HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	MOUNT SINAI HEALTH SYSTEM
Reporting Organization	Mount Sinai Hospital
Reporting Organization Id	1456
Reporting Organization Type	Hospital (pfi)
Data Entity	Mount Sinai 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 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
P4S Pediatric Stepdown	3	3.16	7.6	2.53
KP 4 Gynecological Surgery Intermediate Care	3	4.9	4.9	1.63
KP 6 Palliative Care	4	2.88	11.1	2.78
P2 Pediatric Oncology	3	3.93	6.1	2.03
Pediatric Cardio ICU	5	7.84	5.1	1.02
Pediatric ICU	8	5.52	11.6	1.45
Surgical and Transplant ICU GP 5W Medical ICU	20 7	6.61 5.23	24.2 10.7	1.21 1.53
GP 9C Transplant	11	2.9	30.3	2.75
GP 10C Oncology Intermediate Care	9	2.38	30.3	3.37
KCC 4/5S Split Unit (split unit 2 floors) Medicine	7	1.95	28.7	4.1
GP 10W Med surg	9	2.22	32.5	3.61
KCC 3S Rehab	4	1.61	19.9	4.98
GP 11W Nursing -	5	1.91	20.9	4.18
Telemetry Med Surg GP 8C Med Surg	<u>4</u> 8	1.86 1.89	17.2 33.9	4.3 4.24
GP 8 East Intermediate Care	8	1.99	32.2	4.03
GP 9W - Intermediate Care	12	3.1	31	2.58

GP 8W Intermediate Care	10	2.69	29.7	2.97
GP 10 E	12	2.92	32.9	2.74
Labor and Delivery	24	14.22	13.5	0.56
Gp 6W Intermediate Care	10	2.51	31.9	3.19
KP5 Antepartum	5	6.78	5.9	1.18
GP 5C/5E Cardiac ICU	14	4.91	22.8	1.63
KCC 6N/6S CICU CDSU				
stepdown	9	4	18	2
GP 7 West Intermediate				
Care	10	2.7	29.6	2.96
GP 7E Cardiac Intermediate				
Care	9	2.59	27.8	3.09
GP 7C Cardiac Intermediate	10	2.42	33.1	3.31
KP 8 Post/Ante Partum	6	3.31	14.5	2.42
KP 7 Post/Ante Partum	6	3.31	14.5	2.42
Neonatal ICU / Neonatal				
Intermediate Care /				
Neonatal Progressive Care	20	3.67	43.6	2.18
P5 Pediatric Medsurg	6	2.71	17.7	2.95
KCC 9 Neuro Surgery ICU	10	4.97	16.1	1.61
GP 11E Oncology				
Intermediate Care	10	2.88	27.8	2.78
GP 11C Oncology				
Intermediate Care	8	2.74	23.4	2.93
GP 9 East Medsurg	7	1.72	32.5	4.64
Madison 5 Adult Psych	5	1.8	22.2	4.44
KCC 7s Adult Psych	4	1.96	16.3	4.08
KCC 5N Medsurg	5	1.75	22.9	4.58

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery		
Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU GP 5W Medical ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care KCC 4/5S Split Unit (split	0	0
unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 11W Nursing -		
Telemetry Med Surg	0	0
GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W - Intermediate Care	0	0

CD 004/1-1	0	2
GP 8W Intermediate Care	0	0
GP 10 E	0	0
Labor and Delivery	0	0
Gp 6W Intermediate Care	0	0
KP5 Antepartum	0	0
GP 5C/5E Cardiac ICU	0	0
KCC 6N/6S CICU CDSU		
stepdown	0	0
GP 7 West Intermediate		
Care	0	0
GP 7E Cardiac Intermediate		
Care	0	0
GP 7C Cardiac Intermediate	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	0	0
Neonatal ICU / Neonatal		
Intermediate Care /		
Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology		
Intermediate Care	0	0
GP 11C Oncology		
Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical	Planned average number of ancillary members of the frontline team on the	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day
patient services provided on the unit and the	unit per day on the Day Shift? (Please provide a	Shift (Please provide a number with up to 4
unit's location in	number with up to 4	digits. Ex: 10.50)
the hospital.	digits. Ex: 10.50)	ungitor Em 20100)
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery		
Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU	0	0
GP 5W Medical ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0
KCC 4/5S Split Unit (split		
unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 11W Nursing -		
Telemetry Med Surg	0	0
GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W - Intermediate Care	0	0
GP 8W Intermediate Care	0	0
GP 10 E	0	0
Labor and Delivery	0	0

Gp 6W Intermediate Care	0	0
KP5 Antepartum	0	0
GP 5C/5E Cardiac ICU	0	0
KCC 6N/6S CICU CDSU		
stepdown	0	0
GP 7 West Intermediate		
Care	0	0
GP 7E Cardiac Intermediate		
Care	0	0
GP 7C Cardiac Intermediate	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	0	0
Neonatal ICU / Neonatal		
Intermediate Care /		
Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology		
Intermediate Care	0	0
GP 11C Oncology		
Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0

DAY SHIFT UNLICENSED STAFFING

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

P4S Pediatric Stepdown	2	2.11
KP 4 Gynecological Surgery		
Intermediate Care	1	1.63
KP 6 Palliative Care	2	1.44
P2 Pediatric Oncology	2	2.62
Pediatric Cardio ICU	1	1.57
Pediatric ICU	3	2.07
	-	
Surgical and Transplant ICU	2	0.66
GP 5W Medical ICU	2	1.5
GP 9C Transplant	5	1.32
GP 10C Oncology		
Intermediate Care	5	1.32
KCC 4/5S Split Unit (split		
unit 2 floors) Medicine	5	1.39
GP 10W Med surg	4	0.98
KCC 3S Rehab	5	2.01
KCC 2 Restorative Rehab	5	1.91
GP 11W Nursing -		
Telemetry Med Surg	3	1.4
GP 8C Med Surg	4	0.94
GP 8 East Intermediate Care	0.4	0.99
GP 9W - Intermediate Care	4	1.03
GP 8W Intermediate Care	5	1.35
GP 10 E	5	1.22
Labor and Delivery	5	2.96
Gp 6W Intermediate Care	4	1
KP5 Antepartum	2	2.71
GP 5C/5E Cardiac ICU	4	1.4
KCC 6N/6S CICU CDSU		
stepdown	2	0.89
GP 7 West Intermediate		
Care	3	0.81
GP 7E Cardiac Intermediate		
Care	3	0.86
GP 7C Cardiac Intermediate	3	0.73

