## **HOSPITAL INFORMATION**

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NYU LANGONE HEALTH
Reporting Organization	NYU Langone Hospitals
Reporting Organization Id	1463
Reporting Organization Type	Hospital (pfi)
Data Entity	NYU Langone Hospitals

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)?
Neonatal		- 4.8.30. =/( 20100)		3.0.00. 2.0. 2000/1
Intensive/Intermediate Care				
- TH9 NICU	23	4.43	41.5	1.8
Pediatrics - KP 8 PEDS				
ACUTE	10.49	2.93	28.6	2.73
Medical / Surgical - KP 17				
NEURO	9.93	2.67	29.8	3
Tisch Emergency				
Department Observation				
Unit	4.91	8.2	14.36	2.93
Tisch Emergency				
Department	31	2.6	84.4	2.7
Medical / Surgical - TH 11E	7.56	2.3	26.3	3.48
Maternity - TH 8 LABOR				
AND DELIVERY	16.19	8.5	15.24	0.94
Maternity - TH 12/13 OB	14.92	4.17	28.65	1.92
Medical / Surgical Acute &	40.55			
ICU - KP 15 CARD	13.95	3.43	32.5	2.33
Medical / Surgical Acute &	42.44	4.5	26.6	4.00
ICU - KP 14 CV SURG	13.41	4.6	26.6	1.98
Medical / Surgical Acute &	10.22	4.6	24.7	4.74
ICU - KP 13 SURG	18.23	4.6	31.7	1.74
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS				
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PLANT	11.55	2.83	32.6	2.82

Medical / Surgical - KP 11				
SURG	10.9	2.67	32.7	3
Medical / Surgical - KP 10				
SURG	10.9	2.67	32.7	3
Psychiatry - TH HCC10				
PSYCH	3.88	1.82	19.1	4.07
Physical Medicine &				
Rehabilitation - TH HCC 9				
REHAB	4.7	1.97	19.1	4.07
Medical / Surgical Acute &				
ICU - KP 16 NEURO	13.55	3.7	29.3	2.16
Medical / Surgical - TH16				
EAST MED	6.5	2.3	22.6	3.48
Medical / Surgical - TH 17				
WEST MED	8.4	2.3	29.2	3.48
Medical / Surgical - TH 17				
EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - TH 16				
WEST	8.4	2.3	29.2	3.48
Medical ICU - TH 15				
EAST/WEST	19.38	5.17	30	1.55
Medical / Surgical - TH 14				
WEST	5.66	2.3	19.7	3.48
Medical / Surgical - TH 14				
EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - KP 18				
HEME / ONC/ BMT	11.76	2.9	32.4	2.46
Intensive Care & Pediatrics -				
KP 9 PICU	12.38	6.27	15.8	1.28
Intensive Care & Pediatrics -				
KP 9 CCVCU	12.58	6.67	15.1	1.2
TH BK Endo- PACU	1.71	0.6	22.81	13.31
Essex Crossing- PACU	2.75	1.64	13.4	4.87
ACC 23- PACU	2.7	0.79	27.62	10.1
ACC 21- PACU	1.75	1.55	9.04	5.17
ACC3- PACU	2.25	1.62	11.14	4.95
TH ENDO- PACU	2.57	1.35	15.24	5.93
HCC 2- PACU	3	2.67	8.97	2.99
KP 5- PACU	2	3.42	4.68	2.34

KP 4- PACU	4	3.44	9.31	2.33
KP 2- PACU	1.29	3.66	2.81	2.19
TH 10- PACU	4	2.8	11.43	2.86
TH 6- PACU	10	5.74	13.93	1.39
TH BK Endo OR	2.4	3.58	28	13.87
Essex Crossing OR	4.8	5.46	17	4.35
ACC 23- OR	4.8	3.40	31	7.7
ACC 21- OR	3.8	2.55	14	3.88
ACC3- OR	3.8	4.2	15	4.21
TH ENDO- OR	6.6	3.94	26	3.69
HCC 2- OR	5.7	3.57	13	5.7
KP 5- OR	10.4	5.59	16	1.4
KP 4- PR	1.8	0.76	0.2	2.22
KP 4- OR	4.8	4.01	10	2.49
KP 4- OR	7.6	4.16	7	0.96
KP 2- OR	7.6	4.16	7	0.99
TH 10- OR	10.4	3.61	19	2.1
TH 6- OR	14.1	5.16	23	1.34
TH BK Endo PR	2.4	3.58	28	13.87

## LPN DAY SHIFT STAFFING

	on the unit and the unit's location in	digits. Ex: 10.50)	provide a number with up to 4 digits. Ex: 10.50
the hospital.  Neonatal	•		
Intensive/Intermediate Care			
- TH9 NICU 0 0		1	

Pediatrics - KP 8 PEDS		
ACUTE	0	0
Medical / Surgical - KP 17		
NEURO	0	0
Tisch Emergency		
Department Observation		
Unit	0	0
Tisch Emergency		
Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR		
AND DELIVERY	0	0
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute &		
ICU - KP 15 CARD	0	0
Medical / Surgical Acute &		
ICU - KP 14 CV SURG	0	0
Medical / Surgical Acute &		
ICU - KP 13 SURG	0	0
Medical / Surgical - KP 12		
MEDICAL/SURGICAL/TRANS		
PLANT	0	0
Medical / Surgical - KP 11		
SURG	0	0
Medical / Surgical - KP 10		
SURG	0	0
Psychiatry - TH HCC10		
PSYCH	0	0
Physical Medicine &		
Rehabilitation - TH HCC 9		
REHAB	0	0
Medical / Surgical Acute &		
ICU - KP 16 NEURO	0	0
Medical / Surgical - TH16		
EAST MED	0	0
Medical / Surgical - TH 17		
WEST MED	0	0
Medical / Surgical - TH 17		
EAST MED	0	0

Medical / Surgical - TH 16		
WEST	0	0
Medical ICU - TH 15		
EAST/WEST	0	0
Medical / Surgical - TH 14		
WEST	0	0
Medical / Surgical - TH 14		
EAST MED	0	0
Medical / Surgical - KP 18		
HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics -		
KP 9 PICU	0	0
Intensive Care & Pediatrics -	-	
KP 9 CCVCU	0	0
TH BK Endo- PACU	0	0
Essex Crossing- PACU	0	0
ACC 23- PACU	0	0
ACC 21- PACU	0	0
ACC3- PACU	0	0
TH ENDO- PACU	0	0
HCC 2- PACU	0	0
KP 5- PACU	0	0
KP 4- PACU	0	0
KP 2- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
TH BK Endo OR	0	0
Essex Crossing OR	0	0
ACC 23- OR	0	0
ACC 21- OR	0	0
ACC3- OR	0	0
TH ENDO- OR	0	0
HCC 2- OR	0	0
KP 5- OR	0	0
KP 4- PR	0	0
KP 4- OR	0	0
KP 4- OR	0	0
KP 2- OR	0	0
TH 10- OR	0	0
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TH 6- OR	0	0
TH BK Endo PR	0	0

## DAY SHIFT ANCILLARY STAFF

DAY SHIFT ANCILLARY STAFF		
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal		
Intensive/Intermediate Care		
- TH9 NICU	2	16
Pediatrics - KP 8 PEDS		
ACUTE	0.5	4
Medical / Surgical - KP 17		
NEURO	0	0
Tisch Emergency		
Department Observation		
Unit	0	0
Tisch Emergency		
Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR		
AND DELIVERY	2	16
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute &		
ICU - KP 15 CARD	0	0
Medical / Surgical Acute &		
ICU - KP 14 CV SURG	0.5	4
Medical / Surgical Acute & ICU - KP 13 SURG	0.5	4

