Recovery	Yes		
Interventional Radiology	V		
Procedure Rooms	Yes		
General Inpatient Pediatric	V		
Services	Yes	_	
Labor & Delivery (Maternal	V		
Child)	Yes	_	
4 Lachman Postpartum			
(Maternal Child)	Yes		

7 Uris Regional Medicine			
(Med/Surg)	Yes		
4 Uris Regional Medicine			
(Med/Surg)	Yes		
6 Uris Postpartum			
(Maternal Child)	Yes		
Neonatal ICU (ICU)	Yes		
9 Wollman Surgical			
Telemetry (Med/Surg)	Yes		
9 Uris Regional Surgery			
(Med/Surg)	Yes		
8 Wollman Regional Surgery			
(Med/Surg)	Yes		
5 Uris Medical Telemetry			
(Med/Surg)	Yes		

considered both rationales and determined the The 1199 members have outcomes as listed. Decisions were based on expressed that the ratio of our enhanced model of patients versus the number patient care delivery, the of PCA's is not safe for The collaboration between Patient Care which would disciplines, and budgetary result in the PCA being constraints. liable for neglect and burn It is our mission to provide out. The other factors need The Admin Co-leads to be considered and are adequate staffing to support the best patient critical to have a significant considered many factors in care possible cognizant of amount of Staff are 1-1, determining safe, minimum team member experience staffing requirements for Floaters, Vacation, Sick the unit listed. Staffing is and the necessary support. Leave etc. Our hospital has been adjusted based on ongoing actively involved in assessments of care needs The Union has come to a organizational strategies and acuity, float PCA consensus to safe guard the working to enhance team positions were added to patient and staff The ratio member career experience, of PCA to patient is 1:7. support the unit if engagement, and retention. necessary, we encourage These units do not meet the couplet care so babies We have established criteria. The 1199 members multiple feedback remain in room with mom. have expressed that for the nursery, PCA's are often opportunities to ensure our additional team members clinical staff have a place to work together to care for all transporting patients voice concerns. patients including ANM and between floors and is a Nursery (Maternal Child) Our hospital is focused on No NM burden for 1 PCA

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		considered both rationales		
		and determined the		
		outcomes as listed.		
		Decisions were based on		
		our enhanced model of		The 1199 members have
		patient care delivery, the		expressed that the ratio o
		collaboration between		patients versus the numbe
		disciplines, and budgetary		of PCA's is not safe for The
		constraints.		Patient Care which would
		It is our mission to provide		result in the PCA being
		adequate staffing to		liable for neglect and burr
		support the best patient	The Admin Co-leads	out. The other factors need
		care possible cognizant of	considered many factors in	to be considered and are
		team member experience	determining safe, minimum	critical to have a significan
		and the necessary support.	staffing requirements for	amount of Staff are 1-1,
		Our hospital has been	the unit listed. Staffing is	Floaters, Vacation, Sick
		actively involved in	adjusted based on ongoing	Leave etc.
		organizational strategies	assessments of care needs	
		working to enhance team	and acuity. Float PCA's	The Union has come to a
		member career experience,	were added to last year's	consensus to safe guard th
		engagement, and retention.	budget to provide	patient and staff The ratio
		We have established	additional support where	of PCA to patient is 1:7.
		multiple feedback	needed if acuity is high.	These units do not meet th
		opportunities to ensure our	Additional team members	criteria. The staff co-leads
6 Lachman High Risk		clinical staff have a place to	work together to care for all	state that the acuity of the
Antepartum (Maternal		voice concerns.	patients, including ANM as	patients can make it busy
Child)	No	Our hospital is focused on	well as NM	for 1 PCA to cover.

Т		<del></del>		
		considered both rationales		
		and determined the		
		outcomes as listed.		
		Decisions were based on		The 1199 members have
		our enhanced model of		expressed that the ratio of
		patient care delivery, the		patients versus the number
		collaboration between		of PCA's is not safe for The
		disciplines, and budgetary		Patient Care which would
		constraints.		result in the PCA being
		It is our mission to provide		liable for neglect and burn
		adequate staffing to		out. The other factors need
		support the best patient	The Admin Co-leads	to be considered and are
		care possible cognizant of	considered many factors in	critical to have a significant
		team member experience	determining safe, minimum	amount of Staff are 1-1,
		and the necessary support.	staffing requirements for	Floaters, Vacation, Sick
		Our hospital has been	the unit listed. Staffing is	Leave etc.
		actively involved in	adjusted based on ongoing	
		organizational strategies	assessments of care needs	The Union has come to a
		working to enhance team	and acuity. Float PCA's	consensus to safe guard the
		member career experience,	were added to last year's	patient and staff The ratio
		engagement, and retention.	budget to provide	of PCA to patient is 1:7.
		We have established	additional support where	These units do not meet the
		multiple feedback	needed if acuity is high.	criteria. The staff co-leads
		opportunities to ensure our	Additional team members	state that the 4W PSF
		clinical staff have a place to	listed in this unit's plan all	covers this area, so it can be
4 Wollman Postpartum		voice concerns.	work together to ensure	a challenge to cover both
(Maternal Child)	No	Our hospital is focused on	safe patient care.	units.

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		considered both rationales	considered many factors in	
		and determined the	determining safe, minimum	
		outcomes as listed.	staffing requirements for	
		Decisions were based on	the unit listed. Staffing is	
		our enhanced model of	adjusted based on ongoing	
		patient care delivery, the	assessments of care needs	
		collaboration between	and acuity.	
		disciplines, and budgetary	Float PCA positions added	The 1199 members have
		constraints.	last year to support where	expressed that the ratio of
		It is our mission to provide	needed across critical care	patients versus the number
		adequate staffing to	areas	of PCA's is not safe for The
		support the best patient	Additional team members	Patient Care which would
		care possible cognizant of	work together to care for all	result in the PCA being
		team member experience	patients, including newly	liable for neglect and burn
		and the necessary support.	added throughput RN's	out. The other factors need
		Our hospital has been	without a clinical	to be considered and are
		actively involved in	assignment, clinical support	critical to have a significant
		organizational strategies	RN and ANM as well as NM.	amount of Staff are 1-1,
		working to enhance team	Phlebotomists also draw	Floaters, Vacation, Sick
		member career experience,	blood except in	Leave etc.
		engagement, and retention.	emergencies where RN's	
		We have established	draw blood.	The Union has come to a
		multiple feedback	Want to evaluate efficiency	consensus to safe guard the
		opportunities to ensure our	partnership models	patient and staff The ratio
		clinical staff have a place to	regarding things like	of PCA to patient is 1:7.
9 Lachman CTICU Stepdown		voice concerns.	transport and other	These units do not meet the
(Med/Surg)	No	Our hospital is focused on	activities that could be done	criteria.

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		considered both rationales		
		and determined the	The Admin Co-leads	
		outcomes as listed.	considered many factors in	The 1199 members have
		Decisions were based on	determining safe, minimum	expressed that the ratio of
		our enhanced model of	staffing requirements for	patients versus the number
		patient care delivery, the	the unit listed. Staffing is	of PCA's is not safe for The
		collaboration between	adjusted based on ongoing	Patient Care which would
		disciplines, and budgetary	assessments of care needs	result in the PCA being
		constraints.	and acuity. BSN prepared	liable for neglect and burn
		It is our mission to provide	RN's perform finger sticks in	out. The other factors need
		adequate staffing to	an ICU setting,	to be considered and are
		support the best patient	Float PCA positions added	critical to have a significant
		care possible cognizant of	last year to support where	amount of Staff are 1-1,
		team member experience	needed across critical care	Floaters, Vacation, Sick
		and the necessary support.	areas	Leave etc.
		Our hospital has been	Additional team members	
		actively involved in	work together to care for all	The Union has come to a
		organizational strategies	patients, including clinical	consensus to safe guard the
		working to enhance team	support RN and ANM as	patient and staff The ratio
		member career experience,	well as NM.	of PCA to patient is 1:7.
		engagement, and retention.	Will work with CSC and	These units do not meet the
		We have established	CCC's to evaluate efficiency	criteria. Staff co-leads
		multiple feedback	partnership models	stated that sometimes the
		opportunities to ensure our	regarding things like	acute needs of the patients
		clinical staff have a place to	transport and other	and errands (picking up
		voice concerns.	activities that could be done	blood for example) take
9 East CTICU (ICU)	No	Our hospital is focused on	more efficiently	away from care on the unit.

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		considered both rationales	considered many factors in	
		and determined the	determining safe, minimum	
		outcomes as listed.	staffing requirements for	
		Decisions were based on	the unit listed. Staffing is	
		our enhanced model of	adjusted based on ongoing	
		patient care delivery, the	assessments of care needs	
		collaboration between	and acuityFloat PCA	
		disciplines, and budgetary	positions added last year to	The 1199 members have
		constraints.	support where needed	expressed that the ratio of
		It is our mission to provide	across critical care areas	patients versus the number
		adequate staffing to	Additional team members	of PCA's is not safe for The
		support the best patient	work together to care for all	Patient Care which would
		care possible cognizant of	patients, including newly	result in the PCA being
		team member experience	added throughput RN's	liable for neglect and burn
		and the necessary support.	without a clinical	out. The other factors need
		Our hospital has been	assignment, clinical support	to be considered and are
		actively involved in	RN and ANM as well as NM.	critical to have a significant
		organizational strategies	Phlebotomists also draw	amount of Staff are 1-1,
		working to enhance team	blood except in	Floaters, Vacation, Sick
		member career experience,	emergencies where RN's	Leave etc.
		engagement, and retention.	draw blood.	
		We have established	Will work with CSC and	The Union has come to a
		multiple feedback	CCC's to evaluate efficiency	consensus to safe guard the
		opportunities to ensure our	partnership models	patient and staff The ratio
		clinical staff have a place to	regarding things like	of PCA to patient is 1:7.
8 Lachman Surgical		voice concerns.	transport and other	These units do not meet the
Stepdown (Med/Surg)	No	Our hospital is focused on	activities that could be done	criteria.

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		considered both rationales		
		and determined the	The Admin Co-leads	
		outcomes as listed.	considered many factors in	
		Decisions were based on	determining safe, minimum	
		our enhanced model of	staffing requirements for	
		patient care delivery, the	the unit listed. Staffing is	
		collaboration between	adjusted based on ongoing	
		disciplines, and budgetary	assessments of care needs	The 1199 members have
		constraints.	and acuity. BSN prepared	expressed that the ratio of
		It is our mission to provide	RN's perform finger sticks in	patients versus the number
		adequate staffing to	an ICU setting,	of PCA's is not safe for The
		support the best patient	Float PCA positions added	Patient Care which would
		care possible cognizant of	last year to support where	result in the PCA being
		team member experience	needed across critical care	liable for neglect and burn
		and the necessary support.	areas	out. The other factors need
		Our hospital has been	Additional team members	to be considered and are
		actively involved in	work together to care for all	critical to have a significant
		organizational strategies	patients, including clinical	amount of Staff are 1-1,
		working to enhance team	support RN and ANM as	Floaters, Vacation, Sick
		member career experience,	well as NM.	Leave etc.
		engagement, and retention.	Will work with CSC and	
		We have established	CCC's to evaluate efficiency	The Union has come to a
		multiple feedback	partnership models	consensus to safe guard the
		opportunities to ensure our	regarding things like	patient and staff The ratio
		clinical staff have a place to	transport and other	of PCA to patient is 1:7.
		voice concerns.	activities that could be done	These units do not meet the
8 East Surgical ICU (ICU)	No	Our hospital is focused on	more efficiently	criteria.

		considered both rationales		
		and determined the		
		outcomes as listed.		
		Decisions were based on		
		our enhanced model of		
		patient care delivery, the		
		collaboration between		
		disciplines, and budgetary		The 1199 members have
		constraints.		expressed that the ratio of
		It is our mission to provide		patients versus the number
		adequate staffing to		of PCA's is not safe for The
		support the best patient	The Admin Co-leads	Patient Care which would
		care possible cognizant of	considered many factors in	result in the PCA being
		team member experience	determining safe, minimum	liable for neglect and burn
		and the necessary support.	staffing requirements for	out. The other factors need
		Our hospital has been	the unit listed. Staffing is	to be considered and are
		actively involved in	adjusted based on ongoing	critical to have a significant
		organizational strategies	assessments of care needs	amount of Staff are 1-1,
		working to enhance team	and acuity. Phlebotomists	Floaters, Vacation, Sick
		member career experience,	draw blood, except in	Leave etc.
		engagement, and retention.	emergencies where RN's	
		We have established	will draw blood. Additional	The Union has come to a
		multiple feedback	team members work	consensus to safe guard the
		opportunities to ensure our	together to care for all	patient and staff The ratio
		clinical staff have a place to	patients, including clinical	of PCA to patient is 1:7.
7 Wollman Regional		voice concerns.	support RN and ANM as	These units do not meet the
Medicine (Med/Surg)	No	Our hospital is focused on	well as NM.	criteria.