KP 8 Post/Ante Partum	2	1.1
KP 7 Post/Ante Partum	2	1.1
Neonatal ICU / Neonatal		
Intermediate Care /		
Neonatal Progressive Care	3	0.55
P5 Pediatric Medsurg	3	1.36
KCC 9 Neuro Surgery ICU	2	0.99
GP 11E Oncology		
Intermediate Care	3	0.86
GP 11C Oncology		
Intermediate Care	3	1.03
GP 9 East Medsurg	4	0.98
Madison 5 Adult Psych	5	1.8
KCC 7s Adult Psych	4	1.96
KCC 5N Medsurg	3	1.05

DAY SHIFT ADDITIONAL RESOURCES

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

P4S Pediatric Stepdown	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
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KP 4 Gynecological Surgery Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KP 6 Palliative Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

	
P2 Pediatric Oncology	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
	1 Business Associate, There
	are other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case managers, social workers,
Pediatric Cardio ICU	physical therapists, etc).
	1 Transport Nurse, 1
	Business Associate, There
	are other members of the ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
	managers, social workers,
Pediatric ICU	physical therapists, etc).

Surgical and Transplant ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
Surgical and Transplant ICO	priysical trierapists, etc
GP 5W Medical ICU	1 Charge Nurse without an assignment, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 9C Transplant	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

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GP 10C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KCC 4/5S Split Unit (split unit 2 floors) Medicine	2 Business Associates (1 for floor 4, 1 for floor 5). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 10W Med surg	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

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KCC 3S Rehab	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
	1 Business Associate. There
	are other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
KCC 2 Restorative Rehab	managers, social workers,
RCC 2 Restorative Reliab	physical therapists, etc).
	1 Business Associate. There
	are other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
GP 11W Nursing -	regular basis (security, case managers, social workers,
Telemetry Med Surg	physical therapists, etc).
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GP 8C Med Surg	1 Senior Clinical Nurse, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 8 East Intermediate Care	1 Senior Clinical Nurse, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 9W - Intermediate Care	Charge Nurse without an assignment, 1 Senior Clinical Nurse, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

GP 8W Intermediate Care	Charge Nurse without an assignment, Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 10 E	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
Labor and Delivery	1 Charge Nurse Without an Assignment, 2 Triage Nurses, 4 Business Associates, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

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Gp 6W Intermediate Care	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KP5 Antepartum	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 5C/5E Cardiac ICU	2 Business Associate (2 areas), Charge Nurse Without Assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

KCC 6N/6S CICU CDSU stepdown	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
	1 Business Associate. There are other members of the ancillary team that are
	not easily attributed to definitive work-hours whom
	support the unit on a
GP 7 West Intermediate Care	regular basis (security, case managers, social workers, physical therapists, etc).
	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a
GP 7E Cardiac Intermediate Care	regular basis (security, case managers, social workers, physical therapists, etc).

GP 7C Cardiac Intermediate	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
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KP 8 Post/Ante Partum	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KP 7 Post/Ante Partum	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

Neonatal ICU / Neonatal Intermediate Care /	1 Senior Clinical Nurse, 1 Resource Nurse, 1 Charge Nurse without an assignment, 1 Business Asociate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc). As per the MSH operating license the NICU is comprised of 26 ICU beds, 10 intermediate beds, and 10 continuing care beds all staffed from the same cohort of nurses with the highest level of
Neonatal Progressive Care	training and care.
	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom
	support the unit on a regular basis (security, case
P5 Pediatric Medsurg	managers, social workers, physical therapists, etc).

KCC 9 Neuro Surgery ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
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GP 11E Oncology Intermediate Care	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 11C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

	1 Charge Nurse Without a
	Nurse, 1 Senior Clinical
	Nurse, 1 Business Associate,
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
	managers, social workers,
GP 9 East Medsurg	physical therapists, etc).
	1 Business Associate,
	Security support, There are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
Madison E Adult Daysh	managers, social workers,
Madison 5 Adult Psych	physical therapists, etc).
	1 Business Associate,
	Security support, There are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
	managers, social workers,
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	1 Business Associate. There are other members of the ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
	managers, social workers,
KCC 5N Medsurg	physical therapists, etc).

DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
P4S Pediatric Stepdown	Yes			
KP 4 Gynecological Surgery				
Intermediate Care	Yes			
KP 6 Palliative Care	Yes			
P2 Pediatric Oncology	Yes			
Pediatric Cardio ICU	Yes			
Pediatric ICU	Yes			
Surgical and Transplant ICU	Yes			
GP 5W Medical ICU	Yes			
GP 9C Transplant	Yes			
GP 10C Oncology				
Intermediate Care	Yes			
KCC 4/5S Split Unit (split				
unit 2 floors) Medicine	Yes			
GP 10W Med surg	Yes			
KCC 3S Rehab	Yes			

KCC 2 Restorative Rehab	Yes			
GP 11W Nursing -				
Telemetry Med Surg	Yes			
GP 8C Med Surg	Yes			
GP 8 East Intermediate Care	Yes			
CD OW. Later we die to Cons	V			
GP 9W - Intermediate Care	Yes			
GP 8W Intermediate Care	Yes			
GP 10 E	Yes			
		C. bartua data (Caraba)		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
Labor and Delivery	No	responsibility.	mission of the organization.	assignment.