Medical / Surgical - KP 12		
MEDICAL/SURGICAL/TRANS	_	_
PLANT	0	0
Medical / Surgical - KP 11		
SURG	0	0
Medical / Surgical - KP 10		
SURG	0	0
Psychiatry - TH HCC10		
PSYCH	0	0
Physical Medicine &		
Rehabilitation - TH HCC 9		
REHAB	8.1	64.8
Medical / Surgical Acute &		
ICU - KP 16 NEURO	0.5	4
Medical / Surgical - TH16		
EAST MED	0	0
Medical / Surgical - TH 17		
WEST MED	0	0
Medical / Surgical - TH 17		
EAST MED	0	0
Medical / Surgical - TH 16		
WEST	0	0
Medical ICU - TH 15		
EAST/WEST	2	16
Medical / Surgical - TH 14		
WEST	0	0
Medical / Surgical - TH 14		
EAST MED	0	0
Medical / Surgical - KP 18		
HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics -		
KP 9 PICU	1.5	12
Intensive Care & Pediatrics -		
KP 9 CCVCU	1	8
TH BK Endo- PACU	0	0
Essex Crossing- PACU	0	0
ACC 23- PACU	0	0
ACC 21- PACU	0	0
ACC3- PACU	0	0

TH ENDO- PACU	0	0
HCC 2- PACU	0	0
KP 5- PACU	0	0
KP 4- PACU	0	0
KP 2- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
TH BK Endo OR	1.4	11.2
Essex Crossing OR	3.8	30.4
ACC 23- OR	3.8	30.4
ACC 21- OR	2.8	22.4
ACC3- OR	2.8	22.4
TH ENDO- OR	5.6	44.8
HCC 2- OR	4.7	37.6
KP 5- OR	9.4	75.2
KP 4- PR	0.8	6.4
KP 4- OR	3.8	30.4
KP 4- OR	6.6	52.8
KP 2- OR	0	0
TH 10- OR	9.4	75.2
TH 6- OR	13.1	99.99
TH BK Endo PR	1.4	11.2

## DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal	uigits. LX. 10.30)	
Intensive/Intermediate Care		
<u>'</u>	0.0	0.17
- TH9 NICU	0.9	0.17

Pediatrics - KP 8 PEDS		
ACUTE	2.62	0.73
Medical / Surgical - KP 17		
NEURO	2.27	0.61
Tisch Emergency		
Department Observation		
Unit	1.23	0.68
Tisch Emergency		
Department	15.5	1.1
Medical / Surgical - TH 11E	3.24	0.99
Maternity - TH 8 LABOR		
AND DELIVERY	2.86	1.5
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute &		
ICU - KP 15 CARD	2.75	0.68
Medical / Surgical Acute &		
ICU - KP 14 CV SURG	2	0.6
Medical / Surgical Acute &		
ICU - KP 13 SURG	2.77	0.7
Medical / Surgical - KP 12		
MEDICAL/SURGICAL/TRANS		
PLANT	2.89	0.71
Medical / Surgical - KP 11		
SURG	2.73	0.67
Medical / Surgical - KP 10		
SURG	2.73	0.67
Psychiatry - TH HCC10		
PSYCH	1.67	0.78
Physical Medicine &		
Rehabilitation - TH HCC 9		
REHAB	2.01	0.84
Medical / Surgical Acute &		
ICU - KP 16 NEURO	1.05	0.29
Medical / Surgical - TH16		
EAST MED	2.79	0.99
Medical / Surgical - TH 17		
WEST MED	3.6	0.99
Medical / Surgical - TH 17		
EAST MED	3.24	0.99

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Medical / Surgical - TH 16		
WEST	3.6	0.99
Medical ICU - TH 15		
EAST/WEST	2.5	0.67
Medical / Surgical - TH 14		
WEST	2.43	0.99
Medical / Surgical - TH 14		
EAST MED	3.24	0.99
Medical / Surgical - KP 18		
HEME / ONC/ BMT	2.66	0.66
Intensive Care & Pediatrics -		
KP 9 PICU	0.79	0.4
Intensive Care & Pediatrics -		
KP 9 CCVCU	0	0
TH BK Endo- PACU	0.94	0.33
Essex Crossing- PACU	0.94	0.56
ACC 23- PACU	1.5	0.43
ACC 21- PACU	0.75	0.66
ACC3- PACU	1.5	1.62
TH ENDO- PACU	0.75	0.39
HCC 2- PACU	1.5	1.33
KP 5- PACU	0.69	1.18
KP 4- PACU	1.5	1.29
KP 2- PACU	0.75	2.14
TH 10- PACU	2	1.4
TH 6- PACU	3.44	1.98
TH BK Endo OR	0	0
Essex Crossing OR	0	0
ACC 23- OR	0	0
ACC 21- OR	0	0
ACC3- OR	0	0
TH ENDO- OR	0	0
HCC 2- OR	0	0
KP 5- OR	0	0
KP 4- PR	0	0
KP 4- OR	0	0
KP 4- OR	0	0
KP 2- OR	0	0
TH 10- OR	0	0
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TH 6- OR	0	0
TH BK Endo PR	0	0

DAY SHIFT ADDITIONAL RESOURCES	
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses,
the hospital.	and ancillary staff.
	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
Neonatal	Management, Social Work,
Intensive/Intermediate Care - TH9 NICU	Patient Support Associates, and Clinical Nutrition.

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Pediatrics - KP 8 PEDS	Patient Support Associates,
ACUTE	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	patient acuity and/or provider orders. These
	provider orders. These
	provider orders. These resources may include:
	provider orders. These resources may include: Wound Care Team, IV
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical / Surgical - KP 17	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	House-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider
	orders. These resources
	may include: Wound Care Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
Tisch Emorgonsy	Pharmacists, Case
Tisch Emergency Department Observation	Management, Social Work, Patient Support Associates,
Unit	and Clinical Nutrition.
	3 Unit Clerks. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Tisch Emergency	Patient Support Associates, and Clinical Nutrition.
Department	and Chincal Nutrition.

	1 Unit Clerk. Other house-
	wide resources are centrall
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work
	Patient Support Associates
gical - TH 11E	and Clinical Nutrition.
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Medical / Surgical - TH 11E

ADC is average Deliveries per Day. 2 Triage Nurse, 1 Baby Nurse, 1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, **Patient Support Associates** 

and Clinical Nutrition.

Maternity - TH 8 LABOR AND DELIVERY

2 Admit Nurses, 2 Nursery Nurses, 1 Unit Clerk (Patient Unit Associate). Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, **Patient Support Associates** and Clinical Nutrition.

Maternity - TH 12/13 OB

1 Unit Clerk. Other housewide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates,

and Clinical Nutrition.