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		considered both rationales	considered many factors in	
		and determined the	determining safe, minimum	
		outcomes as listed.	staffing requirements for	
		Decisions were based on	the unit listed. Staffing is	
		our enhanced model of	adjusted based on ongoing	
		patient care delivery, the	assessments of care needs	
		collaboration between	and acuityFloat PCA	
		disciplines, and budgetary	positions added last year to	The 1199 members have
		constraints.	support where needed	expressed that the ratio of
		It is our mission to provide	across critical care areas	patients versus the number
		adequate staffing to	Additional team members	of PCA's is not safe for The
		support the best patient	work together to care for all	Patient Care which would
		care possible cognizant of	patients, including newly	result in the PCA being
		team member experience	added throughput RN's	liable for neglect and burn
		and the necessary support.	without a clinical	out. The other factors need
		Our hospital has been	assignment, clinical support	to be considered and are
		actively involved in	RN and ANM as well as NM.	critical to have a significant
		organizational strategies	Phlebotomists also draw	amount of Staff are 1-1,
		working to enhance team	blood except in	Floaters, Vacation, Sick
		member career experience,	emergencies where RN's	Leave etc.
		engagement, and retention.	draw blood.	
		We have established	Will work with CSC and	The Union has come to a
		multiple feedback	CCC's to evaluate efficiency	consensus to safe guard the
		opportunities to ensure our	partnership models	patient and staff The ratio
		clinical staff have a place to	regarding things like	of PCA to patient is 1:7.
7 Lachman Medical		voice concerns.	transport and other	These units do not meet the
Stepdown (Med/Surg)	No	Our hospital is focused on	activities that could be done	criteria.

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		considered both rationales		
		and determined the	The Admin Co-leads	
		outcomes as listed.	considered many factors in	
		Decisions were based on	determining safe, minimum	
		our enhanced model of	staffing requirements for	
		patient care delivery, the	the unit listed. Staffing is	
		collaboration between	adjusted based on ongoing	
		disciplines, and budgetary	assessments of care needs	The 1199 members have
		constraints.	and acuity. BSN prepared	expressed that the ratio of
		It is our mission to provide	RN's perform finger sticks in	patients versus the number
		adequate staffing to	an ICU setting,	of PCA's is not safe for The
		support the best patient	Float PCA positions added	Patient Care which would
		care possible cognizant of	last year to support where	result in the PCA being
		team member experience	needed across critical care	liable for neglect and burn
		and the necessary support.	areas	out. The other factors need
		Our hospital has been	Additional team members	to be considered and are
		actively involved in	work together to care for all	critical to have a significant
		organizational strategies	patients, including clinical	amount of Staff are 1-1,
		working to enhance team	support RN and ANM as	Floaters, Vacation, Sick
		member career experience,	well as NM.	Leave etc.
		engagement, and retention.	Will work with CSC and	
		We have established	CCC's to evaluate efficiency	The Union has come to a
		multiple feedback	partnership models	consensus to safe guard the
		opportunities to ensure our	regarding things like	patient and staff The ratio
		clinical staff have a place to	transport and other	of PCA to patient is 1:7.
		voice concerns.	activities that could be done	These units do not meet the
7 East Medical ICU (ICU)	No	Our hospital is focused on	more efficiently	criteria.

		<del></del>		
		considered both rationales		
		and determined the	The Admin Co-leads	
		outcomes as listed.	considered many factors in	
		Decisions were based on	determining safe, minimum	
		our enhanced model of	staffing requirements for	
		patient care delivery, the	the unit listed. Staffing is	
		collaboration between	adjusted based on ongoing	
		disciplines, and budgetary	assessments of care needs	The 1199 members have
		constraints.	and acuity	expressed that the ratio of
		It is our mission to provide	Additional team members	patients versus the number
		adequate staffing to	work together to care for all	of PCA's is not safe for The
		support the best patient	patients, including clinical	Patient Care which would
		care possible cognizant of	support RN and ANM as	result in the PCA being
		team member experience	well as NM.	liable for neglect and burn
		and the necessary support.	If 5W is full there will be 2	out. The other factors need
		Our hospital has been	nurses, each with 5	to be considered and are
		actively involved in	patients. Two PCAs also	critical to have a significant
		organizational strategies	having 5 patients each is	amount of Staff are 1-1,
		working to enhance team	not required for these	Floaters, Vacation, Sick
		member career experience,	patients	Leave etc.
		engagement, and retention.	Will work with CSC and	
		We have established	CCC's to evaluate efficiency	The Union has come to a
		multiple feedback	partnership models	consensus to safe guard the
		opportunities to ensure our	regarding things like	patient and staff The ratio
		clinical staff have a place to	transport and other	of PCA to patient is 1:7.
5 Wollman Surgery		voice concerns.	activities that could be done	These units do not meet the
(Med/Surg)	No	Our hospital is focused on	more efficiently	criteria.

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		considered both rationales		
		and determined the	The Admin Co-leads	
		outcomes as listed.	considered many factors in	
		Decisions were based on	determining safe, minimum	
		our enhanced model of	staffing requirements for	
		patient care delivery, the	the unit listed. Staffing is	
		collaboration between	adjusted based on ongoing	
		disciplines, and budgetary	assessments of care needs	The 1199 members have
		constraints.	and acuityFloat PCA	expressed that the ratio of
		It is our mission to provide	positions added last year to	patients versus the number
		adequate staffing to	support where needed	of PCA's is not safe for The
		support the best patient	across critical care areas	Patient Care which would
		care possible cognizant of	Additional team members	result in the PCA being
		team member experience	work together to care for all	liable for neglect and burn
		and the necessary support.	patients, including clinical	out. The other factors need
		Our hospital has been	support RN and ANM as	to be considered and are
		actively involved in	well as NM. Phlebotomists	critical to have a significan
		organizational strategies	also draw blood except in	amount of Staff are 1-1,
		working to enhance team	emergencies where RN's	Floaters, Vacation, Sick
		member career experience,	draw blood.	Leave etc.
		engagement, and retention.	Will work with CSC and	
		We have established	CCC's to evaluate efficiency	The Union has come to a
		multiple feedback	partnership models	consensus to safe guard the
		opportunities to ensure our	regarding things like	patient and staff The ratio
		clinical staff have a place to	transport and other	of PCA to patient is 1:7.
5 Lachman Cardiac		voice concerns.	activities that could be done	These units do not meet th
Stepdown (Med/Surg)	No	Our hospital is focused on	more efficiently	criteria.

	considered both rationales		
	and determined the	The Admin Co-leads	
	outcomes as listed.	considered many factors in	
	Decisions were based on	determining safe, minimum	
	our enhanced model of	staffing requirements for	
	patient care delivery, the	the unit listed. Staffing is	
	collaboration between	adjusted based on ongoing	
	disciplines, and budgetary	assessments of care needs	The 1199 members have
	constraints.	and acuity. BSN prepared	expressed that the ratio of
	It is our mission to provide	l ' ' '	patients versus the number
	adequate staffing to	an ICU setting,	of PCA's is not safe for The
	support the best patient	Float PCA positions added	Patient Care which would
	care possible cognizant of	· · · · · · · · · · · · · · · · · · ·	result in the PCA being
	team member experience	needed across critical care	liable for neglect and burn
	and the necessary support.	areas	out. The other factors need
		Additional team members	to be considered and are
	•	work together to care for all	critical to have a significant
	•	_	amount of Staff are 1-1,
	•	'	Floaters, Vacation, Sick
		well as NM.	Leave etc.
	· ·	Will work with CSC and	
	We have established	CCC's to evaluate efficiency	The Union has come to a
	multiple feedback	· · · · · · · · · · · · · · · · · · ·	consensus to safe guard the
	•	· '	patient and staff The ratio
	clinical staff have a place to	transport and other	of PCA to patient is 1:7.
	voice concerns.	'	•
No	Our hospital is focused on		criteria.
	No	and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.	and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.  It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.  Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.  We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.  The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas  Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.  Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done

Provide a description of	Planned average number of Registered Nurses (RN) on the unit providing direct patient	Planned total hours of RN nursing care per		What is the planned average number of patients for which one RN on the unit will
Clinical Unit, including a	care per day on the	patient including	Planned average number	provide direct patient
description of typical	Evening Shift? (Please	adjustment for case mix	of patients on the unit	care per day on the
patient services provided		and acuity on the	per day on the Evening	Evening Shift (Please
on the unit and the	up to 5 digits. Ex: 101.50)	•	Shift? (Please provide a	provide a number with
unit's location in		provide a number with	number with up to 5	up to 5 digits. Ex:
the hospital.		up to 5 digits. Ex: 101.50)	digits. Ex: 101.50)	101.50)?
MEETH Amb surg unit		0.67	_	_
Recovery	2	0.67	5	4
MEETH Ambulatory Surgery	7	4	2	F
Unit MEETH Laser and Plastics	7	1	2	5
Clinic	0	0	0	0
MEETH PACU	11	1.25	30	4
MEETH Operating Room	10	2.1	30	3
MEETH Outpt Infusion	10	2.1	30	<u> </u>
Center	3	0.8	9	5
LHH Preop/Same Day		<u> </u>		
Admission	6	0.5	5	4
LHH PACU	8	2	15	4
LHH Endoscopy Recovery	2	0.75	8	8
LHH Endoscopy Procedure				
Rooms	2	1	8	6
Non-Invasive Cardiology				
Stress Test and TEE	3	3	2	2
EP HoldingPre/Post				
Procedure	2	3	2	3
EP Procedure Rooms	4	7	2	1
Cath Lab HoldingPre/Post				
Procedure	3	2.8	8	4
Cath Lab Procedure Rooms	6	3	8	3

Emergency Department				
HoldingAdmitted Patients	1	2.56	3	3
LHH Main ED	16	1.71	75	5
8 Uris 24 Bed Inpatient				
Psychiatry Unit	3	1.09	21	7
LHH Operating Room	9.6	3.96	15	2
Radiology IV Prep Area	2	0.25	15	8
Radiology CT Scan				
Procedure Room	1	0.25	5	5
Interventional Radiology				
Recovery	1	0.25	4	4
Interventional Radiology				
Procedure Rooms	4	3	5	3
General Inpatient Pediatric				
Services	1	2.56	3	4
Labor & Delivery (Maternal				
Child)	9	6.55	11	1.5
4 Lachman Postpartum				
(Maternal Child)	1	4	2	2
7 Uris Regional Medicine				
(Med/Surg)	6	1.55	31	6
4 Uris Regional Medicine				
(Med/Surg)	6	1.55	31	6
6 Uris Postpartum				
(Maternal Child)	7	1.75	32	6
Neonatal ICU (ICU)	7	5.09	11	1.57
9 Wollman Surgical				
Telemetry (Med/Surg)	6	2.29	21	4
9 Uris Regional Surgery				
(Med/Surg)	5	1.54	26	6
8 Wollman Regional Surgery				
(Med/Surg)	3	1.41	17	6
5 Uris Medical Telemetry				
(Med/Surg)	8	2.29	28	4
Nursery (Maternal Child)	1	1	8	8
6 Lachman High Risk				
Antepartum (Maternal				
Child)	3	2.4	10	3.3

4 Wollman Postpartum				
(Maternal Child)	2	1.6	10	6
9 Lachman CTICU Stepdown				
(Med/Surg)	4	2.13	15	4
9 East CTICU (ICU)	6	4	12	2
8 Lachman Surgical				
Stepdown (Med/Surg)	4	2.13	15	4
8 East Surgical ICU (ICU)	6	4	12	2
7 Wollman Regional				
Medicine (Med/Surg)	3	1.5	14	6
7 Lachman Medical				
Stepdown (Med/Surg)	4	2.29	14	4
7 East Medical ICU (ICU)	6	4.36	11	2
5 Wollman Surgery				
(Med/Surg)	1	1.33	6	6
5 Lachman Cardiac				
Stepdown (Med/Surg)	4	2.13	15	4
5 East Coronary Care Unit				
(ICU)	5	4	10	2

## 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)
the hospital.	up to 3 digits. Lx. 101.30/	up to 5 digits. Lx. 101.50)
MFFTH Amh surg unit		
MEETH Amb surg unit Recovery	0	0
	0	0
Recovery	0	0
Recovery  MEETH Ambulatory Surgery	·	_
Recovery  MEETH Ambulatory Surgery  Unit	·	_
Recovery  MEETH Ambulatory Surgery  Unit  MEETH Laser and Plastics	0	0

MEETH Outpt Infusion		
Center	0	0
LHH Preop/Same Day		
Admission	0	0
LHH PACU	0	0
LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure		
Rooms	0	0
Non-Invasive Cardiology		
Stress Test and TEE	0	0
EP HoldingPre/Post		
Procedure	0	0
EP Procedure Rooms	0	0
Cath Lab HoldingPre/Post		
Procedure	0	0
Cath Lab Procedure Rooms	0	0
Emergency Department		
HoldingAdmitted Patients	0	0
LHH Main ED	0	0
8 Uris 24 Bed Inpatient		
Psychiatry Unit	0	0
LHH Operating Room	0	0
Radiology IV Prep Area	0	0
Radiology CT Scan		
Procedure Room	0	0
Interventional Radiology		
Recovery	0	0
Interventional Radiology		
Procedure Rooms	0	0
General Inpatient Pediatric	·	
Services	0	0
Labor & Delivery (Maternal		-
Child)	0	0
4 Lachman Postpartum	-	-
(Maternal Child)	0	0
7 Uris Regional Medicine	•	-
(Med/Surg)	0	0
(IVICA/ Suig)	·	5