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		Culousitto dotaffino andana		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
Gp 6W Intermediate Care	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		hospital/nursing leadership		
		in addressing current	submitted plans which	
		clinical acuity, workflow and		
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
KP5 Antepartum	No	responsibility.	mission of the organization.	assignment.

		College the distance of a second		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
GP 5C/5E Cardiac ICU	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and		
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
KCC 6N/6S CICU CDSU		and alignment of fiscal	accordance with the	staff to the patient
stepdown	No	responsibility.	mission of the organization.	assignment.

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		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
			I	
		hospital/nursing leadership	1	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	· ·	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
GP 7 West Intermediate		and alignment of fiscal	accordance with the	staff to the patient
Care	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
GP 7E Cardiac Intermediate		and alignment of fiscal	accordance with the	staff to the patient
Care	No	responsibility.	mission of the organization.	assignment.

		C. bardina data Misa albara		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
GP 7C Cardiac Intermediate	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and		
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
KP 8 Post/Ante Partum	No	responsibility.	mission of the organization.	assignment.

		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
KP 7 Post/Ante Partum	No	responsibility.	mission of the organization.	assignment.

		 	-	
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
		responsibility. The space	mission of the organization.	
		that is currently referred to	The space that is currently	
		as the "NICU" consists of 46	referred to as the "NICU"	
		beds which, as per The	consists of 46 beds which,	
		Mount Sinai Hospital	as per The Mount Sinai	
		operating license, consists	Hospital operating license,	
		of 26 intensive care beds,	consists of 26 intensive care	
		10 intermediate care beds,	beds, 10 intermediate care	
		and 10 continuing care	beds, and 10 continuing	
		beds. Given that, the areas	care beds. Given that, the	
		that neonatal care is being	areas that neonatal care is	Union (Workforce) voted
		provided is staffed at/above	being provided is staffed	for staff resulting in new,
Neonatal ICU / Neonatal		appropriate levels of care	at/above appropriate levels	additional allocations of
Intermediate Care /		for these patient	of care for these patient	staff to the patient
Neonatal Progressive Care	No	populations.	populations.	assignment.

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		: Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
P5 Pediatric Medsurg	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
KCC 9 Neuro Surgery ICU	No	responsibility.	mission of the organization.	assignment.

		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	1	
		in addressing current	submitted plans which	
		clinical acuity, workflow and		
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
GP 11E Oncology		and alignment of fiscal	accordance with the	staff to the patient
Intermediate Care	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	1	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
GP 11C Oncology		and alignment of fiscal	accordance with the	staff to the patient
Intermediate Care	No	responsibility.	mission of the organization.	assignment.

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		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
GP 9 East Medsurg	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
Madison 5 Adult Psych	No	responsibility.	mission of the organization.	assignment.

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		Cubmitted staffing plans		
		Submitted staffing plans reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	· '	
			_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under consideration and meets	
		staffing plans are in accordance with elements	the clinical and emotional	
		for consideration in the		Union (Morkforse) voted
			needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational demands of each unit in	for staff resulting in new, additional allocations of
		nursing practice standards		
VCC 7a Adult David	N.a.	and alignment of fiscal	accordance with the	staff to the patient
KCC 7s Adult Psych	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	· ·	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	·	
		unique needs of the patient	_	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
			· ·	
			· ·	_
		_ ·		
KCC 5N Medsurg	No			
		staffing law, national nursing practice standards and alignment of fiscal	families, operational demands of each unit in accordance with the	for staff resulting in new, additional allocations of staff to the patient
KCC 5N Medsurg	No	responsibility.	mission of the organization.	assignment.

IN EVENING SIII I STATTING			T	
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
P4S Pediatric Stepdown	3	3.16	7.6	2.53
KP 4 Gynecological Surgery Intermediate Care	3	4.9	4.9	1.63
KP 6 Palliative Care	4	2.88	11.1	2.78
P2 Pediatric Oncology	3	3.93	6.1	2.03
Pediatric Cardio ICU	5	7.84	5.1	1.02
Pediatric ICU	8	5.52	11.6	1.45
Surgical and Transplant ICU	20	6.61	24.2	1.21
GP 5W Medical ICU	7	5.23	10.7	1.53
GP 9C Transplant	11	2.9	30.3	2.75
GP 10C Oncology Intermediate Care	9	2.38	30.3	3.37
KCC 4/5S Split Unit (split unit 2 floors) Medicine	7	1.95	28.7	4.1
GP 10W Med surg	9	2.22	32.5	3.61
KCC 3S Rehab	4	1.61	19.9	4.98
KCC 2 Restorative Rehab	5	1.91	20.9	4.18
GP 11W Nursing - Telemetry Med Surg	4	1.86	17.2	4.3
GP 8C Med Surg	8	1.89	33.9	4.24
GP 8 East Intermediate Care		1.99	32.2	4.03
GP 9W Intermediate Care	12	3.1	31	2.58
GP 8W Intermediate Care	10	2.69	29.7	2.97

GP 10 E	12	2.92	32.9	2.74
Labor and Delivery	22.5	13.33	13.5	0.6
Gp 6W Intermediate Care	10	2.51	31.9	3.19
Kp5 Antepartum	5	6.78	5.9	1.18
GP 5C/5E Cardiac ICU	14	4.91	22.8	1.63
KCC 6N/6S CICU CDSU	17	4.51	22.0	1.03
stepdown	9	4	18	2
GP 7 West Intermediate		-	10	
Care	10	2.7	29.6	2.96
GP 7E Cardiac Intermediate			25.0	2.30
Care	9	2.59	27.8	3.09
GP 7C Cardiac Intermediate	10	2.42	33.1	3.31
KP 8 Post/Ante Partum	6	3.31	14.5	2.42
KP 7 Post/Ante Partum	6	3.31	14.5	2.42
Neonatal ICU / Neonatal				
Intermediate Care /				
Neonatal Progressive Care	20	3.67	43.6	2.18
P5 Pediatric Medsurg	6	2.71	17.7	2.95
KCC 9 Neuro Surgery ICU	10	4.97	16.1	1.61
GP 11E Oncology				
Intermediate Care	10	2.88	27.8	2.78
GP 11C Oncology				
Intermediate Care	8	2.74	23.4	2.93
GP 9 East Medsurg	7	1.72	32.5	4.64
Madison 5 Adult Psych	5	1.8	22.2	4.44
KCC 7s Adult Psych	4	1.96	16.3	4.08
KCC 5N Medsurg	5	1.75	22.9	4.58