Medical / Surgical Acute & ICU - KP 15 CARD

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

Medical / Surgical Acute & ICU - KP 14 CV SURG

1 Charge Nurse, 1 Head of Bed (Donor Center) Nurse, 1 Unit Clerk (Patient Unit Associate). Ancillary services dedicated to this unit typically include: Respiratory Therapy and Patient Support Associates. In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: **Behavioral Emergency** Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical / Surgical Acute & ICU - KP 13 SURG

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
Medical / Surgical - KP 12	Management, Social Work,
MEDICAL/SURGICAL/TRANS	Patient Support Associates,
PLANT	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	patient acuity and/or provider orders. These
	provider orders. These
	provider orders. These resources may include:
	provider orders. These resources may include: Wound Care Team, IV
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical / Surgical - KP 11	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - KP 10	Patient Support Associates,
SURG	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	1 Unit Clerk. Other house- wide resources are centrally
	wide resources are centrally
	wide resources are centrally staffed and available to this
	wide resources are centrally staffed and available to this unit as needed based on
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include:
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Psychiatry - TH HCC10	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
Physical Medicine &	Management, Social Work,
Rehabilitation - TH HCC 9	Patient Support Associates,
REHAB	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
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	resources may include:
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	resources may include:
	resources may include: Wound Care Team, IV
	resources may include: Wound Care Team, IV Access Team, Alert Team,
	resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical / Surgical Acute &	resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - TH16	Patient Support Associates,
EAST MED	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	Starred and available to this
	unit as needed based on
	unit as needed based on
	unit as needed based on patient acuity and/or
	unit as needed based on patient acuity and/or provider orders. These
	unit as needed based on patient acuity and/or provider orders. These resources may include:
	unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
	unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
Medical / Surgical - TH 17	unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - TH 17	Patient Support Associates,
EAST MED	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Madical / Consider TU 1C	Patient Support Associates,
Medical / Surgical - TH 16	ratient Support Associates,

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical ICU - TH 15	Patient Support Associates,
EAST/WEST	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - TH 14	Patient Support Associates,
WEST	and Clinical Nutrition.

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

Medical / Surgical - TH 14 EAST MED

1 Tx/Chemo Nurse, 1 Unit Clerk (Patient Unit Associate). Ancillary services dedicated to this unit typically include Patient Support Associates. In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Behavioral Emergency Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical / Surgical - KP 18 HEME / ONC/ BMT

Intensive Care & Pediatrics -	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates,
KP 9 PICU	and Clinical Nutrition.
	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,

Intensive Care & Pediatrics -

KP 9 CCVCU

Speech Therapy,
Respiratory Therapy,
Pharmacists, Case
Management, Social Work,

Patient Support Associates,

and Clinical Nutrition.

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

	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
ACC 23- PACU	and Clinical Nutrition.
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
ACC 24 DACU	Patient Support Associates,
ACC 21- PACU	and Clinical Nutrition.

	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
ACC3- PACU	and Clinical Nutrition.
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
THENDO DACH	Patient Support Associates,
TH ENDO- PACU	and Clinical Nutrition.

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	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
HCC 2- PACU	and Clinical Nutrition.
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
VD 5 - DACU	Patient Support Associates,
KP 5- PACU	and Clinical Nutrition.

	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
KP 4- PACU	and Clinical Nutrition.
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
KP 2- PACU	and Clinical Nutrition.

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	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
TH 10- PACU	and Clinical Nutrition.
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
TH 6- PACU	and Clinical Nutrition.

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

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	OR Staffing Plan based on anticipated daily OR volume. Each operating
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	volume. Each operating
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	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
ACC3- OR	Support Associates
	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
TH ENDO- OR	Support Associates.

	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
HCC 2- OR	Support Associates.
	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
KP 5- OR	Support Associates.

	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
KP 4- PR	Support Associates.
	OR Staffing Plan based on
	anticipated daily OR
	anticipated daily OR volume. Each operating
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	volume. Each operating
	volume. Each operating room is staffed with a
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	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs,
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case
KP 4- OR	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified

	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
KP 4- OR	Support Associates.
	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
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	orders. These resources
	orders. These resources may include: CRNAs,
	may include: CRNAs,
	may include: CRNAs, Pharmacists, Case
	may include: CRNAs, Pharmacists, Case Management, Certified

	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
TH 10- OR	Support Associates.
	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	minimum of one RN and one scrub role filled by
	one scrub role filled by
	one scrub role filled by either an RN or CST. Other
	one scrub role filled by either an RN or CST. Other house-wide resources are
	one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and
	one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as
	one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient
	one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider
	one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources
	one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs,
	one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case
	one scrub role fille either an RN or CST. house-wide resource centrally staffed a available to this un needed based on pa acuity and/or prove orders. These resource

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

## DAY SHIFT CONSENSUS INFORMATION

TH BK Endo PR

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	Our Clinical Staffing Committee reached consensus on the clinical	If no, Chief Executive Officer Statement in support of clinical staffing plan for	Statement by members of clinical staffing committee selected by the general hospital administration	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team
the hospital.	staffing plan for this unit:	this unit:	(management members):	(employee members):
Neonatal				
Intensive/Intermediate Care				
•				
- TH9 NICU	Yes			
·				
- TH9 NICU				
- TH9 NICU Pediatrics - KP 8 PEDS	Yes			

		1	•	
			plans to hire into our PCT	
			float	
			team an additional 23 full-	
			time equivalents (FTEs) to	
			meet the	
			patient care and break	
			coverage needs expressed	
			by the	
			Employee Committee	
			Members.	
			2) NYULH has also	
		I acknowledge the	prioritized hiring of all	
		statements of both the	vacant frontline	
		management and	nursing and support staff	An increase in the number
		employee members of the	positions to ensure the	of patient care technicians
		clinical staffing committee,	proposed	(PCTs)
		and,	clinical staffing model	per shift, depending on the
		pursuant to the law, I am	meets the needs of the	patient care unit, is needed
		using my discretion as Chief	patient care unit	to
		Executive Officer of NYULH	based on care hours per	address patient care needs,
		to adopt those portions of	patient day. At our Main	such as toileting patients,
		the	campus, we	ambulating patients, or
		clinical staffing plan for	plan to increase the	monitoring fall risk patients
		which the Clinical Staffing	Registered Nurse Float	on
		Committee did not achieve	Team to 170 FTEs	constant observation, as
Tisch Emergency		consensus, as well as those	(an additional 69 positions)	well as to provide coverage
Department Observation		that	and will designate RNs for	for
Unit	No	were affirmed unanimously.	daily	breaks.

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			plans to hire into our PCT	
			float	
			team an additional 23 full-	
			time equivalents (FTEs) to	
			meet the	
			patient care and break	
			coverage needs expressed	
			by the	
			Employee Committee	
			Members.	
			2) NYULH has also	
		I acknowledge the	prioritized hiring of all	
		statements of both the	vacant frontline	
		management and	nursing and support staff	An increase in the number
		employee members of the	positions to ensure the	of patient care technicians
		clinical staffing committee,	proposed	(PCTs)
		and,	clinical staffing model	per shift, depending on the
		pursuant to the law, I am	meets the needs of the	patient care unit, is needed
		using my discretion as Chief	patient care unit	to
		Executive Officer of NYULH	based on care hours per	address patient care needs,
		to adopt those portions of	patient day. At our Main	such as toileting patients,
		the	campus, we	ambulating patients, or
		clinical staffing plan for	plan to increase the	monitoring fall risk patients
		which the Clinical Staffing	Registered Nurse Float	on
		Committee did not achieve	Team to 170 FTEs	constant observation, as
		consensus, as well as those	(an additional 69 positions)	well as to provide coverage
Tisch Emergency		that	and will designate RNs for	for
Department	No	were affirmed unanimously.	daily	breaks.

		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed	needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float	on the patient care unit, is needed to address patient care needs, such as toileting
Medical / Surgical - TH 11E	No	unanimously.	requiring 1 to 1 assignment.	breaks.

T				
			4) 10/4/11/14 : 0	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		·	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		· · · · · · · · · · · · · · · · · · ·	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Maternity - TH 8 LABOR		that were affirmed	medical equipment	provide coverage for
•	No		' '	•
AND DELIVERY	No	unanimously.	requiring 1 to 1 assignment.	breaks.

-				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
		that were affirmed	medical equipment	provide coverage for
Maternity - TH 12/13 OB	No	unanimously.	requiring 1 to 1 assignment.	breaks.