4 Uris Regional Medicine		
(Med/Surg)	0	0
6 Uris Postpartum		
(Maternal Child)	0	0
Neonatal ICU (ICU)	0	0
9 Wollman Surgical		
Telemetry (Med/Surg)	0	0
9 Uris Regional Surgery		
(Med/Surg)	0	0
8 Wollman Regional Surgery		
(Med/Surg)	0	0
5 Uris Medical Telemetry		
(Med/Surg)	0	0
Nursery (Maternal Child)	0	0
6 Lachman High Risk		
Antepartum (Maternal		
Child)	0	0
4 Wollman Postpartum		
(Maternal Child)	0	0
9 Lachman CTICU Stepdown		
(Med/Surg)	0	0
9 East CTICU (ICU)	0	0
8 Lachman Surgical		
Stepdown (Med/Surg)	0	0
8 East Surgical ICU (ICU)	0	0
7 Wollman Regional		
Medicine (Med/Surg)	0	0
7 Lachman Medical		
Stepdown (Med/Surg)	0	0
7 East Medical ICU (ICU)	0	0
5 Wollman Surgery		
(Med/Surg)	0	0
5 Lachman Cardiac		
Stepdown (Med/Surg)	0	0
5 East Coronary Care Unit		
(ICU)	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 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)
MEETH Amb surg unit		
Recovery	0	0
MEETH Ambulatory Surgery Unit	0	0
MEETH Laser and Plastics	0	0
Clinic	0	0
MEETH PACU	0	0
MEETH Operating Room	0	0
MEETH Outpt Infusion	•	
Center	0	0
LHH Preop/Same Day		
Admission	0	0
LHH PACU	0	0
LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure		
Rooms	0	0
Non-Invasive Cardiology		
Stress Test and TEE	0	0
EP HoldingPre/Post		
Procedure	0	0
EP Procedure Rooms	0	0
Cath Lab HoldingPre/Post	_	_
Procedure	0	0
Cath Lab Procedure Rooms	0	0
Emergency Department		
HoldingAdmitted Patients	0	0
LHH Main ED	4	0.33

8 Uris 24 Bed Inpatient		
Psychiatry Unit	0	0
LHH Operating Room	0	0
Radiology IV Prep Area	0	0
Radiology CT Scan		
Procedure Room	0	0
Interventional Radiology		
Recovery	0	0
Interventional Radiology		
Procedure Rooms	0	0
General Inpatient Pediatric		
Services	0	0
Labor & Delivery (Maternal		
Child)	5	0.3
4 Lachman Postpartum		
(Maternal Child)	5	0.3
7 Uris Regional Medicine		
(Med/Surg)	5	2.99
4 Uris Regional Medicine		
(Med/Surg)	5	2.65
6 Uris Postpartum		
(Maternal Child)	5	0.3
Neonatal ICU (ICU)	5	5.76
9 Wollman Surgical		
Telemetry (Med/Surg)	5	3.49
9 Uris Regional Surgery		
(Med/Surg)	5	2.6
8 Wollman Regional Surgery		
(Med/Surg)	5	3.56
5 Uris Medical Telemetry		
(Med/Surg)	5	2.02
Nursery (Maternal Child)	5	0.3
6 Lachman High Risk		
Antepartum (Maternal		
Child)	5	0.3
4 Wollman Postpartum		
(Maternal Child)	5	0.3
9 Lachman CTICU Stepdown		
(Med/Surg)	5	4.82
9 East CTICU (ICU)	5	4.82
· · · · · ·		

8 Lachman Surgical		
Stepdown (Med/Surg)	5	2.78
8 East Surgical ICU (ICU)	5	7.02
7 Wollman Regional		
Medicine (Med/Surg)	5	2.61
7 Lachman Medical		
Stepdown (Med/Surg)	5	5.39
7 East Medical ICU (ICU)	5	5.39
5 Wollman Surgery		
(Med/Surg)	5	0.99
5 Lachman Cardiac		
Stepdown (Med/Surg)	5	1.82
5 East Coronary Care Unit		
(ICU)	5	5.57

## **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)
MEETH Amb surg unit		
Recovery	1	1.5
MEETH Ambulatory Surgery		
Unit	3	1
MEETH Laser and Plastics		
Clinic	0	0
MEETH PACU	4	0.3
MEETH Operating Room	10	2.1
MEETH Outpt Infusion		
Center	0	0
LHH Preop/Same Day		
Admission	1	1.5
LHH PACU	3	0.38

LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure	•	- J
Rooms	2	1
Non-Invasive Cardiology		
Stress Test and TEE	2	2
EP HoldingPre/Post		_
Procedure	0	0
EP Procedure Rooms	2	3.5
Cath Lab HoldingPre/Post		0.0
Procedure	2	1.88
rroccaare		1.00
Cath Lab Procedure Rooms	3	1.5
Cath Lab 1 Toccadic Noonis	<u> </u>	1.3
Emergency Department		
HoldingAdmitted Patients	1	2.5
LHH Main ED	5	0.5
8 Uris 24 Bed Inpatient		
Psychiatry Unit	4	1.42
LHH Operating Room	8	3.3
Radiology IV Prep Area	0	0
Radiology CT Scan		
Procedure Room	1	0.25
Interventional Radiology		0.25
Recovery	0	0
Interventional Radiology	•	
Procedure Rooms	1	1.5
General Inpatient Pediatric		
Services	1	2.5
Labor & Delivery (Maternal	_	2.0
Child)	3	2.05
4 Lachman Postpartum		
(Maternal Child)	1	3.75
7 Uris Regional Medicine		55
(Med/Surg)	4	0.97
4 Uris Regional Medicine	·	2.0.1
(Med/Surg)	4	0.97
6 Uris Postpartum	•	
(Maternal Child)	3	0.7
Neonatal ICU (ICU)	1	0.68
1100110101100 (100)	<u> </u>	2.00

9 Wollman Surgical		
Telemetry (Med/Surg)	2	0.71
9 Uris Regional Surgery		
(Med/Surg)	3	0.87
8 Wollman Regional Surgery		
(Med/Surg)	2	0.88
5 Uris Medical Telemetry		
(Med/Surg)	3	0.8
Nursery (Maternal Child)	1	0.94
6 Lachman High Risk		
Antepartum (Maternal		
Child)	1	0.75
4 Wollman Postpartum		
(Maternal Child)	1	0.75
9 Lachman CTICU Stepdown		
(Med/Surg)	2	1
9 East CTICU (ICU)	1	0.63
8 Lachman Surgical		
Stepdown (Med/Surg)	2	1
8 East Surgical ICU (ICU)	1	0.63
7 Wollman Regional		
Medicine (Med/Surg)	2	0.94
7 Lachman Medical		
Stepdown (Med/Surg)	2	1.07
7 East Medical ICU (ICU)	1	0.68
5 Wollman Surgery		
(Med/Surg)	1	1.25
5 Lachman Cardiac		
Stepdown (Med/Surg)	2	1
5 East Coronary Care Unit		
(ICU)	1	0.75

**EVENING SHIFT ADDITIONAL RESOURCES** 

Provide a description of Clinical Unit, including a	Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge
description of typical	nurse, and other
patient services provided on the unit and the	coverage provided to registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
MEETH Amb surg unit Recovery	Attending and anesthesiologist and unit nurse leadership. Volume varies by hour of day and day of week. Operating hours are 530am to 430pm
MEETH Ambulatory Surgery Unit MEETH Laser and Plastics	Attending and anesthesiologist and unit nurse leadership. Volume varies by hour of day and day of week. Operating hours are 530am to 430pm
Clinic	unit closed during these hours

MEETH PACU	Attending, Anesthesiologist, Unit Nursing Leadership. Volume varies by hour of day and day of week based on scheduled cases. Minimum of 1 for 2 patients during phase 1 recovery as per union contract
MEETH Operating Room	Attending, Anesthesiologist, Unit Nursing Leadership. Cases range in time from 30 min to 6 hours. Volume varies by hour of day and day of week based on scheduled cases. Minimum of 1 nurse and 1 scrub person in a case as per union contract.
MEETH Outpt Infusion Center	Phlebotomist, ACP, Unit Nurse Leadership, access service reps. Unit is open until 6pm and sees approx 30 patients per day in 13 chairs. Volume varies by hour of day, day of week, and type of treatment.

LHH Preop/Same Day Admission	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits. Unit is open until 8p
LHH PACU	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits. Minimally we would need 1 RN for every 2 patients.
LHH Endoscopy Recovery	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.

	-
LHH Endoscopy Procedure Rooms	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
· -	,
Non-Invasive Cardiology Stress Test and TEE	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
EP HoldingPre/Post Procedure	Attending Physician, Fellow, unit nurse leadership, Physician Assistant. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.

EP Procedure Rooms	Attending Physician, Fellow, unit nurse leadership, Physician Assistant, anesthesiologist. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Cath Lab HoldingPre/Post Procedure	Attending Physician, Fellow, unit nurse leadership, Physician Assistant. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Cath Lab Procedure Rooms	Attending Physician, Fellow, unit nurse leadership. Volume varies by hour of day and day of week according to number of scheduled patient visits.
Emergency Department HoldingAdmitted Patients	Volume fluctuates by hour of day based on ED volume and admitted patients waiting for bed. ED resources are used to care for these patients as needed. Nursing staff is separate from ED staff.

	Members:
	1:1 Patient observer/sitter
	Rehab – PT, OT, Speech
	Respiratory Therapy
	Unit Leadership
	Patient Transport Team/SSA
	ED Technicians
	Other Care Team Members:
	Patient Service Facilitator
	Staff Educator
	Clinical Impact ACP Team
	Nutritionist
	Clinical Pharmacist
LHH Main ED	Social work/case

	Members:
	1:1 Patient observer/sitter
	Rehab – PT, OT, Speechas needed
	Respiratory Therapyas needed
	Unit Leadership
	Patient Transport Team
	Security Personnel
	Other Care Team Members:
	Patient Service Facilitator
	Staff Educator
	Clinical Impact ACP Team
	Nutritionist
8 Uris 24 Bed Inpatient	
Psychiatry Unit	Clinical Pharmacistas
	PER ROOM, 1 circulator + 1
	scrub (either tech or RN).
	For open heart, local
	anesthesia cases, laser
	cases, major
	neuro/spine/ENT cases add
	1 circulator for a total of 3
	per room. Schedule varies
	by day of week and hour of
LHH Operating Room	day.

Radiology IV Prep Area	IV Prep Area2 RN's per day staffing standard. Total number varies by hour of the day and day of week according to number of scheduled daily visits
<u>.                                    </u>	1:1 Staffing Standard per
	CBA in procedure room.
Radiology CT Scan	Approx 15 min/pt for CT
Procedure Room	Scan
	IR Recovery is a 1:4 ratio
	and patients recover for an
Interventional Radiology	hour on average to meet
Recovery	discharge criteria
	Minimal Staffing is based on
	number of nurses and techs
	to do 1 casePer contract it
	is 2 RN's and 1 tech, other
	team members include
Interventional Radiology	Attending MD, Attending
Procedure Rooms	Anesthesiologist

Ancillary service personnel respond to patient care needs as needed. 1:1 Patient Observer/Sitter as needed, Rehab services as needed--PT/OT/Speech therapy, Respiratory Therapy as needed, Unit leadership, patient transport, Patient Service facilitator, staff educator, Clinical impact ACP team, nutritionist, clinical pharmacist, social work, case management, spiritual General Inpatient Pediatric | services, hospitalist, nursing students, intern/residents.

Services

Labor & Delivery (Maternal Child)

4 Lachman Postpartum (Maternal Child)

7 Uris Regional Medicine (Med/Surg)

4 Uris Regional Medicine (Med/Surg)

6 Uris Postpartum (Maternal Child)

Neonatal ICU (ICU)

9 Wollman Surgical Telemetry (Med/Surg)

9 Uris Regional Surgery (Med/Surg)

8 Wollman Regional Surgery (Med/Surg)

5 Uris Medical Telemetry (Med/Surg)

	Unit Nursa Managament
	Unit Nurse Management
	Assistant Nurse
	Management
	Staff Educator
	Patient Service Facilitator
	Patient Transport Team
	Rapid Response Team
	Respiratory Therapy
	Support
	Nutritionist
	Rehab Activities (OT, PT,
	Speech)
	Clinical Pharmacist
	Licensed Social Services /
	Case Management
	Spiritual Services
	Hospitalist / NP / PA
Nursery (Maternal Child)	Intern / Resident
	Unit Nurse Management
	Assistant Nurse
	Management
	Staff Educator
	Patient Service Facilitator
	1:1 Patient Observer/sitter
	Patient Transport Team
	Rapid Response Team
	Respiratory Therapy
	Support
	Nutritionist
	Rehab Activities (OT, PT,
	Speech)
	Clinical Pharmacist
	Licensed Social Services /
	Case Management
6 Lachman High Risk	Spiritual Services
Antepartum (Maternal	Hospitalist / NP / PA
Child)	Intern / Resident
/	, , , , , , , , , , , , , , , , , , , ,

4 Wollman Postpartum (Maternal Child)

9 Lachman CTICU Stepdown (Med/Surg)

9 East CTICU (ICU)

8 Lachman Surgical Stepdown (Med/Surg)

8 East Surgical ICU (ICU)

7 Wollman Regional Medicine (Med/Surg)

7 Lachman Medical Stepdown (Med/Surg)

7 East Medical ICU (ICU) Intern / Resident

5 Wollman Surgery (Med/Surg)

5 Lachman Cardiac Stepdown (Med/Surg)

## (ICU)

5 East Coronary Care Unit

## **EVENING SHIFT CONSENSUS INFORMATION**

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	Our Clinical Staffing Committee reached consensus on the clinical	If no, Chief Executive Officer Statement in support of clinical staffing plan for	Statement by members of clinical staffing committee selected by the general hospital administration	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):
MEETH Amb surg unit				
Recovery	Yes			
MEETH Ambulatory Surgery				
Unit	Yes			
MEETH Laser and Plastics				
Clinic	Yes			