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery		
Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU GP 5W Medical ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0
KCC 4/5S Split Unit (split unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 11W Nursing - Telemetry Med Surg GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W Intermediate Care	0	0
GP 8W Intermediate Care	0	0
GP 10 E	0	0
Labor and Delivery	0	0
Gp 6W Intermediate Care	0	0
Kp5 Antepartum	0	0

GP 5C/5E Cardiac ICU	0	0
KCC 6N/6S CICU CDSU		
stepdown	0	0
GP 7 West Intermediate		
Care	0	0
GP 7E Cardiac Intermediate		
Care	0	0
GP 7C Cardiac Intermediate	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	0	0
Neonatal ICU / Neonatal		
Intermediate Care /		
Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology		
Intermediate Care	0	0
GP 11C Oncology		
Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0

EVENING SHIFT ANCILLARY STAFF

		Planned total hours of
Provide a description of	Planned average number	ancillary members of the
Clinical Unit, including a	of ancillary members of	frontline team including
description of typical	the frontline team on the	adjustment for case mix
patient services provided	unit per day on the	and acuity on the
on the unit and the	Evening Shift? (Please	Evening Shift (Please
unit's location in	provide a number with	provide a number with
the hospital.	up to 4 digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0

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Neonatal ICU / Neonatal		
Intermediate Care /		
Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology		
Intermediate Care	0	0
GP 11C Oncology		
Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	(Please provide a number with up to 4	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with
the hospital.	digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	2	2.11
KP 4 Gynecological Surgery		
Intermediate Care	1	1.63
KP 6 Palliative Care	2	1.44
P2 Pediatric Oncology	1	1.31
Pediatric Cardio ICU	1	1.57
Pediatric ICU	3	2.07
Surgical and Transplant ICU GP 5W Medical ICU	2 2	0.66 1.5
GP 9C Transplant	5	1.32
GP 10C Oncology Intermediate Care	5	1.32

KCC 4/5S Split Unit (split		
unit 2 floors) Medicine	5	1.39
GP 10W Med surg	4	0.98
KCC 3S Rehab	5	2.01
KCC 2 Restorative Rehab	5	1.91
GP 11W Nursing -		
Telemetry Med Surg	3	1.4
GP 8C Med Surg	4	0.94
GP 8 East Intermediate Care	4	0.99
GP 9W Intermediate Care	4	1.03
GP 8W Intermediate Care	5	1.35
GP 10 E	5	1.22
Labor and Delivery	3	1.78
Gp 6W Intermediate Care	4	1
Kp5 Antepartum	2	2.71
GP 5C/5E Cardiac ICU	4	1.4
KCC 6N/6S CICU CDSU		
stepdown	2	0.89
GP 7 West Intermediate		
Care	3	0.81
GP 7E Cardiac Intermediate		
Care	3	0.86
GP 7C Cardiac Intermediate	3	0.73
KP 8 Post/Ante Partum	2	1.1
KP 7 Post/Ante Partum	2	1.1
Neonatal ICU / Neonatal		
Intermediate Care /		
Neonatal Progressive Care	3	0.55
P5 Pediatric Medsurg	2	0.9
KCC 9 Neuro Surgery ICU	2	0.99
GP 11E Oncology		
Intermediate Care	3	0.86
GP 11C Oncology		
Intermediate Care	3	1.03
GP 9 East Medsurg	4	0.98
Madison 5 Adult Psych	5	1.8
KCC 7s Adult Psych	4	1.96
		•

KCC 5N Medsurg 3 1.05

EVENING SHIFT ADDITIONAL RESOURCES

Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses,
and ancillary staff.
1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers,

KP 6 Palliative Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
P2 Pediatric Oncology	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
Pediatric Cardio ICU	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

Pediatric ICU	1 Transport Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
Surgical and Transplant ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 5W Medical ICU	1 Charge Nurse without an assignment, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

GP 9C Transplant	1 Senior Clinical Nurse (1/2 the shift) 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
Gr 3C Transplant	therapists, etc
GP 10C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KCC 4/5S Split Unit (split unit 2 floors) Medicine	2 Business Associates (1 for floor 4, 1 for floor 5), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

GP 10W Med surg	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
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KCC 3S Rehab	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KCC 2 Restorative Rehab	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

GP 11W Nursing - Telemetry Med Surg	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 8C Med Surg	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 8 East Intermediate Care	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

	1 Charge Nurse without an
	assignment, 1 Senior Clinical
	Nurse, 1 Business Associate,
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
	managers, social workers,
GP 9W Intermediate Care	physical therapists, etc).
	Charge Nurse without an
	assignment, Business
	Associate, There are other
	members of the ancillary
	team that are not easily
	attributed to definitive
	work-hours whom support
	the unit on a regular basis
	(security, case managers,
	social workers, physical
GP 8W Intermediate Care	therapists, etc).
	1 Senior Clinical Nurse
GP 10 E	starting at 730 pm

Labor and Delivery	1 Charge Nurse Without an Assignment, 2 Triage Nurses, 4 Business Associates, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
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Gp 6W Intermediate Care	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
Kp5 Antepartum	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

GP 5C/5E Cardiac ICU	2 Business Associate (2 areas), 2Charge Nurses Without Assignment (1 on 5C 1 on 5E). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
	15
	1 Business Associate.
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
	support the unit on a
NCC CN/CC CICII CDCII	regular basis (security, case
KCC 6N/6S CICU CDSU stepdown	managers, social workers, physical therapists, etc).
stepuowii	physical therapists, etc
	1 Business Associate.
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
GP 7 West Intermediate	managers, social workers,
Care	physical therapists, etc).