Т				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical Acute &		that were affirmed	medical equipment	provide coverage for
ICU - KP 15 CARD	No	unanimously.	requiring 1 to 1 assignment.	breaks.

Г			<u> </u>	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	' '	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		-	per patient day. At our Main	(PCTs) per shift, depending
		·	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		· ·	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical Acute &		that were affirmed	medical equipment	provide coverage for
ICU - KP 14 CV SURG	No	unanimously.	requiring 1 to 1 assignment.	breaks.
11 CV 35/10	140	anammodory.	1.544	Di Caro.

T				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			-	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		•	per patient day. At our Main	(PCTs) per shift, depending
		·	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical Acute &		that were affirmed	medical equipment	provide coverage for
ICU - KP 13 SURG	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
Medical / Surgical - KP 12		consensus, as well as those	acuity and patients on	observation, as well as to
MEDICAL/SURGICAL/TRANS		that were affirmed	medical equipment	provide coverage for
PLANT	No	unanimously.	requiring 1 to 1 assignment.	breaks.

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

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

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		·	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Psychiatry - TH HCC10		that were affirmed	medical equipment	provide coverage for
PSYCH	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
Physical Medicine &		consensus, as well as those	acuity and patients on	observation, as well as to
Rehabilitation - TH HCC 9		that were affirmed	medical equipment	provide coverage for
REHAB	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			<u> </u>	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	· · ·	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		_	per patient day. At our Main	(PCTs) per shift, depending
		·	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		· ·	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical Acute &		that were affirmed	medical equipment	provide coverage for
ICU - KP 16 NEURO	No	unanimously.	requiring 1 to 1 assignment.	breaks.

		plans to hire into our PCT	
		float team an additional 23	
		full-time equivalents (FTEs)	
		to meet the patient care	
		and break coverage needs	
		expressed by the Employee	
		Committee Members.	
		2) NYULH has also	
		prioritized hiring of all	
		vacant frontline nursing and	
	I acknowledge the	support staff positions to	
	statements of both the	ensure the proposed clinical	
	management and employee	staffing model meets the	
	members of the clinical	needs of the patient care	An increase in the number
	staffing committee, and,	unit based on care hours	of patient care technicians
	-	per patient day. At our Main	(PCTs) per shift, depending
	· ·	' '	on the patient care unit, is
	Executive Officer of NYULH	·	needed to address patient
	to adopt those portions of	-	care needs, such as toileting
	· ·	•	patients, ambulating
		•	patients, or monitoring fall
	•	, ,	risk patients on constant
		•	observation, as well as to
		· · · · ·	provide coverage for
No		' '	breaks.
	No	statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed	float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.  2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - TH 17		that were affirmed	medical equipment	provide coverage for
WEST MED	No	unanimously.	requiring 1 to 1 assignment.	breaks.

T				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - TH 17		that were affirmed	medical equipment	provide coverage for
EAST MED	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - TH 16		that were affirmed	medical equipment	provide coverage for
WEST	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical ICU - TH 15		that were affirmed	medical equipment	provide coverage for
EAST/WEST	No	unanimously.	requiring 1 to 1 assignment.	breaks.

· · · · · · · · · · · · · · · · · · ·				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - TH 14		that were affirmed	medical equipment	provide coverage for
WEST	No	unanimously.	requiring 1 to 1 assignment.	breaks.

		1) NYULH Main Campus	
		plans to hire into our PCT	
		float team an additional 23	
	1 Charge Nurse, 1 Unit Clerk	full-time equivalents (FTEs)	
	(Patient Unit Associate).	to meet the patient care	
	Ancillary services dedicated	and break coverage needs	
	to this unit typically include	expressed by the Employee	
	Patient Support Associates.	Committee Members.	
	In addition to the hours		
	noted in the ancillary care	2) NYULH has also	
	section, other house-wide	prioritized hiring of all	
	resources are centrally	vacant frontline nursing and	
	staffed and available to this	support staff positions to	
	unit as needed based on		
	patient acuity and/or		
		-	An increase in the number
	· ·	unit based on care hours	of patient care technicians
	· ·	per patient day. At our Main	•
	_ ,	· · ·	on the patient care unit, is
		· · · · · · · · · · · · · · · · · · ·	needed to address patient
		ŭ	care needs, such as toileting
	Therapy, Occupational	-	patients, ambulating
	' ' '	'	patients, or monitoring fall
		,	risk patients on constant
	Pharmacists, Case	-	observation, as well as to
	Management, Social Work,	medical equipment	provide coverage for
No	and Clinical Nutrition.	requiring 1 to 1 assignment.	breaks.
	No	(Patient Unit Associate). Ancillary services dedicated to this unit typically include Patient Support Associates. In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Behavioral Emergency Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work,	1 Charge Nurse, 1 Unit Clerk (Patient Unit Associate). Ancillary services dedicated to this unit typically include Patient Support Associates. In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Behavioral Emergency Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work,

		I acknowledge the	I acknowledge the	
		statements of both the	statements of both the	
		management and employee		
		members of the clinical	members of the clinical	An increase in the number
		staffing committee, and,	staffing committee, and,	of patient care technicians
		pursuant to the law, I am	pursuant to the law, I am	(PCTs) per shift, depending
		using my discretion as Chief	•	on the patient care unit, is
		Executive Officer of NYULH	Executive Officer of NYULH	needed to address patient
		to adopt those portions of	to adopt those portions of	care needs, such as toileting
		the clinical staffing plan for	the clinical staffing plan for	patients, ambulating
		which the Clinical Staffing	which the Clinical Staffing	patients, or monitoring fall
		Committee did not achieve	Committee did not achieve	risk patients on constant
		consensus, as well as those	consensus, as well as those	observation, as well as to
Medical / Surgical - KP 18		that were affirmed	that were affirmed	provide coverage for
HEME / ONC/ BMT	No	unanimously.	unanimously.	breaks.
TIENTE / GIVE/ BIVIT	140	dilaiiiiiodsiy.	anaminousiy.	Di Caro.
		I acknowledge the	I acknowledge the	
		statements of both the	statements of both the	
			management and employee	
		members of the clinical	members of the clinical	An increase in the number
		staffing committee, and,	staffing committee, and,	of patient care technicians
		pursuant to the law, I am	pursuant to the law, I am	(PCTs) per shift, depending
			using my discretion as Chief	on the patient care unit, is
		Executive Officer of NYULH	Executive Officer of NYULH	needed to address patient
		to adopt those portions of	to adopt those portions of	care needs, such as toileting
		the clinical staffing plan for	the clinical staffing plan for	patients, ambulating
		which the Clinical Staffing	which the Clinical Staffing	patients, or monitoring fall
		Committee did not achieve	Committee did not achieve	risk patients on constant
		consensus, as well as those	consensus, as well as those	observation, as well as to
Intensive Care & Pediatrics -		that were affirmed	that were affirmed	provide coverage for
KP 9 PICU	No	unanimously.	unanimously.	breaks.

			4) NIVI II I I Maio Camana	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Intensive Care & Pediatrics -		that were affirmed	medical equipment	provide coverage for
KP 9 CCVCU	No	unanimously.	requiring 1 to 1 assignment.	breaks.

		La alva avvila da a Ala a		
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
TH BK Endo- PACU	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
Essex Crossing- PACU	No	unanimously.	declined to vote.	declined to vote.

		T		
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		· '	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
			representation and ancillary	· ·
		that were affirmed	· ·	members of the committee
ACC 23- PACU	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
ACC 21- PACU	No	unanimously.	declined to vote.	declined to vote.