MEETH Outpt Infusion Center  LHH Preop/Same Day Admission LHH PACU Ves LHH Endoscopy Recovery LHH Endoscopy Procedure Rooms Non-Invasive Cardiology- Stress Test and TEE EP HoldingPre/Post Procedure EP Procedure Rooms Ves Cath Lab HoldingPre/Post Procedure Cath Lab HoldingPre/Post Procedure EP Rocedure Rooms Ves Cath Lab Procedure Rooms Ves Cath Lab Procedure Rooms Ves LHH Main ED Survival Admission LHH Main ED Ves Survival Admission LHH Main ED Survival Admission Ves LHH Operating Room Ves Radiology IV Prep Area Radiology (T Scan Procedure Room Ves Interventional Radiology- Recovery Reservices Lab Robert Rooms Ves General Inpatient Pediatric Services Lab Roberty (Material Child) Ves	MEETH PACU	Yes		
MEETH Outpt Infusion Center LHH Preop/Same Day Admission Yes LHH PACU LHH Endoscopy Recovery Yes LHH Endoscopy Procedure Rooms Non-Invasive Cardiology- Stress Test and TEE EP toldingPre/Post Procedure Rooms Yes  Cath Lab HoldingPre/Post Procedure Rooms Cath Lab Procedure Rooms  Emergency Department HoldingAdmitted Patients LHH Main ED Yes 8 Uris 24 Bed Inpatient Psychiatry Unit LHH Operating Room Radiology IV Prep Area Recovery Procedure Rooms Yes General Inpatient Pediatric Services Yes Labor & Pres General Inpatient Pediatric Services Yes Labor & Pres Labor & Labor				
Center Yes CHH Preop/Same Day Admission Yes CHH Endoscopy Recovery Yes CHH Endoscopy Procedure Rooms Yes Non-Invasive Cardiology—Stress Test and TEE Yes Procedure Rooms Yes Yes Cath Lab Holding—Pre/Post Procedure Rooms Yes Yes Cath Lab Holding—Pre/Post Procedure Rooms Yes Yes Cath Lab Holding—Pre/Post Procedure Rooms Yes Series And TEE Yes Procedure Rooms Yes Yes Cath Lab Procedure Rooms Yes Yes Yes Procedure Rooms Yes Series And Tet Yes Yes Series And Tet Yes				
LHH Preop/Same Day Admission Yes LHH Endoscopy Recovery LHH Endoscopy Procedure Rooms Rooms Yes Non-Invasive Cardiology Stress Test and TEE EP HoldingPre/Post Procedure Rooms Yes EP Procedure Rooms Cath Lab HoldingPre/Post Procedure Yes EP rocedure Yes EP rocedure Yes EATH CAMPINE STREET S	-	Yes		
Admission Yes LHH PACU Yes LHH Endoscopy Recovery LHH Endoscopy Procedure Rooms Non-Invasive Cardiology- Stress Test and TEE Yes EP Holding-Pre/Post Procedure Procedure Rooms Yes  Cath Lab Holding-Pre/Post Procedure Yes  Emergency Department Holding-Admitted Patients LHH Main ED Suris 24 Bed Inpatient Psychiatry Unit LHH Operating Room Radiology IV Prep Area Recovery Procedure Rooms Yes  Interventional Radiology- Procedure Rooms Yes  Labor Radiology- Procedure Rooms Yes  General Inpatient Services Yes Labor Radiology- Procedure Rooms Yes  Cath Cath Cath Cath Cath Cath Cath Cath				
LHH PACU LHH Endoscopy Recovery LHH Endoscopy Procedure Rooms Non-invasive Cardiology— Stress Test and TEE EP HoldingPre/Post Procedure Procedure Rooms Yes  EP Procedure Rooms Cath Lab HoldingPre/Post Procedure Yes  Cath Lab Procedure Yes  Cath Lab Procedure Rooms Yes  Cath Lab Procedure Rooms Yes  LHH Main ED Suris 24 Bed Inpatient Psychiatry Unit Psychiatry Unit Yes LHH Operating Room Radiology IV Prep Area Radiology CT Scan Procedure Room Yes  Interventional Radiology— Procedure Rooms Yes  General Inpatient Pediatric Services Yes  General Inpatient Pediatric Services Yes  General Inpatient Pediatric Services Yes  Cath Cath Cath Cath Cath Cath Cath Cath		Yes		
LHH Endoscopy Pecoeure Rooms  Non-Invasive Cardiology— Stress Test and TEE EP Holding—Pre/Post Procedure Yes  EP Procedure Yes  Cath Lab Holding—Pre/Post Procedure  Temergency Department Holding—Admitted Patients LHH Main ED Suris 24 Bed Inpatient Psychiatry Unit LHH Operating Room Radiology IV Prep Area Radiology CT Scan Procedure Room Interventional Radiology— Recovery Yes  Labor Recovery Yes  Resident Room Resident Recovery Yes  Resident Resident Recovery Yes  Resident Resident Recovery Yes Resident Resident Recovery Yes Resident Resident Recovery Resident Resi	<u> </u>			
LHH Endoscopy Procedure Rooms Rooms Yes Non-Invasive Cardiology Stress Test and TEE EP HoldingPre/Post Procedure Per Procedure Procedure Yes Cath Lab HoldingPre/Post Procedure Yes Cath Lab Procedure Rooms Yes  Cath Lab Procedure Rooms Emergency Department HoldingAdmitted Patients UHH Main ED Yes 8 Uris 24 Bed Inpatient Psychiatry Unit Yes LHH Operating Room Radiology IV Prep Area Radiology IV Prep Area Radiology CT Scan Procedure Room Interventional Radiology Recovery Interventional Radiology Procedure Room Yes General Inpatient Pediatric Services Yes Labo & Delivery (Maternal Child) Yes Labman Postpartum				
Rooms Yes  Non-Invasive Cardiology Stress Test and TEE  EP HoldingPre/Post Procedure Yes  EP Procedure Nooms  Cath Lab HoldingPre/Post Procedure Yes  Emergency Department HoldingAdmitted Patients LHH Main ED  8 Uris 24 Bed Inpatient Psychiatry Unit Yes  Radiology IV Prep Area Radiology IV Prep Area Radiology C Scan Procedure Room Yes  Interventional Radiology Recovery Recovery Procedure Rooms Yes  Cath Lab Procedure Rooms Yes  Emergency Department HoldingAdmitted Patients Yes LHH Main ED Yes  8 Uris 24 Bed Inpatient Psychiatry Unit Yes LHH Operating Room Yes Radiology IV Prep Area Radiology IV Prep Area Radiology V Scan Procedure Room Yes Interventional Radiology Recovery Procedure Rooms Yes  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum				
Non-Invasive Cardiology Stress Test and TEE EP HoldingPre/Post Procedure Yes EP Procedure Rooms Cath Lab HoldingPre/Post Procedure Yes  Cath Lab Procedure Rooms  Emergency Department HoldingAdmitted Patients LHH Main ED 8 Uris 24 Bed Inpatient Psychiatry Unit Yes LHH Operating Room Radiology IV Prep Area Radiology IV Prep Area Radiology CT Scan Procedure Room Interventional Radiology Recovery Recovery Interventional Radiology Procedure Rooms General Inpatient Pediatric Services Yes Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum		Yes		
Stress Test and TEE  EP HoldingPre/Post Procedure Procedure Nooms Procedure Rooms  Cath Lab HoldingPre/Post Procedure Procedure Yes  Cath Lab Procedure  Cath Lab Procedure Rooms  Emergency Department HoldingAdmitted Patients  LHH Main ED Yes  8 Uris 24 Bed Inpatient Psychiatry Unit Psychiatry Unit Yes LHH Operating Room Yes  Radiology IV Prep Area Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Yes  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum				
EP HoldingPre/Post Procedure Yes  EP Procedure Rooms  Cath Lab HoldingPre/Post Procedure Rooms  Cath Lab Procedure Rooms  Cath Lab Procedure Rooms  Emergency Department HoldingAdmitted Patients  LHH Main ED  8 Uris 24 Bed Inpatient Psychiatry Unit Psychiatry Unit Yes  LHH Operating Room Radiology IV Prep Area Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Interventional Radiology Procedure Rooms  General Inpatient Pediatric Services  Yes  Labor & Delivery (Maternal Child) Yes  Yes  Yes  4 Lachman Postpartum		Yes		
Procedure Yes EP Procedure Rooms Cath Lab HoldingPre/Post Procedure Yes  Cath Lab Procedure Yes  Cath Lab Procedure Yes  Emergency Department HoldingAdmitted Patients LHH Main ED Yes 8 Uris 24 Bed Inpatient Psychiatry Unit Psychiatry Unit Yes LHH Operating Room Yes Radiology IV Prep Area Radiology CT Scan Procedure Room Yes Interventional Radiology- Recovery Yes Interventional Radiology- Procedure Rooms Yes General Inpatient Pediatric Services Yes Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum	-			
EP Procedure Rooms Cath Lab HoldingPre/Post Procedure Yes  Cath Lab Procedure Rooms Yes  Emergency Department HoldingAdmitted Patients LHH Main ED Yes 8 Uris 24 Bed Inpatient Psychiatry Unit Yes LHH Operating Room Yes Radiology IV Prep Area Radiology CT Scan Procedure Room Interventional Radiology Recovery Yes Interventional Radiology Procedure Rooms Yes General Inpatient Pediatric Services Yes Labor & Delivery (Maternal Child) Yes  Yes  Yes  Yes  Yes  Yes  Yes  A Lachman Postpartum	_	Yes		
Cath Lab HoldingPre/Post Procedure Yes  Cath Lab Procedure Rooms Yes  Emergency Department HoldingAdmitted Patients Yes  LHH Main ED Yes 8 Uris 24 Bed Inpatient Psychiatry Unit Yes LHH Operating Room Radiology IV Prep Area Radiology IV Prep Area Procedure Room Yes Radiology CT Scan Procedure Room Interventional Radiology Recovery Interventional Radiology Procedure Rooms Yes General Inpatient Pediatric Services Yes Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum				
Procedure Yes  Cath Lab Procedure Rooms Yes  Emergency Department HoldingAdmitted Patients Yes  LHH Main ED Yes S  8 Uris 24 Bed Inpatient Psychiatry Unit Yes  LHH Operating Room Yes  Radiology IV Prep Area Yes  Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Yes  Interventional Radiology Procedure Rooms Yes  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum				
Cath Lab Procedure Rooms  Emergency Department HoldingAdmitted Patients Yes  LHH Main ED Yes  8 Uris 24 Bed Inpatient Psychiatry Unit Yes  LHH Operating Room Radiology IV Prep Area Radiology IV Prep Area Radiology CT Scan Procedure Room Interventional Radiology Recovery Interventional Radiology Procedure Rooms Yes  General Inpatient Pediatric Services Labor & Delivery (Maternal Child) Yes  Yes  Cannot Delivery (Maternal Child) Yes  Yes	_	Yes		
Emergency Department HoldingAdmitted Patients  LHH Main ED 8 Uris 24 Bed Inpatient Psychiatry Unit Yes  LHH Operating Room Radiology IV Prep Area Radiology IV Prep Area Radiology CT Scan Procedure Room Interventional Radiology Recovery Recovery Yes Interventional Radiology Procedure Rooms Yes General Inpatient Pediatric Services Labor & Delivery (Maternal Child) Yes  Yes  Yes  A Lachman Postpartum				
HoldingAdmitted Patients  LHH Main ED  Yes  8 Uris 24 Bed Inpatient Psychiatry Unit Yes  LHH Operating Room Yes  Radiology IV Prep Area Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Yes  Interventional Radiology Procedure Rooms General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  Yes  Yes  Yes  A Lachman Postpartum	Cath Lab Procedure Rooms	Yes		
HoldingAdmitted Patients  LHH Main ED  Yes  8 Uris 24 Bed Inpatient Psychiatry Unit Yes  LHH Operating Room Yes  Radiology IV Prep Area Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Yes  Interventional Radiology Procedure Rooms General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  Yes  Yes  Yes  A Lachman Postpartum				
HoldingAdmitted Patients  LHH Main ED  Yes  8 Uris 24 Bed Inpatient Psychiatry Unit Yes  LHH Operating Room Yes  Radiology IV Prep Area Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Yes  Interventional Radiology Procedure Rooms General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  Yes  Yes  Yes  A Lachman Postpartum	Emergency Department			
LHH Main ED Yes  8 Uris 24 Bed Inpatient Psychiatry Unit Yes  LHH Operating Room Yes  Radiology IV Prep Area Yes  Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Yes  Interventional Radiology Procedure Rooms Yes  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum		Yes		
Psychiatry Unit Yes  LHH Operating Room Yes  Radiology IV Prep Area Yes  Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Procedure Rooms General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum		Yes		
Psychiatry Unit Yes  LHH Operating Room Yes  Radiology IV Prep Area Yes  Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Procedure Rooms General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum	8 Uris 24 Bed Inpatient			
LHH Operating Room Yes  Radiology IV Prep Area Yes  Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Yes  Interventional Radiology Procedure Rooms Yes  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum	-	Yes		
Radiology IV Prep Area Yes  Radiology CT Scan Procedure Room Yes  Interventional Radiology Recovery Yes  Interventional Radiology Procedure Rooms Yes  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum		Yes		
Procedure Room Yes  Interventional Radiology Recovery Yes  Interventional Radiology Procedure Rooms Yes  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum		Yes		
Interventional Radiology Recovery Yes  Interventional Radiology Procedure Rooms Yes  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum	Radiology CT Scan			
Recovery Interventional Radiology Procedure Rooms General Inpatient Pediatric Services Yes Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum	Procedure Room	Yes		
Interventional Radiology Procedure Rooms Yes  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum	Interventional Radiology			
Interventional Radiology Procedure Rooms Yes  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum	Recovery	Yes		
Procedure Rooms  General Inpatient Pediatric Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum				
Services Yes  Labor & Delivery (Maternal Child) Yes  4 Lachman Postpartum		Yes		
Labor & Delivery (Maternal Child)  4 Lachman Postpartum	General Inpatient Pediatric			
Child) Yes 4 Lachman Postpartum	Services	Yes		
Child) Yes 4 Lachman Postpartum	Labor & Delivery (Maternal			
		Yes		
(Maternal Child) Yes	4 Lachman Postpartum			
	(Maternal Child)	Yes		