GP 7E Cardiac Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
	, , ,
	1 Business Associate.
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
	managers, social workers,
GP 7C Cardiac Intermediate	physical therapists, etc).
	1 Business Associate.
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
	managers, social workers,
KP 8 Post/Ante Partum	physical therapists, etc).
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KP 7 Post/Ante Partum	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
	1 Senior Clinical Nurse (1/2 shift), 1 Resource Nurse, 1 Charge Nurse without an assignment, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc). As per the MSH operating license this unit contains 26 ICU level beds, 10 intermediate, and 10 continuing care beds
Neonatal ICU / Neonatal	all staffed by the same
Intermediate Care / Neonatal Progressive Care	cohort of nurses with the highest level of care.
incollatal Flogressive Cale	mgnest level of care.

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P5 Pediatric Medsurg	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KCC 9 Neuro Surgery ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 11E Oncology Intermediate Care	1 Senior Clinical Nurse (half the shift), 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

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GP 11C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse for half the shift, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
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GP 9 East Medsurg	1 Charge Nurse Without a Nurse, 1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
Madison 5 Adult Psych	1 Business Associate, Security support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

	1 Business Associate, Security support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers,
KCC 7s Adult Psych	physical therapists, etc).
KCC 5N Medsurg	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KCC 314 IVIEUSUI g	priysical therapists, etc).

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	• .	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	
P4S Pediatric Stepdown	Yes			
KP 4 Gynecological Surgery				
Intermediate Care	Yes			
KP 6 Palliative Care	Yes			
P2 Pediatric Oncology	Yes			
Pediatric Cardio ICU	Yes			
Pediatric ICU	Yes			
Surgical and Transplant ICU	Yes			

GP 5W Medical ICU	Yes			
GP 9C Transplant	Yes			
GP 10C Oncology				
Intermediate Care	Yes			
KCC 4/5S Split Unit (split				
unit 2 floors) Medicine	Yes			
GP 10W Med surg	Yes			
KCC 3S Rehab	Yes			
KCC 2 Restorative Rehab	Yes			
GP 11W Nursing -				
Telemetry Med Surg	Yes			
GP 8C Med Surg	Yes			
GP 8 East Intermediate Care	Yes			
GP 9W Intermediate Care	Yes			
GP 8W Intermediate Care	Yes			
GP 10 E	Yes			
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
Labor and Delivery	No	responsibility.	mission of the organization.	

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		Cubmitted staffing plans		
		Submitted staffing plans reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		'		
		hospital/nursing leadership	-	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	-	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
Gp 6W Intermediate Care	No	responsibility.	mission of the organization.	
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		hospital/nursing leadership	-	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
Kp5 Antepartum	No	responsibility.	mission of the organization.	

		Submitted staffing plans	
		reflect knowledge, skills and	
		experiences of	: Nursing/Hospital
		hospital/nursing leadership	
		in addressing current	submitted plans which
		clinical acuity, workflow and	_
		unique needs of the patient	address all elements of the
		population served. These	staffing law under
		staffing plans are in	consideration and meets
		accordance with elements	the clinical and emotional
		for consideration in the	needs of our patients and
		staffing law, national	families, operational
		nursing practice standards	demands of each unit in
		and alignment of fiscal	accordance with the
GP 5C/5E Cardiac ICU	No	responsibility.	mission of the organization.
		Submitted staffing plans	
		reflect knowledge, skills and	
		experiences of	Nursing/Hospital
		hospital/nursing leadership	Management have
		in addressing current	submitted plans which
		clinical acuity, workflow and	constitute safe staffing and
		unique needs of the patient	address all elements of the
		population served. These	staffing law under
		staffing plans are in	consideration and meets
		accordance with elements	the clinical and emotional
		for consideration in the	needs of our patients and
		staffing law, national	families, operational
		nursing practice standards	demands of each unit in
KCC 6N/6S CICU CDSU		and alignment of fiscal	accordance with the
stepdown	No	responsibility.	mission of the organization.

		Submitted staffing plans	
		reflect knowledge, skills and	
		experiences of	Nursing/Hospital
		hospital/nursing leadership	
		in addressing current	submitted plans which
		clinical acuity, workflow and	_
		unique needs of the patient	address all elements of the
		population served. These	staffing law under
ı		staffing plans are in	consideration and meets
		accordance with elements	the clinical and emotional
		for consideration in the	needs of our patients and
		staffing law, national	families, operational
		nursing practice standards	demands of each unit in
GP 7 West Intermediate		and alignment of fiscal	accordance with the
Care	No	responsibility.	mission of the organization.
		Submitted staffing plans	
		reflect knowledge, skills and	
		experiences of	Nursing/Hospital
		hospital/nursing leadership	Management have
		in addressing current	submitted plans which
		clinical acuity, workflow and	constitute safe staffing and
		unique needs of the patient	address all elements of the
		population served. These	staffing law under
		staffing plans are in	consideration and meets
		accordance with elements	the clinical and emotional
		for consideration in the	needs of our patients and
		staffing law, national	families, operational
		nursing practice standards	demands of each unit in
GP 7E Cardiac Intermediate		and alignment of fiscal	accordance with the
Care	No	responsibility.	mission of the organization.

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		Culturalita di ataffina mlana		
		Submitted staffing plans reflect knowledge, skills and		
		- ·		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	•	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
GP 7C Cardiac Intermediate	No	responsibility.	mission of the organization.	
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	•	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
KP 8 Post/Ante Partum	No	responsibility.	mission of the organization.	