<u></u>		T		,
		La almanula dan tha		
		I acknowledge the statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
			RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
ACC3- PACU	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	'	members of the committee
TH ENDO- PACU	No	unanimously.	declined to vote.	declined to vote.

		T		
		I acknowledge the statements of both the management and employee members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
			representation and ancillary	
		that were affirmed		members of the committee
HCC 2- PACU	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief Executive Officer of NYULH		
		to adopt those portions of		
		l '	RN Staff reached consensus	PN Staff reached concensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
			representation and ancillary	,
		that were affirmed	· ·	members of the committee
KP 5- PACU	No	unanimously.	declined to vote.	declined to vote.

		I acknowledge the statements of both the management and employee members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
			representation and ancillary	
		that were affirmed	members of the committee	members of the committee
KP 4- PACU	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of	RN Staff reached consensus	DN Ctoff was abod as was a source
		the clinical staffing plan for which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	on the proposed care models, however union
			representation and ancillary	·
		that were affirmed	l '	members of the committee
KP 2- PACU	No	unanimously.	declined to vote.	declined to vote.
KF Z- FACU	INU	unanimousiy.	declined to vote.	declined to vote.

		T		,
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		· ·	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
TH 10- PACU	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	'	members of the committee
TH 6- PACU	No	unanimously.	declined to vote.	declined to vote.

		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		' '	RN Staff reached consensus	PN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
			representation and ancillary	
		that were affirmed	· ·	members of the committee
TH BK Endo OR	No	unanimously.	declined to vote.	declined to vote.
TIT BK EIIdo OK	110	dilailiiilousiy.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
			RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
			representation and ancillary	
		that were affirmed	' <i>'</i>	members of the committee
Essex Crossing OR	No	unanimously.	declined to vote.	declined to vote.
ESSEX CLOSSILIS OK	INU	unammousiy.	decimed to vote.	declined to vote.

	T	1	1	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
ACC 23- OR	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
			representation and ancillary	l '
		that were affirmed		members of the committee
ACC 21- OR	No	unanimously.	declined to vote.	declined to vote.

		T		
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		· '	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
			representation and ancillary	· ·
		that were affirmed	members of the committee	members of the committee
ACC3- OR	No	unanimously.	declined to vote.	declined to vote.
7.000 0.1				40004 10 1010.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
TH ENDO- OR	No	unanimously.	declined to vote.	declined to vote.

	T			
		I acknowledge the statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
			RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		'	representation and ancillary	· ' '
		that were affirmed	members of the committee	members of the committee
HCC 2- OR	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
KP 5- OR	No	unanimously.	declined to vote.	declined to vote.

		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
KP 4- PR	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
KP 4- OR	No	unanimously.	declined to vote.	declined to vote.

		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
KP 4- OR	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
KP 2- OR	No	unanimously.	declined to vote.	declined to vote.

		I acknowledge the statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
			RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	l '	representation and ancillary
		that were affirmed	members of the committee	members of the committee
TH 10- OR	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
TH 6- OR	No	unanimously.	declined to vote.	declined to vote.

		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
TH BK Endo PR	No	unanimously.	declined to vote.	declined to vote.

IN EVENING SIII I STAITING				
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)?
Neonatal				
Intensive/Intermediate Care				
- TH9 NICU	23	4.43	41.5	1.8
Pediatrics - KP 8 PEDS	-	-	-	
ACUTE	9	2.9	28.4	3.2
Medical / Surgical - KP 17				
NEURO	9.93	2.67	29.8	3
Tisch Emergency				
Department Observation				
Department	4.91	8.2	14.36	2.93
Tisch Emergency				
Department	48	2.6	99.99	2.72
Medical / Surgical - TH 11E	7.56	2.3	26.3	3.48
Maternity - TH 8 LABOR				
AND DELIVERY	16.19	8.5	15.24	0.94
Maternity - TH 12/13 OB	14.92	4.17	28.65	1.92
Medical / Surgical Acute &				
ICU - KP 15 CARD	13.95	3.43	32.5	2.33
Medical / Surgical Acute &				
ICU - KP 14 CV SURG	13.41	4.03	26.6	1.98
Medical / Surgical Acute &				
ICU - KP 13 SURG	18.23	4.6	31.7	1.74
Medical / Surgical - KP 12				
MEDICAL/SURGICAL/TRANS				
PLANT	11.55	2.83	32.6	2.82

Medical / Surgical - KP 11				
SURG	10.9	2.67	32.7	3
Medical / Surgical - KP 10				
SURG	10.9	2.67	32.7	3
Psychiatry - TH HCC10				
PSYCH	3.88	1.82	17.1	4.4
Physical Medicine &				
Rehabilitation - TH HCC 9				
REHAB	3.88	1.97	19.1	4.07
Medical / Surgical Acute &				
ICU - KP 16 NEURO	13.55	3.7	29.3	2.16
Medical / Surgical - TH16				
EAST MED ONC	8.4	2.3	22.6	3.48
Medical / Surgical - TH 17				
EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - TH 17				
EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - TH 16				
WEST	8.4	2.3	29.2	3.48
Medical ICU - TH 15				
EAST/WEST	19.38	5.17	30	1.55
Medical / Surgical - TH 14				
WEST	5.66	2.3	19.7	3.48
Medical / Surgical - TH 14				
EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - KP 18				
HEME / ONC/ BMT	11.76	2.9	32.24	2.76
Intensive Care & Pediatrics -				
KP 9 PICU	12.38	6.27	15.8	1.28
Intensive Care & Pediatrics -				
KP 9 CCVCU	12.58	6.67	15.1	1.2
TH BK Endo- PACU	0.75	0.6	9.98	13.31
Essex Crossing- PACU	1.25	1.29	7.76	6.21
ACC 23- PACU	1.42	0.79	14.34	10.1
ACC 21- PACU	1.25	1.55	6.46	5.17
ACC 3- PACU	1.28	1.62	6.34	4.95
TH ENDO- PACU	2.43	1.35	14.39	5.93
HCC 2- PACU	3	2.67	8.97	2.99
KP 5- PACU	2.85	3.42	6.67	2.34

KP 4- PACU	3	3.44	6.98	2.33
KP 2- PACU	1.86	3.66	4.06	2.19
TH 10- PACU	5	2.8	14.29	2.86
TH 6- PACU	9	5.74	12.54	1.39
TH BK Endo PR	0.9	0.62	2	0.91
Essex Crossing OR	3	2.26	5	1.13
ACC 23- OR	3.4	1.6	11	2.7
ACC 21- OR	1.8	0.77	2	0.55
ACC 3- OR	1.8	1.65	3	0.78
TH Endo- OR	4.5	3.52	16	2.25
HCC 2- OR	3.6	2.67	6	2.7
KP 5- OR	8.3	3.82	9	0.76
KP 4- OR	3.9	2.49	5	1.13
KP 2- OR	4.8	3.74	4	0.56
TH 10- OR	6.8	3.03	11	1.15
TH 6- OR	11.9	4	15	0.88

## 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)
Neonatal		
Intensive/Intermediate Care		
- TH9 NICU	0	0
Pediatrics - KP 8 PEDS		
ACUTE	0	0
Medical / Surgical - KP 17		
NEURO	0	0
Tisch Emergency		
Department Observation		
Department	0	0