7 Uris Regional Medicine			
(Med/Surg)	Yes		
4 Uris Regional Medicine			
(Med/Surg)	Yes		
6 Uris Postpartum			
(Maternal Child)	Yes		
Neonatal ICU (ICU)	Yes		
9 Wollman Surgical			
Telemetry (Med/Surg)	Yes		
9 Uris Regional Surgery			
(Med/Surg)	Yes		
8 Wollman Regional Surgery			
(Med/Surg)	Yes		
5 Uris Medical Telemetry			
(Med/Surg)	Yes		

considered both rationales and determined the The 1199 members have outcomes as listed. Decisions were based on expressed that the ratio of our enhanced model of patients versus the number patient care delivery, the of PCA's is not safe for The collaboration between Patient Care which would disciplines, and budgetary result in the PCA being constraints. liable for neglect and burn It is our mission to provide out. The other factors need The Admin Co-leads to be considered and are adequate staffing to support the best patient critical to have a significant considered many factors in care possible cognizant of amount of Staff are 1-1, determining safe, minimum team member experience staffing requirements for Floaters, Vacation, Sick the unit listed. Staffing is and the necessary support. Leave etc. Our hospital has been adjusted based on ongoing actively involved in assessments of care needs The Union has come to a organizational strategies and acuity, float PCA consensus to safe guard the working to enhance team positions were added to patient and staff The ratio member career experience, of PCA to patient is 1:7. support the unit if engagement, and retention. necessary, we encourage These units do not meet the couplet care so babies We have established criteria. The 1199 members multiple feedback remain in room with mom. have expressed that for the nursery, PCA's are often opportunities to ensure our additional team members clinical staff have a place to work together to care for all transporting patients voice concerns. patients including ANM and between floors and is a Nursery (Maternal Child) Our hospital is focused on No NM burden for 1 PCA

		<del></del>	T	
		considered both rationales		
		and determined the		
		outcomes as listed.		
		Decisions were based on		
		our enhanced model of		The 1199 members have
		patient care delivery, the		expressed that the ratio o
		collaboration between		patients versus the numbe
		disciplines, and budgetary		of PCA's is not safe for The
		constraints.		Patient Care which would
		It is our mission to provide		result in the PCA being
		adequate staffing to		liable for neglect and burr
		support the best patient	The Admin Co-leads	out. The other factors need
		care possible cognizant of	considered many factors in	to be considered and are
		team member experience	determining safe, minimum	critical to have a significan
		and the necessary support.	staffing requirements for	amount of Staff are 1-1,
		Our hospital has been	the unit listed. Staffing is	Floaters, Vacation, Sick
		actively involved in	adjusted based on ongoing	Leave etc.
		organizational strategies	assessments of care needs	
		working to enhance team	and acuity. Float PCA's	The Union has come to a
		member career experience,	were added to last year's	consensus to safe guard th
		engagement, and retention.	budget to provide	patient and staff The ratio
		We have established	additional support where	of PCA to patient is 1:7.
		multiple feedback	needed if acuity is high.	These units do not meet th
		opportunities to ensure our	Additional team members	criteria. The staff co-leads
6 Lachman High Risk		clinical staff have a place to	work together to care for all	state that the acuity of the
Antepartum (Maternal		voice concerns.	patients, including ANM as	patients can make it busy
Child)	No	Our hospital is focused on	well as NM	for 1 PCA to cover.

Т		<del></del>		
		considered both rationales		
		and determined the		
		outcomes as listed.		
		Decisions were based on		The 1199 members have
		our enhanced model of		expressed that the ratio of
		patient care delivery, the		patients versus the number
		collaboration between		of PCA's is not safe for The
		disciplines, and budgetary		Patient Care which would
		constraints.		result in the PCA being
		It is our mission to provide		liable for neglect and burn
		adequate staffing to		out. The other factors need
		support the best patient	The Admin Co-leads	to be considered and are
		care possible cognizant of	considered many factors in	critical to have a significant
		team member experience	determining safe, minimum	amount of Staff are 1-1,
		and the necessary support.	staffing requirements for	Floaters, Vacation, Sick
		Our hospital has been	the unit listed. Staffing is	Leave etc.
		actively involved in	adjusted based on ongoing	
		organizational strategies	assessments of care needs	The Union has come to a
		working to enhance team	and acuity. Float PCA's	consensus to safe guard the
		member career experience,	were added to last year's	patient and staff The ratio
		engagement, and retention.	budget to provide	of PCA to patient is 1:7.
		We have established	additional support where	These units do not meet the
		multiple feedback	needed if acuity is high.	criteria. The staff co-leads
		opportunities to ensure our	Additional team members	state that the 4W PSF
		clinical staff have a place to	listed in this unit's plan all	covers this area, so it can be
4 Wollman Postpartum		voice concerns.	work together to ensure	a challenge to cover both
(Maternal Child)	No	Our hospital is focused on	safe patient care.	units.

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		considered both rationales	considered many factors in	
		and determined the	determining safe, minimum	
		outcomes as listed.	staffing requirements for	
		Decisions were based on	the unit listed. Staffing is	
		our enhanced model of	adjusted based on ongoing	
		patient care delivery, the	assessments of care needs	
		collaboration between	and acuity.	
		disciplines, and budgetary	Float PCA positions added	The 1199 members have
		constraints.	last year to support where	expressed that the ratio of
		It is our mission to provide	needed across critical care	patients versus the number
		adequate staffing to	areas	of PCA's is not safe for The
		support the best patient	Additional team members	Patient Care which would
		care possible cognizant of	work together to care for all	result in the PCA being
		team member experience	patients, including newly	liable for neglect and burn
		and the necessary support.	added throughput RN's	out. The other factors need
		Our hospital has been	without a clinical	to be considered and are
		actively involved in	assignment, clinical support	critical to have a significant
		organizational strategies	RN and ANM as well as NM.	amount of Staff are 1-1,
		working to enhance team	Phlebotomists also draw	Floaters, Vacation, Sick
		member career experience,	blood except in	Leave etc.
		engagement, and retention.	emergencies where RN's	
		We have established	draw blood.	The Union has come to a
		multiple feedback	Want to evaluate efficiency	consensus to safe guard the
		opportunities to ensure our	partnership models	patient and staff The ratio
		clinical staff have a place to	regarding things like	of PCA to patient is 1:7.
9 Lachman CTICU Stepdown		voice concerns.	transport and other	These units do not meet the
(Med/Surg)	No	Our hospital is focused on	activities that could be done	criteria.

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		considered both rationales		
		and determined the	The Admin Co-leads	
		outcomes as listed.	considered many factors in	The 1199 members have
		Decisions were based on	determining safe, minimum	expressed that the ratio of
		our enhanced model of	staffing requirements for	patients versus the number
		patient care delivery, the	the unit listed. Staffing is	of PCA's is not safe for The
		collaboration between	adjusted based on ongoing	Patient Care which would
		disciplines, and budgetary	assessments of care needs	result in the PCA being
		constraints.	and acuity. BSN prepared	liable for neglect and burn
		It is our mission to provide	RN's perform finger sticks in	out. The other factors need
		adequate staffing to	an ICU setting,	to be considered and are
		support the best patient	Float PCA positions added	critical to have a significant
		care possible cognizant of	last year to support where	amount of Staff are 1-1,
		team member experience	needed across critical care	Floaters, Vacation, Sick
		and the necessary support.	areas	Leave etc.
		Our hospital has been	Additional team members	
		actively involved in	work together to care for all	The Union has come to a
		organizational strategies	patients, including clinical	consensus to safe guard the
		working to enhance team	support RN and ANM as	patient and staff The ratio
		member career experience,	well as NM.	of PCA to patient is 1:7.
		engagement, and retention.	Will work with CSC and	These units do not meet the
		We have established	CCC's to evaluate efficiency	criteria. Staff co-leads
		multiple feedback	partnership models	stated that sometimes the
		opportunities to ensure our	regarding things like	acute needs of the patients
		clinical staff have a place to	transport and other	and errands (picking up
		voice concerns.	activities that could be done	blood for example) take
9 East CTICU (ICU)	No	Our hospital is focused on	more efficiently	away from care on the unit.

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		considered both rationales	considered many factors in	
		and determined the	determining safe, minimum	
		outcomes as listed.	staffing requirements for	
		Decisions were based on	the unit listed. Staffing is	
		our enhanced model of	adjusted based on ongoing	
		patient care delivery, the	assessments of care needs	
		collaboration between	and acuityFloat PCA	
		disciplines, and budgetary	positions added last year to	The 1199 members have
		constraints.	support where needed	expressed that the ratio of
		It is our mission to provide	across critical care areas	patients versus the number
		adequate staffing to	Additional team members	of PCA's is not safe for The
		support the best patient	work together to care for all	Patient Care which would
		care possible cognizant of	patients, including newly	result in the PCA being
		team member experience	added throughput RN's	liable for neglect and burn
		and the necessary support.	without a clinical	out. The other factors need
		Our hospital has been	assignment, clinical support	to be considered and are
		actively involved in	RN and ANM as well as NM.	critical to have a significant
		organizational strategies	Phlebotomists also draw	amount of Staff are 1-1,
		working to enhance team	blood except in	Floaters, Vacation, Sick
		member career experience,	emergencies where RN's	Leave etc.
		engagement, and retention.	draw blood.	
		We have established	Will work with CSC and	The Union has come to a
		multiple feedback	CCC's to evaluate efficiency	consensus to safe guard the
		opportunities to ensure our	partnership models	patient and staff The ratio
		clinical staff have a place to	regarding things like	of PCA to patient is 1:7.
8 Lachman Surgical		voice concerns.	transport and other	These units do not meet the
Stepdown (Med/Surg)	No	Our hospital is focused on	activities that could be done	criteria.

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		considered both rationales		
		and determined the	The Admin Co-leads	
		outcomes as listed.	considered many factors in	
		Decisions were based on	determining safe, minimum	
		our enhanced model of	staffing requirements for	
		patient care delivery, the	the unit listed. Staffing is	
		collaboration between	adjusted based on ongoing	
		disciplines, and budgetary	assessments of care needs	The 1199 members have
		constraints.	and acuity. BSN prepared	expressed that the ratio of
		It is our mission to provide	RN's perform finger sticks in	patients versus the number
		adequate staffing to	an ICU setting,	of PCA's is not safe for The
		support the best patient	Float PCA positions added	Patient Care which would
		care possible cognizant of	last year to support where	result in the PCA being
		team member experience	needed across critical care	liable for neglect and burn
		and the necessary support.	areas	out. The other factors need
		Our hospital has been	Additional team members	to be considered and are
		actively involved in	work together to care for all	critical to have a significant
		organizational strategies	patients, including clinical	amount of Staff are 1-1,
		working to enhance team	support RN and ANM as	Floaters, Vacation, Sick
		member career experience,	well as NM.	Leave etc.
		engagement, and retention.	Will work with CSC and	
		We have established	CCC's to evaluate efficiency	The Union has come to a
		multiple feedback	partnership models	consensus to safe guard the
		opportunities to ensure our	regarding things like	patient and staff The ratio
		clinical staff have a place to	transport and other	of PCA to patient is 1:7.
		voice concerns.	activities that could be done	These units do not meet the
8 East Surgical ICU (ICU)	No	Our hospital is focused on	more efficiently	criteria.

		considered both rationales		
		and determined the		
		outcomes as listed.		
		Decisions were based on		
		our enhanced model of		
		patient care delivery, the		
		collaboration between		
		disciplines, and budgetary		The 1199 members have
		constraints.		expressed that the ratio of
		It is our mission to provide		patients versus the number
		adequate staffing to		of PCA's is not safe for The
		support the best patient	The Admin Co-leads	Patient Care which would
		care possible cognizant of	considered many factors in	result in the PCA being
		team member experience	determining safe, minimum	liable for neglect and burn
		and the necessary support.	staffing requirements for	out. The other factors need
		Our hospital has been	the unit listed. Staffing is	to be considered and are
		actively involved in	adjusted based on ongoing	critical to have a significant
		organizational strategies	assessments of care needs	amount of Staff are 1-1,
		working to enhance team	and acuity. Phlebotomists	Floaters, Vacation, Sick
		member career experience,	draw blood, except in	Leave etc.
		engagement, and retention.	emergencies where RN's	
		We have established	will draw blood. Additional	The Union has come to a
		multiple feedback	team members work	consensus to safe guard the
		opportunities to ensure our	together to care for all	patient and staff The ratio
		clinical staff have a place to	patients, including clinical	of PCA to patient is 1:7.
7 Wollman Regional		voice concerns.	support RN and ANM as	These units do not meet the
Medicine (Med/Surg)	No	Our hospital is focused on	well as NM.	criteria.

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		considered both rationales	considered many factors in	
		and determined the	determining safe, minimum	
		outcomes as listed.	staffing requirements for	
		Decisions were based on	the unit listed. Staffing is	
		our enhanced model of	adjusted based on ongoing	
		patient care delivery, the	assessments of care needs	
		collaboration between	and acuityFloat PCA	
		disciplines, and budgetary	positions added last year to	The 1199 members have
		constraints.	support where needed	expressed that the ratio of
		It is our mission to provide	across critical care areas	patients versus the number
		adequate staffing to	Additional team members	of PCA's is not safe for The
		support the best patient	work together to care for all	Patient Care which would
		care possible cognizant of	patients, including newly	result in the PCA being
		team member experience	added throughput RN's	liable for neglect and burn
		and the necessary support.	without a clinical	out. The other factors need
		Our hospital has been	assignment, clinical support	to be considered and are
		actively involved in	RN and ANM as well as NM.	critical to have a significant
		organizational strategies	Phlebotomists also draw	amount of Staff are 1-1,
		working to enhance team	blood except in	Floaters, Vacation, Sick
		member career experience,	emergencies where RN's	Leave etc.
		engagement, and retention.	draw blood.	
		We have established	Will work with CSC and	The Union has come to a
		multiple feedback	CCC's to evaluate efficiency	consensus to safe guard the
		opportunities to ensure our	partnership models	patient and staff The ratio
		clinical staff have a place to	regarding things like	of PCA to patient is 1:7.
7 Lachman Medical		voice concerns.	transport and other	These units do not meet the
Stepdown (Med/Surg)	No	Our hospital is focused on	activities that could be done	criteria.