		Submitted staffing plans	
		reflect knowledge, skills and	
		experiences of	Nursing/Hospital
		hospital/nursing leadership	Management have
		in addressing current	submitted plans which
		clinical acuity, workflow and	constitute safe staffing and
		unique needs of the patient	address all elements of the
		population served. These	staffing law under
		staffing plans are in	consideration and meets
		accordance with elements	the clinical and emotional
		for consideration in the	needs of our patients and
		staffing law, national	families, operational
		nursing practice standards	demands of each unit in
		and alignment of fiscal	accordance with the
KP 7 Post/Ante Partum	No	responsibility.	mission of the organization.

		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
		responsibility. The space	mission of the organization.	
		that is currently referred to	The space that is currently	
		as the "NICU" consists of 46	· ·	
		beds which, as per The	consists of 46 beds which,	
		Mount Sinai Hospital	as per The Mount Sinai	
		operating license, consists	Hospital operating license,	
		of 26 intensive care beds,	consists of 26 intensive care	
		10 intermediate care beds,	beds, 10 intermediate care	
		and 10 continuing care	beds, and 10 continuing	
		beds. Given that, the areas	care beds. Given that, the	
		that neonatal care is being	areas that neonatal care is	
		provided is staffed at/above	being provided is staffed	
Neonatal ICU / Neonatal		appropriate levels of care	at/above appropriate levels	
Intermediate Care /		for these patient	of care for these patient	
Neonatal Progressive Care	No	populations.	populations.	

		. Cubmitted staffing along		
		: Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
P5 Pediatric Medsurg	No	responsibility.	mission of the organization.	
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
KCC 9 Neuro Surgery ICU	No	responsibility.	mission of the organization.	

		6 1 111 1 1 16		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	-	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
GP 11E Oncology		and alignment of fiscal	accordance with the	
Intermediate Care	No	responsibility.	mission of the organization.	
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
GP 11C Oncology		and alignment of fiscal	accordance with the	
Intermediate Care	No	responsibility.	mission of the organization.	

		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
GP 9 East Medsurg	No	responsibility.	mission of the organization.	
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
Madison 5 Adult Psych	No	responsibility.	mission of the organization.	

	Ī			
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
KCC 7s Adult Psych	No	responsibility.	mission of the organization.	
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
		and alignment of fiscal	accordance with the	
KCC 5N Medsurg	No	responsibility.	mission of the organization.	

KIN INIGHT SHIFT STAFFING				
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
P4S Pediatric Stepdown	3	3.16	7.6	2.53
KP 4 Gynecological Surgery	<u> </u>	3.10	7.0	2.00
Intermediate Care	3	4.9	4.9	1.63
KP 6 Palliative Care	4	2.88	11.1	2.78
P2 Pediatric Oncology	3	3.93	6.1	2.03
Pediatric Cardio ICU	5	7.84	5.1	1.02
Pediatric ICU	8	5.52	11.6	1.45
Surgical and Transplant ICU	20	6.61	24.2	1.21
GP 5W Medical ICU	7	5.23	10.7	1.53
GP 9C Transplant	11	2.9	30.3	2.75
GP 10C Oncology Intermediate Care	9	2.38	30.3	3.37
KCC 4/5S Split Unit (split unit 2 floors) Medicine	7	1.95	28.7	4.1
GP 10W Med surg	9	2.22	32.5	3.61
KCC 3S Rehab	4	1.61	19.9	4.98
KCC 2 Restorative Rehab	5	1.91	20.9	4.18
GP 11W Nursing -				
Telemetry Med Surg	4	1.86	17.2	4.3
GP 8C Med Surg	8	1.89	33.9	4.24
GP 8 East Intermediate Care		1.99	32.2	4.03
GP 9W Intermediate Care	12	3.1	31	2.58
GP 8W Intermediate Care	10	2.69	29.7	2.97
GP 10 E	12	2.92	32.9	2.74
Labor and Delivery	21	12.44	13.5	0.64

Gp 6W Intermediate Care	10	2.51	31.9	3.19
Kp5 Antepartum	5	6.78	5.9	1.18
GP 5C/5E Cardiac ICU	14	4.91	22.8	1.63
KCC 6N/6S CICU CDSU				
stepdown	9	4	18	2
GP 7 West Intermediate				
Care	10	2.7	29.6	2.96
GP 7E Cardiac Intermediate				
Care	9	2.59	27.8	3.09
GP 7C Cardiac Intermediate	10	2.42	33.1	3.31
KP 8 Post/Ante Partum	6	3.31	14.5	2.42
KP 7 Post/Ante Partum	6	3.31	14.5	2.42
Neonatal ICU / Neonatal				
Intermediate Care /				
Neonatal Progressive Care	20	3.67	43.6	2.18
P5 Pediatric Medsurg	6	2.71	17.7	2.95
KCC 9 Neuro Surgery ICU	10	4.97	16.1	1.61
GP 11E Oncology				
Intermediate Care	10	2.88	27.8	2.78
GP 11C Oncology				
Intermediate Care	8	2.74	23.4	2.93
GP 9 East Medsurg	7	1.72	32.5	4.64
Madison 5 Adult Psych	5	1.8	22.2	4.44
KCC 7s Adult Psych	4	1.96	16.3	4.08
KCC 5N Medsurg	5	1.75	22.9	4.58

LPN NIGHT SHIFT STAFFING

	Planned average number	
Provide a description of	of Licensed Practical	Planned total hours of
Clinical Unit, including a	Nurses (LPN) on the unit	LPN care per patient
description of typical	providing direct patient	including adjustment for
patient services provided	care per day on the Night	case mix and acuity on
on the unit and the	Shift? (Please provide a	the Night Shift (Please
unit's location in	number with up to 4	provide a number with
the hospital.	digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0

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Neonatal ICU / Neonatal		
Intermediate Care /		
Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology		
Intermediate Care	0	0
GP 11C Oncology		
Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0

NIGHT SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery		
Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU	0	0
GP 5W Medical ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0