Tioch Engages		
Tisch Emergency	0	0
Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR	_	_
AND DELIVERY	0	0
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute &		
ICU - KP 15 CARD	0	0
Medical / Surgical Acute &		
ICU - KP 14 CV SURG	0	0
Medical / Surgical Acute &		
ICU - KP 13 SURG	0	0
Medical / Surgical - KP 12		
MEDICAL/SURGICAL/TRANS		
PLANT	0	0
Medical / Surgical - KP 11		
SURG	0	0
Medical / Surgical - KP 10		
SURG	0	0
Psychiatry - TH HCC10		
PSYCH	0	0
Physical Medicine &		
Rehabilitation - TH HCC 9		
REHAB	0	0
Medical / Surgical Acute &		
ICU - KP 16 NEURO	0	0
Medical / Surgical - TH16		
EAST MED ONC	0	0
Medical / Surgical - TH 17	·	·
EAST MED	0	0
Medical / Surgical - TH 17		
EAST MED	0	0
Medical / Surgical - TH 16		
WEST	0	0
Medical ICU - TH 15	<u> </u>	<b>5</b>
EAST/WEST	0	0
Medical / Surgical - TH 14	<b>0</b>	<b>J</b>
WEST	0	0
VVE31	U	U

Medical / Surgical - TH 14		
EAST MED	0	0
Medical / Surgical - KP 18		
HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics -	<u> </u>	<u> </u>
KP 9 PICU	0	0
Intensive Care & Pediatrics -		
KP 9 CCVCU	0	0
TH BK Endo- PACU	0	0
Essex Crossing- PACU	0	0
ACC 23- PACU	0	0
ACC 21- PACU	0	0
ACC 3- PACU	0	0
TH ENDO- PACU	0	0
HCC 2- PACU	0	0
KP 5- PACU	0	0
KP 4- PACU	0	0
KP 2- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
TH BK Endo PR	0	0
Essex Crossing OR	0	0
ACC 23- OR	0	0
ACC 21- OR	0	0
ACC 3- OR	0	0
TH Endo- OR	0	0
HCC 2- OR	0	0
KP 5- OR	0	0
KP 4- OR	0	0
KP 2- OR	0	0
TH 10- OR	0	0
TH 6- OR	0	0

**EVENING SHIFT ANCILLARY STAFF** 

Provide a description of	Planned average number	Planned total hours of 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.  Neonatal	up to 4 digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
Intensive/Intermediate Care		
- TH9 NICU	2	16
Pediatrics - KP 8 PEDS	۷	10
ACUTE	1	8
Medical / Surgical - KP 17	1	<u> </u>
NEURO	0	0
Tisch Emergency	<u> </u>	
Department Observation		
Department	0	0
Tisch Emergency	-	-
Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR		
AND DELIVERY	2	16
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute &		
ICU - KP 15 CARD	0	0
Medical / Surgical Acute &		
ICU - KP 14 CV SURG	0.5	4
Medical / Surgical Acute &		
ICU - KP 13 SURG	0.5	4
Medical / Surgical - KP 12		
MEDICAL/SURGICAL/TRANS		
PLANT	0	0
Medical / Surgical - KP 11		
SURG	0	0
Medical / Surgical - KP 10		
SURG	0	0

Psychiatry - TH HCC10		
PSYCH	0	0
Physical Medicine &		
Rehabilitation - TH HCC 9		
REHAB	8.1	64.8
Medical / Surgical Acute &		
ICU - KP 16 NEURO	0.5	4
Medical / Surgical - TH16		
EAST MED ONC	0	0
Medical / Surgical - TH 17		
EAST MED	0	0
Medical / Surgical - TH 17		
EAST MED	0	0
Medical / Surgical - TH 16		
WEST	0	0
Medical ICU - TH 15		
EAST/WEST	2	16
Medical / Surgical - TH 14		
WEST	0	0
Medical / Surgical - TH 14		
EAST MED	0	0
Medical / Surgical - KP 18		
HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics -		
KP 9 PICU	1.5	12
Intensive Care & Pediatrics -		
KP 9 CCVCU	1	8
TH BK Endo- PACU	0	0
Essex Crossing- PACU	0	0
ACC 23- PACU	0	0
ACC 21- PACU	0	0
ACC 3- PACU	0	0
TH ENDO- PACU	0	0
HCC 2- PACU	0	0
KP 5- PACU	0	0
KP 4- PACU	0	0
KP 2- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
		-

TH BK Endo PR	0.9	7.2
Essex Crossing OR	2	16
ACC 23- OR	2.4	19.2
ACC 21- OR	0.8	6.4
ACC 3- OR	0.8	6
TH Endo- OR	3.5	28
HCC 2- OR	2.6	20.8
KP 5- OR	7.3	58.4
KP 4- OR	2.9	23.2
KP 2- OR	3.8	30.4
TH 10- OR	5.8	46.4
TH 6- OR	10.9	87.2

## **EVENING SHIFT UNLICENSED STAFFING**

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift?  (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal		
Intensive/Intermediate Care		
- TH9 NICU	0.9	0.17
Pediatrics - KP 8 PEDS		
ACUTE	3.4	0.7
Medical / Surgical - KP 17		
NEURO	2.27	0.61
Tisch Emergency		
Department Observation		
Department	1.23	2.05
Tisch Emergency		
Department	15.5	1.1
Medical / Surgical - TH 11E	3.24	0.99
Maternity - TH 8 LABOR		
AND DELIVERY	2.86	1.5

Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute &		
ICU - KP 15 CARD	2.75	0.68
Medical / Surgical Acute &		
ICU - KP 14 CV SURG	2	0.6
Medical / Surgical Acute &		
ICU - KP 13 SURG	2.77	0.7
Medical / Surgical - KP 12		
MEDICAL/SURGICAL/TRANS		
PLANT	2.89	0.71
Medical / Surgical - KP 11		
SURG	2.73	0.67
Medical / Surgical - KP 10		
SURG	2.73	0.67
Psychiatry - TH HCC10		
PSYCH	1.67	0.78
Physical Medicine &		
Rehabilitation - TH HCC 9		
REHAB	2.01	0.84
Medical / Surgical Acute &		
ICU - KP 16 NEURO	1.05	0.29
Medical / Surgical - TH16		
EAST MED ONC	2.69	0.99
Medical / Surgical - TH 17		
EAST MED	3.24	0.99
Medical / Surgical - TH 17	2.22	
EAST MED	2.92	0.99
Medical / Surgical - TH 16	2.6	0.00
WEST	3.6	0.99
Medical ICU - TH 15	2.5	0.67
EAST/WEST	2.5	0.67
Medical / Surgical - TH 14	2.42	0.00
WEST	2.43	0.99
Medical / Surgical - TH 14 EAST MED	2 24	0.00
Medical / Surgical - KP 18	3.24	0.99
HEME / ONC/ BMT	2.66	0.66
Intensive Care & Pediatrics -	2.00	0.00
KP 9 PICU	0.79	0.4
Kr 3 FICU	0.79	0.4

Intensive Care & Pediatrics -		
KP 9 CCVCU	0	0
TH BK Endo- PACU	0.06	0.05
Essex Crossing- PACU	0.06	0.06
ACC 23- PACU	0.5	0.28
ACC 21- PACU	0.25	0.31
ACC 3- PACU	0.5	0.63
TH ENDO- PACU	1.25	0.69
HCC 2- PACU	1.5	1.34
KP 5- PACU	1.19	1.43
KP 4- PACU	1.5	1.72
KP 2- PACU	1.25	2.46
TH 10- PACU	1.25	0.7
TH 6- PACU	3.56	2.27
TH BK Endo PR	0	0
Essex Crossing OR	0	0
ACC 23- OR	0	0
ACC 21- OR	0	0
ACC 3- OR	0	0
TH Endo- OR	0	0
HCC 2- OR	0	0
KP 5- OR	0	0
KP 4- OR	0	0
KP 2- OR	0	0
TH 10- OR	0	0
TH 6- OR	0	0