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		considered both rationales		
		and determined the	The Admin Co-leads	
		outcomes as listed.	considered many factors in	
		Decisions were based on	determining safe, minimum	
		our enhanced model of	staffing requirements for	
		patient care delivery, the	the unit listed. Staffing is	
		collaboration between	adjusted based on ongoing	
		disciplines, and budgetary	assessments of care needs	The 1199 members have
		constraints.	and acuity. BSN prepared	expressed that the ratio of
		It is our mission to provide	RN's perform finger sticks in	patients versus the number
		adequate staffing to	an ICU setting,	of PCA's is not safe for The
		support the best patient	Float PCA positions added	Patient Care which would
		care possible cognizant of	last year to support where	result in the PCA being
		team member experience	needed across critical care	liable for neglect and burn
		and the necessary support.	areas	out. The other factors need
		Our hospital has been	Additional team members	to be considered and are
		actively involved in	work together to care for all	critical to have a significant
		organizational strategies	patients, including clinical	amount of Staff are 1-1,
		working to enhance team	support RN and ANM as	Floaters, Vacation, Sick
		member career experience,	well as NM.	Leave etc.
		engagement, and retention.	Will work with CSC and	
		We have established	CCC's to evaluate efficiency	The Union has come to a
		multiple feedback	partnership models	consensus to safe guard the
		opportunities to ensure our	regarding things like	patient and staff The ratio
		clinical staff have a place to	transport and other	of PCA to patient is 1:7.
		voice concerns.	activities that could be done	These units do not meet the
7 East Medical ICU (ICU)	No	Our hospital is focused on	more efficiently	criteria.

		<del></del>		
		considered both rationales		
		and determined the	The Admin Co-leads	
		outcomes as listed.	considered many factors in	
		Decisions were based on	determining safe, minimum	
		our enhanced model of	staffing requirements for	
		patient care delivery, the	the unit listed. Staffing is	
		collaboration between	adjusted based on ongoing	
		disciplines, and budgetary	assessments of care needs	The 1199 members have
		constraints.	and acuity	expressed that the ratio of
		It is our mission to provide	Additional team members	patients versus the number
		adequate staffing to	work together to care for all	of PCA's is not safe for The
		support the best patient	patients, including clinical	Patient Care which would
		care possible cognizant of	support RN and ANM as	result in the PCA being
		team member experience	well as NM.	liable for neglect and burn
		and the necessary support.	If 5W is full there will be 2	out. The other factors need
		Our hospital has been	nurses, each with 5	to be considered and are
		actively involved in	patients. Two PCAs also	critical to have a significant
		organizational strategies	having 5 patients each is	amount of Staff are 1-1,
		working to enhance team	not required for these	Floaters, Vacation, Sick
		member career experience,	patients	Leave etc.
		engagement, and retention.	Will work with CSC and	
		We have established	CCC's to evaluate efficiency	The Union has come to a
		multiple feedback	partnership models	consensus to safe guard the
		opportunities to ensure our	regarding things like	patient and staff The ratio
		clinical staff have a place to	transport and other	of PCA to patient is 1:7.
5 Wollman Surgery		voice concerns.	activities that could be done	These units do not meet the
(Med/Surg)	No	Our hospital is focused on	more efficiently	criteria.

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		considered both rationales		
		and determined the	The Admin Co-leads	
		outcomes as listed.	considered many factors in	
		Decisions were based on	determining safe, minimum	
		our enhanced model of	staffing requirements for	
		patient care delivery, the	the unit listed. Staffing is	
		collaboration between	adjusted based on ongoing	
		disciplines, and budgetary	assessments of care needs	The 1199 members have
		constraints.	and acuityFloat PCA	expressed that the ratio of
		It is our mission to provide	positions added last year to	patients versus the number
		adequate staffing to	support where needed	of PCA's is not safe for The
		support the best patient	across critical care areas	Patient Care which would
		care possible cognizant of	Additional team members	result in the PCA being
		team member experience	work together to care for all	liable for neglect and burn
		and the necessary support.	patients, including clinical	out. The other factors need
		Our hospital has been	support RN and ANM as	to be considered and are
		actively involved in	well as NM. Phlebotomists	critical to have a significan
		organizational strategies	also draw blood except in	amount of Staff are 1-1,
		working to enhance team	emergencies where RN's	Floaters, Vacation, Sick
		member career experience,	draw blood.	Leave etc.
		engagement, and retention.	Will work with CSC and	
		We have established	CCC's to evaluate efficiency	The Union has come to a
		multiple feedback	partnership models	consensus to safe guard the
		opportunities to ensure our	regarding things like	patient and staff The ratio
		clinical staff have a place to	transport and other	of PCA to patient is 1:7.
5 Lachman Cardiac		voice concerns.	activities that could be done	These units do not meet th
Stepdown (Med/Surg)	No	Our hospital is focused on	more efficiently	criteria.

	considered both rationales		
	and determined the	The Admin Co-leads	
	outcomes as listed.	considered many factors in	
	Decisions were based on	determining safe, minimum	
	our enhanced model of	staffing requirements for	
	patient care delivery, the	the unit listed. Staffing is	
	collaboration between	adjusted based on ongoing	
	disciplines, and budgetary	assessments of care needs	The 1199 members have
	constraints.	and acuity. BSN prepared	expressed that the ratio of
	It is our mission to provide	l ' ' '	patients versus the number
	adequate staffing to	an ICU setting,	of PCA's is not safe for The
	support the best patient	Float PCA positions added	Patient Care which would
	care possible cognizant of	· · · · · · · · · · · · · · · · · · ·	result in the PCA being
	team member experience	needed across critical care	liable for neglect and burn
	and the necessary support.	areas	out. The other factors need
		Additional team members	to be considered and are
	•	work together to care for all	critical to have a significant
	•	_	amount of Staff are 1-1,
	•	'	Floaters, Vacation, Sick
		well as NM.	Leave etc.
	· ·	Will work with CSC and	
	We have established	CCC's to evaluate efficiency	The Union has come to a
	multiple feedback	· · · · · · · · · · · · · · · · · · ·	consensus to safe guard the
	•	· '	patient and staff The ratio
	clinical staff have a place to	transport and other	of PCA to patient is 1:7.
	voice concerns.	'	•
No	Our hospital is focused on		criteria.
	No	and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.	and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.  It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.  Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.  We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.  The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas  Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.  Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done

MINIMITI SIIII I STATTING				
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)
		_	_	_
Ambulatory Surgery	MEETH Amb Surg Recovery	0	0	0
	MEETH Ambulatory Surgery			
Ambulatory Surgery	Unit	7	1	25
	MEETH Laser and Plastics			
Other	Clinic	0	0	0
Other	MEETH PACU	0	0	0
Other	MEETH Operating Room	0	0	0
	MEETH Outpt Infusion			
Infusion Services	Center	0	0	0
	LHH Preop/Same Day			
Other	Admission	9	0.5	20
Other	LHH PACU	3	2	5
Endoscopy	LHH Endoscopy Recovery	0	0	0
. ,	LHH Endoscopy Procedure			
Endoscopy	Rooms	0	0	0
	Non-Invasive Cardiology	-	-	-
Cardiovascular	Stress Test and TEE	0	0	0
	EP HoldingPre/Post			-
Cardiac Catheterization/EP	Procedure	0	0	0
The state of the s		, , , , , , , , , , , , , , , , , , ,	<u> </u>	
Cardiac Catheterization/EP	EP Procedure Rooms	0	0	0
	Cath Lab HoldingPre/Post			-
Cardiac Catheterization/EP	Procedure Area	0	0	0
				,
Cardiac Catheterization/EP	Cath Lab Procedure Rooms	0	0	0
			-	-
	Emergency Department			
Short Stay	HoldingAdmitted Patients	1	2.56	3
			· · · · · · · · · · · · · · · · · · ·	·

Emergency Department	LHH Main ED	8	1.82	35
	8 Uris 24 Bed Inpatient			
Psychiatry	Psychiatry Unit	3	1.09	21
Other	LHH Operating Room	3	3.3	5
Other	Radiology IV Prep Area	0	0	0
	Radiology CT Scan			
Other	Procedure Room	0	0	0
	Interventional Radiology			
Other	Recovery	0	0	0
	Interventional Radiology			
Other	Procedure Rooms	0	0	0
	General Inpatient Pediatric			
Pediatric	Services	1	2.56	3
	Labor & Delivery (Maternal			
Obstetrics/Gynecology	Child)	9	6.55	11
· , · · · · ·	4 Lachman Postpartum			
Obstetrics/Gynecology	(Maternal Child)	1	4	2
	7 Uris Regional Medicine			
Medical/Surgical	(Med/Surg)	6	1.55	31
	4 Uris Regional Medicine	-		
Medical/Surgical	(Med/Surg)	6	1.48	31
	6 Uris Postpartum			
Obstetrics/Gynecology	(Maternal Child)	7	1.75	32
Neonatal	Neonatal ICU (ICU)	7	5.09	11
recinatai	9 Wollman Surgical	,	3.03	
Telemetry	Telemetry (Med/Surg)	6	2.29	21
reterrietry	9 Uris Regional Surgery		2.23	
Medical/Surgical	(Med/Surg)	5	1.54	26
Wicalcal/ Sal glear	8 Wollman Regional Surgery	<u> </u>	1.54	20
Medical/Surgical	(Med/Surg)	3	1.41	17
Wiedical/ Surgical	5 Uris Medical Telemetry	<u> </u>	1.41	17
Telemetry	(Med/Surg)	8	2.29	28
Obstetrics/Gynecology	Nursery (Maternal Child)	1	1	8
Obsteti its/ dynecology	6 Lachman High Risk	τ	1	0
	Antepartum (Maternal			
Obstatrics/Gunasalagu	Child)	2	2.4	10
Obstetrics/Gynecology	,	3	2.4	10
Obstatuiss/Companie	4 Wollman Postpartum	2	1.6	10
Obstetrics/Gynecology	(Maternal Child)	2	1.6	10
Cham da	9 Lachman CTICU Stepdown	A	242	45
Stepdown	(Med/Surg)	4	2.13	15

Intensive Care	9 East CTICU (ICU)	6	4	12
	8 Lachman Surgical			
Stepdown	Stepdown (Med/Surg)	4	2.13	15
Intensive Care	8 East Surgical ICU (ICU)	6	4	12
	7 Wollman Regional			
Medical/Surgical	Medicine (Med/Surg)	3	1.5	14
	7 Lachman Medical			
Stepdown	Stepdown (Med/Surg)	4	2.29	14
Intensive Care	7 East Medical ICU (ICU)	6	4.36	11
	5 Wollman Surgery			
Medical/Surgical	(Med/Surg)	1	1.33	6
	5 Lachman Cardiac			
Stepdown	Stepdown (Med/Surg)	4	2.13	15
	5 East Coronary Care Unit			
Intensive Care	(ICU)	5	4	10

## 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)
Ambulatory Surgery	0	0
Ambulatory Surgery	5	0
Other	0	0
Other	0	0
Other	0	0
Infusion Services	0	0
Other	4	0
Other	4	0
Endoscopy	0	0
Endoscopy	0	0
Cardiovascular	0	0

Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Short Stay	4	0
Emergency Department	5	0
Psychiatry	7	0
Other	2	0
Other	0	0
Pediatric	4	0
Obstetrics/Gynecology	1.5	0
Obstetrics/Gynecology	2	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Obstetrics/Gynecology	6	0
Neonatal	1.57	0
Telemetry	4	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Telemetry	4	0
Obstetrics/Gynecology	8	0
Obstetrics/Gynecology	3.33	0
Obstetrics/Gynecology	6	0
Stepdown	4	0
Intensive Care	2	0
Stepdown	4	0
Intensive Care	2	0
Medical/Surgical	6	0
Stepdown	4	0
Intensive Care	2	0
Medical/Surgical	6	0
Stepdown	4	0
Intensive Care	2	0

## NIGHT SHIFT ANCILLARY STAFF

NIGHT SHIFT ANCILLARY STA	Planned total hours of LPN care per patient including adjustment for	Planned average number of ancillary members of the frontline team on the
	case mix and acuity on	unit per day on the Night
	the Night Shift (Please provide a number with	Shift? (Please provide a number with up to 5
Name of Clinical Unit:	up to 5 digits. Ex: 101.50)	digits. Ex: 101.50)
Ambulatory Surgery	0	0
Ambulatory Surgery	0	0
Other	0	0
Other	0	0
Other	0	0
Infusion Services	0	0
Other	0	0
Other	0	0
Endoscopy	0	0
Endoscopy	0	0
Cardiovascular	0	0
Cardiac Catheterization/EP	0	0
Short Stay	0	0
Emergency Department	0	1
Psychiatry	0	0
Other	0	0