KCC 4/5S Split Unit (split		
unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 11W Nursing -		
Telemetry Med Surg	0	0
GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W Intermediate Care	0	0
GP 8W Intermediate Care	0	0
GP 10 E	0	0
Labor and Delivery	0	0
Gp 6W Intermediate Care	0	0
Kp5 Antepartum	0	0
GP 5C/5E Cardiac ICU	0	0
KCC 6N/6S CICU CDSU		
stepdown	0	0
GP 7 West Intermediate		
Care	0	0
GP 7E Cardiac Intermediate		
Care	0	0
GP 7C Cardiac Intermediate	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	0	0
Neonatal ICU / Neonatal		
Intermediate Care /		
Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology		
Intermediate Care	0	0
GP 11C Oncology		
Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 7s Adult Psych	0	0

KCC 5N Medsurg	0	0

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	1	1.05
KP 4 Gynecological Surgery		
Intermediate Care	1	1.63
KP 6 Palliative Care	2	1.44
P2 Pediatric Oncology	1	1.31
Pediatric Cardio ICU	1	1.57
Pediatric ICU	2	1.38
Surgical and Transplant ICU GP 5W Medical ICU	2	0.66 1.5
GP 9C Transplant	4	1.06
GP 10C Oncology Intermediate Care	5	1.32
KCC 4/5S Split Unit (split unit 2 floors) Medicine	5	1.39
GP 10W Med surg	4	0.98
KCC 3S Rehab	5	2.01
KCC 2 Restorative Rehab	5	1.91
GP 11W Nursing - Telemetry Med Surg	3	1.4
GP 8C Med Surg	4	0.94
GP 8 East Intermediate Care GP 9W Intermediate Care	4	0.99 1.03
GP 8W Intermediate Care	5	1.35
GP 10 E	4	0.97
Gr 10 L	+	0.37

Labor and Delivery	3	1.78
Gp 6W Intermediate Care	4	1
Kp5 Antepartum	2	2.71
GP 5C/5E Cardiac ICU	4	1.4
KCC 6N/6S CICU CDSU		
stepdown	2	0.89
GP 7 West Intermediate		
Care	2	0.54
GP 7E Cardiac Intermediate		
Care	3	0.86
GP 7C Cardiac Intermediate	3	0.73
KP 8 Post/Ante Partum	2	1.1
KP 7 Post/Ante Partum	2	1.1
Neonatal ICU / Neonatal		
Intermediate Care /		
Neonatal Progressive Care	2	0.37
P5 Pediatric Medsurg	2	0.9
KCC 9 Neuro Surgery ICU	2	0.99
GP 11E Oncology		
Intermediate Care	3	0.86
GP 11C Oncology		
Intermediate Care	3	1.03
GP 9 East Medsurg	4	0.98
Madison 5 Adult Psych	5	1.8
KCC 7s Adult Psych	4	1.96
KCC 5N Medsurg	3	1.05

NIGHT SHIFT ADDITIONAL RESOURCES

	Description of additional
	resources available to
	support unit level
	patient care on the Night
	Shift. These resources
	include but are not
	limited to unit clerical
Provide a description of	staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
	managers, social workers,
P4S Pediatric Stepdown	physical therapists, etc).
	_, ,
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
L KD 4 C	
KP 4 Gynecological Surgery Intermediate Care	managers, social workers, physical therapists, etc).

KP 6 Palliative Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
P2 Pediatric Oncology	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
Pediatric Cardio ICU	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
Pediatric ICU	1 Transport Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

Surgical and Transplant ICU	1 Charge Nurse without an assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
,	, , ,
	1 Charge Nurse without an
	assignment, There are other
	members of the ancillary
	team that are not easily
	attributed to definitive
	work-hours whom support
	the unit on a regular basis
	(security, case managers,
	social workers, physical
GP 5W Medical ICU	therapists, etc).
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
CD OC Transplant	managers, social workers,
GP 9C Transplant	physical therapists, etc).

	1
GP 10C Oncology Intermediate Care	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KCC 4/5S Split Unit (split unit 2 floors) Medicine	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 10W Med surg	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KCC 3S Rehab	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

KCC 2 Restorative Rehab	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
Ree 2 Restorative Renas	priysical therapists, etc
	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case
GP 11W Nursing -	managers, social workers,
Telemetry Med Surg	physical therapists, etc).
GP 8C Med Surg	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 8 East Intermediate Care	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

CD OW/Intermediate Care	1 Charge Nurse without an assignment, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical
GP 9W Intermediate Care	therapists, etc).
GP 8W Intermediate Care	Charge Nurse without an assignment, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 10 E	1 Senior Clinical Nurse, Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

	1 Charge Nurse Without an
	1 Charge Nurse Without an
	Assignment, 2 Triage
	Nurses, 3 Business
	Associates, There are other
	members of the ancillary
	team that are not easily
	attributed to definitive
	work-hours whom support
	the unit on a regular basis
	(security, case managers,
Laban and Dalinam	social workers, physical
Labor and Delivery	therapists, etc).
	There are athermalian in
	There are other members of
	the ancillary team that are
	not easily attributed to definitive work-hours whom
	support the unit on a
	regular basis (security, case
Cro CNN Internaciate Core	managers, social workers,
Gp 6W Intermediate Care	physical therapists, etc).
	1 Business Associate There
	are other members of the
	ancillary team that are not easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
KnE Antonartum	managers, social workers,
Kp5 Antepartum	physical therapists, etc).

	2 Business Associate (2 areas), 2Charge Nurses Without Assignment (1 on 5C 1 on 5E). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case
GP 5C/5E Cardiac ICU	managers, social workers, physical therapists, etc).
KCC 6N/6S CICU CDSU stepdown	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 7 West Intermediate Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

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GP 7E Cardiac Intermediate Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 7C Cardiac Intermediate	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KP 8 Post/Ante Partum	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KP 7 Post/Ante Partum	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

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Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	1 Resource Nurse, 1 Charge Nurse without an assignment, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
P5 Pediatric Medsurg	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
KCC 9 Neuro Surgery ICU	1 Charge Nurse without an assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

GP 11E Oncology Intermediate Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 11C Oncology Intermediate Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
GP 9 East Medsurg	1 Charge Nurse Without a Nurse, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

Madison 5 Adult Psych	Security Support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).
-	,
	Security Support, There are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
	regular basis (security, case
	managers, social workers,
KCC 7s Adult Psych	physical therapists, etc).
KCC 5N Medsurg	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc).