**EVENING SHIFT ADDITIONAL RESOURCES** 

	Description of additional
	resources available to
	support unit level
	patient care on the
	Evening Shift. These
	resources include but are
	not limited to unit
Provide a description of	clerical staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
	1 Unit Clerk. Other house-
	wide resources are centrally
	·
	staffed and available to this
	staffed and available to this unit as needed based on
	staffed and available to this unit as needed based on patient acuity and/or
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include:
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
Neonatal	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work,
Neonatal Intensive/Intermediate Care - TH9 NICU	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work,

1 Charge Nurse, 1 Unit Clerk. Ancillary services dedicated to this unit typically include: Respiratory Therapy and Patient Support Associates. In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: **Behavioral Emergency** Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Pediatrics - KP 8 PEDS ACUTE

1 Unit Clerk. Other house	
1 Offit Clerk. Other flouse	
wide resources are central	
staffed and available to th	1
unit as needed based on	
patient acuity and/or	
provider orders. These	
·	
resources may include:	
Wound Care Team, IV	
Access Team, Alert Team	,
Physical Therapy,	
Occupational Therapy,	
Speech Therapy,	
Respiratory Therapy,	
Pharmacists, Case	
Management, Social Worl	
Medical / Surgical - KP 17 Patient Support Associate	s,
NEURO and Clinical Nutrition.	
House-wide resources are	5
centrally staffed and	
available to this unit as	
needed based on patient	
acuity and/or provider	
orders. These resources	
may include: Wound Care	دِ
Team, IV Access Team, Ale	rt
Team, Physical Therapy,	
Occupational Therapy,	
Speech Therapy,	
Respiratory Therapy,	
Pharmacists, Case	
I I	۷,
Tisch Emergency Management, Social World	
Tisch Emergency Management, Social World Department Observation Patient Support Associate	s,

	3 Unit Clerks. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Tisch Emergency	Patient Support Associates,
Department	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	management, social work,
	Patient Support Associates,

ADC is average Deliveries per Day. 2 Triage Nurse, 1 Baby Nurse, 1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates and Clinical Nutrition.

Maternity - TH 8 LABOR AND DELIVERY

2 Admit Nurses, 2 Nursery Nurses, 1 Unit Clerk (Patient Unit Associate). Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, **Patient Support Associates** and Clinical Nutrition.

Maternity - TH 12/13 OB

1 Unit Clerk. Other housewide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates,

and Clinical Nutrition.

Medical / Surgical Acute & ICU - KP 15 CARD

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

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
Medical / Surgical - KP 12	Management, Social Work,
MEDICAL/SURGICAL/TRANS	Patient Support Associates,
PLANT	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	patient acuity and/or provider orders. These
	provider orders. These
	provider orders. These resources may include:
	provider orders. These resources may include: Wound Care Team, IV
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical / Surgical - KP 11	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - KP 10	Patient Support Associates,
SURG	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	1 Unit Clerk. Other house- wide resources are centrally
	wide resources are centrally
	wide resources are centrally staffed and available to this
	wide resources are centrally staffed and available to this unit as needed based on
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include:
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Psychiatry - TH HCC10	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
Physical Medicine &	Management, Social Work,
Rehabilitation - TH HCC 9	Patient Support Associates,
REHAB	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	p. 0
	resources may include:
	· '
	resources may include:
	resources may include: Wound Care Team, IV
	resources may include: Wound Care Team, IV Access Team, Alert Team,
	resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical / Surgical Acute &	resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - TH16	Patient Support Associates,
EAST MED ONC	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	nationt aquity and/or
	patient acuity and/or
	provider orders. These
	provider orders. These
	provider orders. These resources may include:
	provider orders. These resources may include: Wound Care Team, IV
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical / Surgical - TH 17	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

1 Charge Nurse, 1 Unit Clerk (Patient Unit Associate). Ancillary services dedicated to this unit typically include Patient Support Associates. In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: **Behavioral Emergency** Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical / Surgical - TH 17 EAST MED

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - TH 16	Patient Support Associates,
WEST	and Clinical Nutrition.
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	1 Unit Clerk. Other house-
	1 Unit Clerk. Other housewide resources are centrally
	wide resources are centrally
	wide resources are centrally staffed and available to this
	wide resources are centrally staffed and available to this unit as needed based on
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include:
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical ICU - TH 15	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - TH 14	Patient Support Associates,
WEST	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	patient acuity and/or
	patient acuity and/or provider orders. These
	patient acuity and/or provider orders. These resources may include:
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical / Surgical - TH 14	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - KP 18	Patient Support Associates,
HEME / ONC/ BMT	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	1
	Occupational Therapy,
	Occupational Therapy, Speech Therapy,
	Speech Therapy,
	Speech Therapy, Respiratory Therapy,
Intensive Care & Pediatrics -	Speech Therapy, Respiratory Therapy, Pharmacists, Case

Intensive Care & Pediatrics - KP 9 CCVCU	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,

TH BK Endo- PACU

Respiratory Therapy,
Pharmacists, Case
Management, Social Work,
Patient Support Associates,

and Clinical Nutrition.

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

	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
ACC 21- PACU	and Clinical Nutrition.
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Occupational Therapy,
	Occupational Therapy, Speech Therapy,
	Occupational Therapy, Speech Therapy, Respiratory Therapy,
	Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates,
TH ENDO- PACU	and Clinical Nutrition.
	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
HCC 2- PACU	Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
KP 5- PACU	and Clinical Nutrition.
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management Cosial Mark
	Management, Social Work,
KP 4- PACU	Management, Social Work, Patient Support Associates, and Clinical Nutrition.

	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
KP 2- PACU	and Clinical Nutrition.
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
TH 10- PACU	and Clinical Nutrition.

	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
	are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
	available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care eam, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
	needed based on patient acuity and/or provider orders. These resources may include: Wound Care eam, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
	acuity and/or provider orders. These resources may include: Wound Care eam, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
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	may include: Wound Care feam, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
	Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
T	Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
	Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
	Speech Therapy, Respiratory Therapy, Pharmacists, Case
	Respiratory Therapy, Pharmacists, Case
	Pharmacists, Case
<b>I</b>	· ·
	Managana on Casial Mark
N	Management, Social Work,
P	Patient Support Associates,
TH 6- PACU	and Clinical Nutrition.
	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
TH BK Endo PR	Support Associates

	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
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	either an RN or CST. Other
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	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
Essex Crossing OR	Support Associates
	OR Staffing Plan based on
	anticipated daily OR
	anticipated daily OR volume. Each operating
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	volume. Each operating
	volume. Each operating room is staffed with a
	volume. Each operating room is staffed with a minimum of one RN and
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and
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	OR Staffing Plan based on
	anticipated daily OR
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	either an RN or CST. Other
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	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
ACC 21- OR	Support Associates
	OR Staffing Plan based on
	anticipated daily OR
	anticipated daily OR volume. Each operating
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	volume. Each operating
	volume. Each operating room is staffed with a
	volume. Each operating room is staffed with a minimum of one RN and
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by
	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other
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ACC 3- OR	volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified

	OR Staffing Plan based on
	anticipated daily OR
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	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, and Patient
TH Endo- OR	Support Associates.
	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
HCC 2- OR	Support Associates.