Pediatric	0	0
Obstetrics/Gynecology	0	3
Obstetrics/Gynecology	0	3
Medical/Surgical	0	3
Medical/Surgical	0	3
Obstetrics/Gynecology	0	3
Neonatal	0	3
Telemetry	0	3
Medical/Surgical	0	3
Medical/Surgical	0	3
Telemetry	0	3
Obstetrics/Gynecology	0	3
Obstetrics/Gynecology	0	3
Obstetrics/Gynecology	0	3
Stepdown	0	3
Intensive Care	0	3
Stepdown	0	3
Intensive Care	0	3
Medical/Surgical	0	3
Stepdown	0	3
Intensive Care	0	3
Medical/Surgical	0	3
Stepdown	0	3
Intensive Care	0	3

## 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)
Ambulatory Surgery	0	0
Ambulatory Surgery	0	3
Other	0	0
Other	0	0

Other	0	0
Infusion Services	0	0
Other	0	3
Other	0	1
Endoscopy	0	0
Endoscopy	0	0
Cardiovascular	0	0
Cardiac Catheterization/EP	0	0
Short Stay	0	1
Emergency Department	0.21	5
Psychiatry	0	4
Other	0	3
Other	0	0
Pediatric	0	1
Obstetrics/Gynecology	0.15	3
Obstetrics/Gynecology	0.15	1
Medical/Surgical	0.98	4
Medical/Surgical	0.88	4
Obstetrics/Gynecology	0.15	3
Neonatal	5.63	1
Telemetry	0.75	2
Medical/Surgical	0.75	3
Medical/Surgical	0.88	2
Telemetry	0.75	3
Obstetrics/Gynecology	0.15	1
Obstetrics/Gynecology	0.15	1
Obstetrics/Gynecology	0.15	1
Stepdown	3.75	2
Intensive Care	3.75	1
Stepdown	0.88	2

Intensive Care	4.88	1
Medical/Surgical	0.98	2
Stepdown	3.75	2
Intensive Care	3.75	1
Medical/Surgical	0.75	1
Stepdown	0.75	2
Intensive Care	4.5	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)		
Ambulatory Surgery	0		
Ambulatory Surgery	0.2		
Other	0.2		
Other	0		
Other	0		
Infusion Services	0		
Other	1.13		
Other	0.38		
Endoscopy	0		
Endoscopy	0		
Cardiovascular	0		
Cardiac Catheterization/EP	0		
Short Stay	2.5		

Emergency Department	1
Psychiatry	1.42
Other	3.3
Other	0
Pediatric	2.5
Obstetrics/Gynecology	2.05
Obstetrics/Gynecology	3.75
Medical/Surgical	0.97
Medical/Surgical	0.97
Obstetrics/Gynecology	0.7
Neonatal	0.68
Telemetry	0.71
Medical/Surgical	0.87
Medical/Surgical	0.88
Telemetry	0.8
Obstetrics/Gynecology	0.94
Obstetrics/Gynecology	0.75
Obstetrics/Gynecology	0.75
Stepdown	1
Intensive Care	0.63
Stepdown	1
Intensive Care	0.63
Medical/Surgical	0.94
Stepdown	1.07
Intensive Care	0.68
Medical/Surgical	1.25
Stepdown	1
Intensive Care	0.75

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
	licensed practical nurses,	consensus on the clinical	clinical staffing plan for	administration
Name of Clinical Unit:	and ancillary staff.	staffing plan for this unit:	this unit:	(management members):
	unit closed during these	V		
Ambulatory Surgery	hours	Yes		
	Attending and			
	anesthesiologist and unit			
	nurse leadership. Volume			
	varies by hour of day and			
	day of week. Operating			
	hours are 530am to 430pm.			
	This data represents			
	patients present from 530a-			
Ambulatory Surgery	7a, unit is closed overnight.	Yes		

	Unit closed during these		
Other	hours	Yes	
	Unit closed during these		
Other	hours	Yes	
	Unit closed during these		
Other	hours	Yes	
	Unit closed during these		
Infusion Services	hours	Yes	
	Attending Physician, Fellow,		
	unit nurse leadership, ACP,		
	anesthesiologist as needed.		
	Volume varies by hour of		
	day and day of week		
	according to number of		
	scheduled and unscheduled		
	patient visits. Unit is closed		
	·		
	overnight and opens at 6am		
	to prep patients for the next		
Other	day. Staff come in at 6a on	V	
Other	this shift.	Yes	
	Attack to Division Falls		
	Attending Physician, Fellow,		
	unit nurse leadership, ACP,		
	anesthesiologist as needed.		
	Volume varies by hour of		
	day and day of week		
	according to number of		
	scheduled and unscheduled		
	patient visits. Minimally we		
	would need 1 RN for every		
Other	2 patients.	Yes	
	Unit closed during these		
Endoscopy	hours for elective cases	Yes	
	Unit closed during these		
Endoscopy	hours for elective cases	Yes	

	The state of the state of the state of		
	Unit closed during these		
Cardiovascular	hours	Yes	
	Unit closed during these		
Cardiac Catheterization/EP	hours	Yes	
	Unit closed during these		
Cardiac Catheterization/EP	hours	Yes	
	Unit closed during these		
Cardiac Catheterization/EP	hours for elective cases	Yes	
	Unit closed for elective		
Cardiac Catheterization/EP	cases during these hours	Yes	
	Volume fluctuates by hour		
	of day based on ED volume		
	and admitted patients		
	waiting for bed. ED		
	resources are used to care		
	for these patients as		
	needed. Nursing staff is		
Short Stay	separate from ED staff.	Yes	

	Members:		
	1.1 Dationt about a language /aitton		
	1:1 Patient observer/sitter		
	Rehab – PT, OT, Speech		
	, , ,		
	Respiratory Therapy		
	the transfer of the		
	Unit Leadership		
	Patient Transport Team/SSA		
	l autono manoporo roam, con		
	ED Technicians		
	Other Care Team Members:		
	Patient Service Facilitator		
	Staff Educator		
	Clinical Impact ACP Team		
	Nutritionist		
	Natificilist		
	Clinical Pharmacist		
Emergency Department	Social work/case	Yes	

	Members:		
	1:1 Patient observer/sitter		
	Rehab – PT, OT, Speechas needed		
	Respiratory Therapyas needed		
	Unit Leadership		
	Patient Transport Team		
	Security Personnel		
	Other Care Team Members:		
	Patient Service Facilitator		
	Staff Educator		
	Clinical Impact ACP Team		
	Nutritionist		
Psychiatry	Clinical Pharmacistas	Yes	
	PER ROOM, 1 circulator + 1		
	scrub (either tech or RN).		
	For open heart, local		
	anesthesia cases, laser		
	cases, major		
	neuro/spine/ENT cases add		
	1 circulator for a total of 3		
	per room. Schedule varies		
	by day of week and hour of		
Other	day.	Yes	
Other	CLOSED on this shift	Yes	
Other	CLOSED on this shift	Yes	

Other	CLOSED on this shift	Yes	
Other	CLOSED after 7pm	Yes	
Other	Ancillary service personnel respond to patient care needs as needed.  1:1 Patient Observer/Sitter as needed, Rehab services as neededPT/OT/Speech therapy, Respiratory Therapy as needed, Unit leadership, patient	Yes	
	transport, Patient Service facilitator, staff educator, Clinical impact ACP team, nutritionist, clinical pharmacist, social work,		
	case management, spiritual services, hospitalist, nursing		
Pediatric	students, intern/residents.	Yes	
	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA		
Obstetrics/Gynecology		Yes	
Obstetrics/Gynecology	Support Licensed Social Services /	Yes	

	Unit Nurse Management		
	Assistant Nurse		
	Management		
	Staff Educator		
	Patient Service Facilitator		
	1:1 Patient Observer/sitter		
	Patient Transport Team		
	Rapid Response Team		
	Respiratory Therapy		
	Support		
	Licensed Social Services /		
	Case Management		
	Hospitalist / NP / PA		
Obstetrics/Gynecology	Intern / Resident	Yes	
	Unit Nurse Management		
	Assistant Nurse		
	Management		
	Staff Educator		
	1:1 Patient Observer/sitter		
	Patient Transport Team		
	Rapid Response Team		
	Respiratory Therapy		
	Support		
	Licensed Social Services /		
	Case Management		
	Hospitalist / NP / PA		
Medical/Surgical	Intern / Resident	Yes	

	Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case		
Medical/Surgical	Management	Yes	
	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA		
Obstetrics/Gynecology	Intern / Resident	Yes	

	1		
	Unit Nurse Management		
	Assistant Nurse		
	Management		
	Staff Educator		
	Patient Service Facilitator		
	1:1 Patient Observer/sitter		
	Patient Transport Team		
	Monitor /Tele Technician		
	Rapid Response Team		
	Respiratory Therapy		
	Support		
	Licensed Social Services /		
	Case Management		
	Hospitalist / NP / PA		
Neonatal	Intern / Resident	Yes	
recondition	mem, nesident	1.03	
	Unit Nurse Management		
	Assistant Nurse		
	Management Staff Educator		
	1:1 Patient Observer/sitter		
	Patient Transport Team		
	Monitor /Tele Technician		
	Rapid Response Team		
	Respiratory Therapy		
	Support		
	Licensed Social Services /		
	Case Management		
	Hospitalist / NP / PA		
Telemetry	Intern / Resident	Yes	1

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Assistant Nurse			
Management			
Staff Educator			
1:1 Patient Observer/sitter			
Patient Transport Team			
Rapid Response Team			
Respiratory Therapy			
Support			
Licensed Social Services /			
Case Management			
	Yes		
Unit Nurse Management			
Assistant Nurse			
Management			
Staff Educator			
1:1 Patient Observer/sitter			
· ·			
-	Yes		
	Staff Educator  1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident  Unit Nurse Management Assistant Nurse Management	Assistant Nurse Management Staff Educator  1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident  Unit Nurse Management Assistant Nurse Management Staff Educator  1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA	Assistant Nurse Management Staff Educator  1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident  Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA

	Unit Nurse Management		
	Assistant Nurse		
	Management		
	Staff Educator		
	1:1 Patient Observer/sitter		
	Patient Transport Team		
	Monitor /Tele Technician		
	Rapid Response Team		
	Respiratory Therapy		
	Support		
	Licensed Social Services /		
	Case Management		
	Hospitalist / NP / PA		
Telemetry	Intern / Resident	Yes	

		<u> </u>	<del> </del>	
			considered both rationales	
			and determined the	
			outcomes as listed.	
			Decisions were based on	
			our enhanced model of	
			patient care delivery, the	
			collaboration between	
			disciplines, and budgetary	
			constraints.	
			It is our mission to provide	
			adequate staffing to	The Admin Co-leads
			support the best patient	considered many factors in
			care possible cognizant of	determining safe, minimum
			team member experience	staffing requirements for
	Unit Nurse Management		and the necessary support.	the unit listed. Staffing is
	Assistant Nurse		Our hospital has been	adjusted based on ongoing
	Management		actively involved in	assessments of care needs
	Staff Educator		organizational strategies	and acuity, float PCA
	Patient Service Facilitator		working to enhance team	positions were added to
	Patient Transport Team		member career experience,	support the unit if
	Rapid Response Team		engagement, and retention.	necessary, we encourage
	Respiratory Therapy		We have established	couplet care so babies
	Support		multiple feedback	remain in room with mom,
	Licensed Social Services /		opportunities to ensure our	additional team members
	Case Management		clinical staff have a place to	work together to care for all
	Hospitalist / NP / PA		voice concerns.	patients including ANM and
Obstetrics/Gynecology	Intern / Resident	No	Our hospital is focused on	NM

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			considered both rationales	
			and determined the	
			outcomes as listed.	
			Decisions were based on	
			our enhanced model of	
			patient care delivery, the	
			collaboration between	
			disciplines, and budgetary	
			constraints.	
			It is our mission to provide	
			adequate staffing to	
			support the best patient	The Admin Co-leads
			care possible cognizant of	considered many factors in
	Unit Nurse Management		team member experience	determining safe, minimum
	Assistant Nurse		and the necessary support.	staffing requirements for
	Management		Our hospital has been	the unit listed. Staffing is
	Staff Educator		actively involved in	adjusted based on ongoing
	Patient Service Facilitator		organizational strategies	assessments of care needs
	1:1 Patient Observer/sitter		working to enhance team	and acuity. Float PCA's
	Patient Transport Team		member career experience,	were added to last year's
	Rapid Response Team		engagement, and retention.	budget to provide
	Respiratory Therapy		We have established	additional support where
	Support		multiple feedback	needed if acuity is high.
	Licensed Social Services /		opportunities to ensure our	Additional team members
	Case Management		clinical staff have a place to	work together to care for all
	Hospitalist / NP / PA		voice concerns.	patients, including ANM as
Obstetrics/Gynecology	Intern / Resident	No	Our hospital is focused on	well as NM

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			considered both rationales	
			and determined the	
			outcomes as listed.	
			Decisions were based on	
			our enhanced model of	
			patient care delivery, the	
			collaboration between	
			disciplines, and budgetary	
			constraints.	
			It is our mission to provide	
			adequate staffing to	
			support the best patient	The Admin Co-leads
			care possible cognizant of	considered many factors in
	Unit Nurse Management		team member experience	determining safe, minimum
	Assistant Nurse		and the necessary support.	staffing requirements for
	Management		Our hospital has been	the unit listed. Staffing is
	Staff Educator		actively involved in	adjusted based on ongoing
	Patient Service Facilitator		organizational strategies	assessments of care needs
	1:1 Patient Observer/sitter		working to enhance team	and acuity. Float PCA's
	Patient Transport Team		member career experience,	were added to last year's
	Rapid Response Team		engagement, and retention.	budget to provide
	Respiratory Therapy		We have established	additional support where
	Support		multiple feedback	needed if acuity is high.
	Licensed Social Services /		opportunities to ensure our	Additional team members
	Case Management		clinical staff have a place to	listed in this unit's plan all
	Hospitalist / NP / PA		voice concerns.	work together to ensure
Obstetrics/Gynecology	Intern / Resident	No	Our hospital is focused on	safe patient care.