NIGHT SHIFT CONSENSUS INFORMATION

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):
P4S Pediatric Stepdown	Yes			
KP 4 Gynecological Surgery				
Intermediate Care	Yes			
KP 6 Palliative Care	Yes			
P2 Pediatric Oncology	Yes			
Pediatric Cardio ICU	Yes			
Pediatric ICU	Yes			
Surgical and Transplant ICU GP 5W Medical ICU	Yes Yes			
GP 9C Transplant	Yes			
GP 10C Oncology Intermediate Care	Yes			
KCC 4/5S Split Unit (split unit 2 floors) Medicine	Yes			
GP 10W Med surg	Yes			
KCC 3S Rehab	Yes			
KCC 2 Restorative Rehab	Yes			
GP 11W Nursing - Telemetry Med Surg	Yes			
GP 8C Med Surg	Yes			
GP 8 East Intermediate Care GP 9W Intermediate Care	Yes Yes			
GP 8W Intermediate Care	Yes			
GP 10 E	Yes			
OF 10 E	162			

		Submitted staffing plans		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		•	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
Labor and Delivery	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
Gp 6W Intermediate Care	No	responsibility.	mission of the organization.	assignment.

		Cultura itto di ataffina milana		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
Kp5 Antepartum	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	: Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and		
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
GP 5C/5E Cardiac ICU	No	responsibility.	mission of the organization.	assignment.

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		Cubmitted staffing plans		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	1	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	· ·	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
KCC 6N/6S CICU CDSU		and alignment of fiscal	accordance with the	staff to the patient
stepdown	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
GP 7 West Intermediate		and alignment of fiscal	accordance with the	staff to the patient
Care	No	responsibility.	mission of the organization.	assignment.

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		C. bardina data Misa albara		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
GP 7E Cardiac Intermediate		and alignment of fiscal	accordance with the	staff to the patient
Care	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and		
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
GP 7C Cardiac Intermediate	No	responsibility.	mission of the organization.	assignment.

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		Culousitto dotaffino andono		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	1	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
KP 8 Post/Ante Partum	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
KP 7 Post/Ante Partum	No	responsibility.	mission of the organization.	assignment.

		 	.	
		reflect knowledge, skills and	-	
		experiences of	submitted plans which	
		hospital/nursing leadership	_	
		in addressing current	address all elements of the	
		clinical acuity, workflow and	staffing law under	
		unique needs of the patient	consideration and meets	
		population served. These	the clinical and emotional	
		staffing plans are in	needs of our patients and	
		accordance with elements	families, operational	
		for consideration in the	demands of each unit in	
		staffing law, national	accordance with the	
		nursing practice standards	mission of the organization.	
		and alignment of fiscal	As per our operating license	
		responsibility. The space	the nicu is comprised of 26	
		that is currently referred to	icu beds, 10 intermediate	
		as the "NICU" consists of 46	beds, and 10 continuing	
		beds which, as per The	care beds all staffed by the	
		Mount Sinai Hospital	same cohort of nurses with	
		operating license, consists	the highest level of care.	
		of 26 intensive care beds,	The space that is currently	
		10 intermediate care beds,	referred to as the "NICU"	
		and 10 continuing care	consists of 46 beds which,	
		beds. Given that, the areas	as per The Mount Sinai	
		that neonatal care is being	Hospital operating license,	Union (Workforce) voted
		provided is staffed at/above	consists of 26 intensive care	for staff resulting in new,
Neonatal ICU / Neonatal		appropriate levels of care	beds, 10 intermediate care	additional allocations of
Intermediate Care /		for these patient	beds, and 10 continuing	staff to the patient
Neonatal Progressive Care	No	populations.	care beds. Given that, the	assignment.

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		. C. la :		
		: Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
P5 Pediatric Medsurg	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership		
		in addressing current	submitted plans which	
		clinical acuity, workflow and		
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
KCC 9 Neuro Surgery ICU	No	responsibility.	mission of the organization.	assignment.

		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	1	
		in addressing current	submitted plans which	
		clinical acuity, workflow and		
		unique needs of the patient		
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
GP 11E Oncology		and alignment of fiscal	accordance with the	staff to the patient
Intermediate Care	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	1	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
GP 11C Oncology		and alignment of fiscal	accordance with the	staff to the patient
Intermediate Care	No	responsibility.	mission of the organization.	assignment.

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		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and		
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
GP 9 East Medsurg	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	constitute safe staffing and	
		unique needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
Madison 5 Adult Psych	No	responsibility.	mission of the organization.	assignment.

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		Cubmitted staffing plans		
		Submitted staffing plans reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	· '	
			_	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	_	
		unique needs of the patient		
		population served. These	staffing law under consideration and meets	
		staffing plans are in accordance with elements	the clinical and emotional	
		for consideration in the		Union (Morkforse) voted
			needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational demands of each unit in	for staff resulting in new, additional allocations of
		nursing practice standards		
VCC 7a Adult David	N.a.	and alignment of fiscal	accordance with the	staff to the patient
KCC 7s Adult Psych	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	· ·	
		in addressing current	submitted plans which	
		clinical acuity, workflow and	·	
		unique needs of the patient	_	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
			· ·	
			· ·	_
		_ ·		
KCC 5N Medsurg	No			
		staffing law, national nursing practice standards and alignment of fiscal	families, operational demands of each unit in accordance with the	for staff resulting in new, additional allocations of staff to the patient
KCC 5N Medsurg	No	responsibility.	mission of the organization.	assignment.

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

Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:	12/31/20 25 12:00 AM
The number of hospital employees represented by New York State Nurses Association is:	3103
Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	09/30/20 24 12:00 AM