considered both rationales considered many factors in and determined the determining safe, minimum staffing requirements for outcomes as listed. the unit listed. Staffing is Decisions were based on our enhanced model of adjusted based on ongoing patient care delivery, the assessments of care needs collaboration between and acuity. disciplines, and budgetary Float PCA positions added constraints. last year to support where It is our mission to provide needed across critical care adequate staffing to areas support the best patient Additional team members care possible cognizant of work together to care for all team member experience patients, including newly **Unit Nurse Management** added throughput RN's **Assistant Nurse** and the necessary support. Our hospital has been Management without a clinical Staff Educator actively involved in assignment, clinical support 1:1 Patient Observer/sitter organizational strategies RN and ANM as well as NM. **Patient Transport Team** working to enhance team Phlebotomists also draw Monitor /Tele Technician member career experience, blood except in Rapid Response Team engagement, and retention. emergencies where RN's **Respiratory Therapy** draw blood. We have established Want to evaluate efficiency Support multiple feedback Licensed Social Services / opportunities to ensure our partnership models Case Management clinical staff have a place to regarding things like Hospitalist / NP / PA voice concerns. transport and other Intern / Resident Our hospital is focused on activities that could be done Stepdown No

			considered both rationales	
			and determined the	The Admin Co-leads
			outcomes as listed.	considered many factors in
			Decisions were based on	determining safe, minimum
			our enhanced model of	staffing requirements for
			patient care delivery, the	the unit listed. Staffing is
			collaboration between	adjusted based on ongoing
			disciplines, and budgetary	assessments of care needs
			constraints.	and acuity. BSN prepared
			It is our mission to provide	RN's perform finger sticks in
			adequate staffing to	an ICU setting,
			support the best patient	Float PCA positions added
	Unit Nurse Management		care possible cognizant of	last year to support where
	Assistant Nurse		team member experience	needed across critical care
	Management		and the necessary support.	areas
	Staff Educator		Our hospital has been	Additional team members
	1:1 Patient Observer/sitter		actively involved in	work together to care for all
	Patient Transport Team		organizational strategies	patients, including clinical
	Monitor /Tele Technician		working to enhance team	support RN and ANM as
	Rapid Response Team		member career experience,	well as NM.
	Respiratory Therapy		engagement, and retention.	Will work with CSC and
	Support		We have established	CCC's to evaluate efficiency
	Licensed Social Services /		multiple feedback	partnership models
	Case Management		opportunities to ensure our	regarding things like
	Hospitalist / NP / PA		clinical staff have a place to	transport and other
	Intensivist		voice concerns.	activities that could be done
Intensive Care	Intern / Resident	No	Our hospital is focused on	more efficiently

considered both rationales considered many factors in and determined the determining safe, minimum staffing requirements for outcomes as listed. the unit listed. Staffing is Decisions were based on our enhanced model of adjusted based on ongoing patient care delivery, the assessments of care needs collaboration between and acuityFloat PCA disciplines, and budgetary positions added last year to constraints. support where needed It is our mission to provide across critical care areas adequate staffing to Additional team members support the best patient work together to care for all care possible cognizant of patients, including newly Unit Nurse Management team member experience added throughput RN's **Assistant Nurse** and the necessary support. without a clinical Our hospital has been assignment, clinical support Management Staff Educator actively involved in RN and ANM as well as NM. 1:1 Patient Observer/sitter organizational strategies Phlebotomists also draw **Patient Transport Team** working to enhance team blood except in Monitor /Tele Technician member career experience, emergencies where RN's draw blood. Rapid Response Team engagement, and retention. **Respiratory Therapy** We have established Will work with CSC and CCC's to evaluate efficiency Support multiple feedback Licensed Social Services / opportunities to ensure our partnership models Case Management clinical staff have a place to regarding things like Hospitalist / NP / PA voice concerns. transport and other Intern / Resident Our hospital is focused on activities that could be done Stepdown No

			considered both rationales	
			and determined the	The Admin Co-leads
			outcomes as listed.	considered many factors in
			Decisions were based on	determining safe, minimum
			our enhanced model of	staffing requirements for
			patient care delivery, the	the unit listed. Staffing is
			collaboration between	adjusted based on ongoing
			disciplines, and budgetary	assessments of care needs
			constraints.	and acuity. BSN prepared
			It is our mission to provide	RN's perform finger sticks in
			adequate staffing to	an ICU setting,
			support the best patient	Float PCA positions added
	Unit Nurse Management		care possible cognizant of	last year to support where
	Assistant Nurse		team member experience	needed across critical care
	Management		and the necessary support.	areas
	Staff Educator		Our hospital has been	Additional team members
	1:1 Patient Observer/sitter		actively involved in	work together to care for all
	Patient Transport Team		organizational strategies	patients, including clinical
	Monitor /Tele Technician		working to enhance team	support RN and ANM as
	Rapid Response Team		member career experience,	well as NM.
	Respiratory Therapy		engagement, and retention.	Will work with CSC and
	Support		We have established	CCC's to evaluate efficiency
	Licensed Social Services /		multiple feedback	partnership models
	Case Management		opportunities to ensure our	regarding things like
	Hospitalist / NP / PA		clinical staff have a place to	transport and other
	Intensivist		voice concerns.	activities that could be done
Intensive Care	Intern / Resident	No	Our hospital is focused on	more efficiently

	1	,	<del> </del>	
			considered both rationales	
			and determined the	
			outcomes as listed.	
			Decisions were based on	
			our enhanced model of	
			patient care delivery, the	
			collaboration between	
			disciplines, and budgetary	
			constraints.	
			It is our mission to provide	
			adequate staffing to	
			support the best patient	The Admin Co-leads
			care possible cognizant of	considered many factors in
			team member experience	determining safe, minimum
			and the necessary support.	staffing requirements for
	Unit Nurse Management		Our hospital has been	the unit listed. Staffing is
	Staff Educator		actively involved in	adjusted based on ongoing
	1:1 Patient Observer/sitter		organizational strategies	assessments of care needs
	Patient Transport Team		working to enhance team	and acuity. Phlebotomists
	Monitor /Tele Technician		member career experience,	draw blood, except in
	Rapid Response Team		engagement, and retention.	emergencies where RN's
	Respiratory Therapy		We have established	will draw blood. Additional
	Support		multiple feedback	team members work
	Licensed Social Services /		opportunities to ensure our	together to care for all
	Case Management		clinical staff have a place to	patients, including clinical
	Hospitalist / NP / PA		voice concerns.	support RN and ANM as
Medical/Surgical	Intern / Resident	No	Our hospital is focused on	well as NM.

considered both rationales considered many factors in and determined the determining safe, minimum staffing requirements for outcomes as listed. the unit listed. Staffing is Decisions were based on our enhanced model of adjusted based on ongoing patient care delivery, the assessments of care needs collaboration between and acuityFloat PCA disciplines, and budgetary positions added last year to constraints. support where needed It is our mission to provide across critical care areas adequate staffing to Additional team members support the best patient work together to care for all care possible cognizant of patients, including newly Unit Nurse Management team member experience added throughput RN's **Assistant Nurse** and the necessary support. without a clinical Our hospital has been assignment, clinical support Management Staff Educator actively involved in RN and ANM as well as NM. 1:1 Patient Observer/sitter organizational strategies Phlebotomists also draw **Patient Transport Team** working to enhance team blood except in Monitor /Tele Technician member career experience, emergencies where RN's draw blood. Rapid Response Team engagement, and retention. **Respiratory Therapy** We have established Will work with CSC and CCC's to evaluate efficiency Support multiple feedback Licensed Social Services / opportunities to ensure our partnership models Case Management clinical staff have a place to regarding things like Hospitalist / NP / PA voice concerns. transport and other Intern / Resident Our hospital is focused on activities that could be done Stepdown No

			considered both rationales	
			and determined the	The Admin Co-leads
			outcomes as listed.	considered many factors in
			Decisions were based on	determining safe, minimum
			our enhanced model of	staffing requirements for
			patient care delivery, the	the unit listed. Staffing is
			collaboration between	adjusted based on ongoing
			disciplines, and budgetary	assessments of care needs
			constraints.	and acuity. BSN prepared
			It is our mission to provide	RN's perform finger sticks in
			adequate staffing to	an ICU setting,
			support the best patient	Float PCA positions added
	Unit Nurse Management		care possible cognizant of	last year to support where
	Assistant Nurse		team member experience	needed across critical care
	Management		and the necessary support.	areas
	Staff Educator		Our hospital has been	Additional team members
	1:1 Patient Observer/sitter		actively involved in	work together to care for all
	Patient Transport Team		organizational strategies	patients, including clinical
	Monitor /Tele Technician		working to enhance team	support RN and ANM as
	Rapid Response Team		member career experience,	well as NM.
	Respiratory Therapy		engagement, and retention.	Will work with CSC and
	Support		We have established	CCC's to evaluate efficiency
	Licensed Social Services /		multiple feedback	partnership models
	Case Management		opportunities to ensure our	regarding things like
	Hospitalist / NP / PA		clinical staff have a place to	transport and other
	Intensivist		voice concerns.	activities that could be done
Intensive Care	Intern / Resident	No	Our hospital is focused on	more efficiently

considered both rationales and determined the The Admin Co-leads outcomes as listed. considered many factors in determining safe, minimum Decisions were based on staffing requirements for our enhanced model of patient care delivery, the the unit listed. Staffing is collaboration between adjusted based on ongoing disciplines, and budgetary assessments of care needs constraints. and acuity It is our mission to provide Additional team members adequate staffing to work together to care for all support the best patient patients, including clinical care possible cognizant of support RN and ANM as Unit Nurse Management team member experience well as NM. If 5W is full there will be 2 **Assistant Nurse** and the necessary support. Our hospital has been Management nurses, each with 5 Staff Educator actively involved in patients. Two PCAs also 1:1 Patient Observer/sitter organizational strategies having 5 patients each is **Patient Transport Team** working to enhance team not required for these Rapid Response Team member career experience, patients **Respiratory Therapy** Will work with CSC and engagement, and retention. CCC's to evaluate efficiency Support We have established Licensed Social Services / partnership models multiple feedback regarding things like Case Management opportunities to ensure our **Spiritual Services** clinical staff have a place to transport and other Hospitalist / NP / PA voice concerns. activities that could be done Medical/Surgical Intern / Resident Our hospital is focused on more efficiently No

			considered both rationales	
			and determined the	The Admin Co-leads
			outcomes as listed.	considered many factors in
			Decisions were based on	determining safe, minimum
			our enhanced model of	staffing requirements for
			patient care delivery, the	the unit listed. Staffing is
			collaboration between	adjusted based on ongoing
			disciplines, and budgetary	assessments of care needs
			constraints.	and acuityFloat PCA
			It is our mission to provide	positions added last year to
			adequate staffing to	support where needed
	Unit Nurse Management		support the best patient	across critical care areas
	Assistant Nurse		care possible cognizant of	Additional team members
	Management		team member experience	work together to care for all
	Staff Educator		and the necessary support.	patients, including clinical
	Patient Support Facilitator		Our hospital has been	support RN and ANM as
	1:1 Patient Observer/sitter		actively involved in	well as NM. Phlebotomists
	Patient Transport Team		organizational strategies	also draw blood except in
	Monitor /Tele Technician		working to enhance team	emergencies where RN's
	Rapid Response Team		member career experience,	draw blood.
	Respiratory Therapy		engagement, and retention.	Will work with CSC and
	Support		We have established	CCC's to evaluate efficiency
	Licensed Social Services /		multiple feedback	partnership models
	Case Management		opportunities to ensure our	regarding things like
	Spiritual Services		clinical staff have a place to	transport and other
	Hospitalist / NP / PA		voice concerns.	activities that could be done
Stepdown	Intern / Resident	No	Our hospital is focused on	more efficiently

			<del></del>	
			considered both rationales	
			and determined the	The Admin Co-leads
			outcomes as listed.	considered many factors in
			Decisions were based on	determining safe, minimum
			our enhanced model of	staffing requirements for
			patient care delivery, the	the unit listed. Staffing is
			collaboration between	adjusted based on ongoing
			disciplines, and budgetary	assessments of care needs
			constraints.	and acuity. BSN prepared
			It is our mission to provide	RN's perform finger sticks in
			adequate staffing to	an ICU setting,
			support the best patient	Float PCA positions added
			care possible cognizant of	last year to support where
	Unit Nurse Management		team member experience	needed across critical care
	Assistant Nurse		and the necessary support.	areas
	Management		Our hospital has been	Additional team members
	Staff Educator		actively involved in	work together to care for all
	1:1 Patient Observer/sitter		organizational strategies	patients, including clinical
	Patient Transport Team		working to enhance team	support RN and ANM as
	Monitor /Tele Technician		member career experience,	well as NM.
	Rapid Response Team		engagement, and retention.	Will work with CSC and
	Respiratory Therapy		We have established	CCC's to evaluate efficiency
	Support		multiple feedback	partnership models
	Licensed Social Services /		opportunities to ensure our	regarding things like
	Case Management		clinical staff have a place to	transport and other
	Intensivist		voice concerns.	activities that could be done
Intensive Care	Intern / Resident	No	Our hospital is focused on	more efficiently

The number of hospital employees	
represented by SEIU 1199 is:	1171
N	New York
P	Professio
	nal
	Nurses
	Union
Please provide the name of the union: (I	(NYPNU)

Our general hospital's collective bargaining agreement expires on the following date:

10/31/20 24 12:00 AM

The number of hospital employees represented by the union(s) above is:

1377