	OR Staffing Plan based on anticipated daily OR	
	anticipated daily OR	
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	volume. Each operating	
	room is staffed with a	
	minimum of one RN and	
	one scrub role filled by	
	either an RN or CST. Other	
	house-wide resources are	
	centrally staffed and	
	available to this unit as	
	needed based on patient	
	acuity and/or provider	
	orders. These resources	
	may include: CRNAs,	
	Pharmacists, Case	
	Management, Certified	
	Scrub Techs, and Patient	
KP 5- OR	Support Associates.	
	OR Staffing Plan based on	
	anticipated daily OR	
	volume. Each operating	
	room is staffed with a	
	minimum of one RN and	
	one scrub role filled by	
	either an RN or CST. Other	
	house-wide resources are	
	centrally staffed and	
	available to this unit as	
	needed based on patient	
	acuity and/or provider	
	orders. These resources	
	may include: CRNAs,	
	Pharmacists, Case	
	Management, Certified	
	Scrub Techs, and Patient	
KP 4- OR	Support Associates.	

	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, Certified
	Scrub Techs, and Patient
KP 2- OR	Support Associates.
	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
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	minimum of one RN and
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	either an RN or CST. Other
	house-wide resources are
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	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, and Patient
TH 10- OR	Support Associates.

OR Staffing Plan based on
anticipated daily OR
volume. Each operating
room is staffed with a
minimum of one RN and
one scrub role filled by
either an RN or CST. Other
house-wide resources are
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acuity and/or provider
orders. These resources
may include: CRNAs,
Pharmacists, Case
Management, and Patient
Support Associates."

## **EVENING SHIFT CONSENSUS INFORMATION**

TH 6- OR

• •	Committee reached consensus on the clinical	If no, Chief Executive Officer Statement in support of clinical staffing plan for	Statement by members of clinical staffing committee selected by the general hospital administration	
the hospital.	staffing plan for this unit:	this unit:	(management members):	
Neonatal				
Intensive/Intermediate Care				
- TH9 NICU	Yes			
Pediatrics - KP 8 PEDS				
ACUTE	Yes			
Medical / Surgical - KP 17				
NEURO	Yes			

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

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

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

T				
			1) NYULH Main Campus	
			·	
			plans to hire into our PCT float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
		La alva avvila da a tiba	vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	I	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		- '	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Maternity - TH 8 LABOR		that were affirmed	medical equipment	
AND DELIVERY	No	unanimously.	requiring 1 to 1 assignment.	

		Executive Officer of NYULH to adopt those portions of the clinical staffing plan for	1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.  2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily	
		Executive Officer of NYULH to adopt those portions of	the Registered Nurse Float Team to 170 FTEs (an	
		which the Clinical Staffing Committee did not achieve	will designate RNs for daily floating to account for	
Maternity - TH 12/13 OB	No	consensus, as well as those that were affirmed unanimously.	acuity and patients on medical equipment requiring 1 to 1 assignment.	

I			I	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Medical / Surgical Acute &		that were affirmed	medical equipment	
ICU - KP 15 CARD	No	unanimously.	requiring 1 to 1 assignment.	

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

I				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Medical / Surgical Acute &		that were affirmed	medical equipment	
ICU - KP 13 SURG	No	unanimously.	requiring 1 to 1 assignment.	

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

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

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

			1) NYULH Main Campus plans to hire into our PCT float team an additional 23	
			full-time equivalents (FTEs) to meet the patient care	
			and break coverage needs expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Psychiatry - TH HCC10		that were affirmed	medical equipment	
PSYCH	No	unanimously.	requiring 1 to 1 assignment.	

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

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			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Medical / Surgical Acute &		that were affirmed	medical equipment	
ICU - KP 16 NEURO	No	unanimously.	requiring 1 to 1 assignment.	

			NYULH Main Campus     plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		· ·	per patient day. At our Main	
		• ,	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
			additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Medical / Surgical - TH16		that were affirmed	medical equipment	
EAST MED ONC	No	unanimously.	requiring 1 to 1 assignment.	

			1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee	
		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and,	Committee Members.  2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on	
Medical / Surgical - TH 17	No	that were affirmed	medical equipment	
EAST MED	No	unanimously.	requiring 1 to 1 assignment.	

			1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee	
		I acknowledge the statements of both the management and employee members of the clinical staffing committee, and,	Committee Members.  2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on	
Medical / Surgical - TH 17	No	that were affirmed	medical equipment	
EAST MED	No	unanimously.	requiring 1 to 1 assignment.	

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			A) ADVITUIT AAR'S CORRES	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		pursuant to the law, I am	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Medical / Surgical - TH 16		that were affirmed	medical equipment	
WEST	No	unanimously.	requiring 1 to 1 assignment.	

			1) NYULH Main Campus plans to hire into our PCT	
			float team an additional 23 full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	· · ·	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		_	per patient day. At our Main	
		using my discretion as Chief	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve	floating to account for	
		consensus, as well as those	acuity and patients on	
Medical ICU - TH 15		that were affirmed	medical equipment	
EAST/WEST	No	unanimously.	requiring 1 to 1 assignment.	

			1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs	
			expressed by the Employee Committee Members.  2) NYULH has also prioritized hiring of all	
		I acknowledge the statements of both the management and employee	vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the	
		l ·	needs of the patient care unit based on care hours per patient day. At our Main	
		Executive Officer of NYULH to adopt those portions of	the Registered Nurse Float Team to 170 FTEs (an	
		the clinical staffing plan for which the Clinical Staffing Committee did not achieve	additional 69 positions) and will designate RNs for daily floating to account for	
Medical / Surgical - TH 14		consensus, as well as those that were affirmed	acuity and patients on medical equipment	
WEST	No	unanimously.	requiring 1 to 1 assignment.	

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

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	' '	
		members of the clinical	needs of the patient care	
		staffing committee, and,	unit based on care hours	
		_	per patient day. At our Main	
		· ·	campus, we plan to increase	
		Executive Officer of NYULH	the Registered Nurse Float	
		to adopt those portions of	Team to 170 FTEs (an	
		the clinical staffing plan for	additional 69 positions) and	
		which the Clinical Staffing	will designate RNs for daily	
		Committee did not achieve		
			floating to account for	
Modical / Curried I/D 10		consensus, as well as those that were affirmed	acuity and patients on	
Medical / Surgical - KP 18	No		medical equipment	
HEME / ONC/ BMT	No	unanimously.	requiring 1 to 1 assignment.	

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

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

		I acknowledge the statements of both the management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		· ·	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
			representation and ancillary	
		that were affirmed	members of the committee	
TH BK Endo- PACU N	0	unanimously.	declined to vote.	
TH BK EIIUO- FACO	0	unanimousiy.	declined to vote.	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
			representation and ancillary	
		that were affirmed	members of the committee	
Essex Crossing- PACU N	0	unanimously.	declined to vote.	

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		Last es lastes the		
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
ACC 23- PACU	No	unanimously.	declined to vote.	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
ACC 21- PACU	No	unanimously.	declined to vote.	

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		La almanda da a tha		
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
			RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
			representation and ancillary	
		that were affirmed	members of the committee	
ACC 3- PACU	No	unanimously.	declined to vote.	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
TH ENDO- PACU	No	unanimously.	declined to vote.	

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		Last as destas the		
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
HCC 2- PACU	No	unanimously.	declined to vote.	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
KP 5- PACU	No	unanimously.	declined to vote.	

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		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		i i	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
			representation and ancillary	
		that were affirmed	members of the committee	
KP 4- PACU	No	unanimously.	declined to vote.	
	-			
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
KP 2- PACU	No	unanimously.	declined to vote.	

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		Lasknowladge the		
		I acknowledge the statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of	SN 6: 55	
		l	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		· ·	representation and ancillary	
		that were affirmed	members of the committee	
TH 10- PACU	No	unanimously.	declined to vote.	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		"	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	·	
		· ·	representation and ancillary	
		that were affirmed	members of the committee	
TH 6- PACU	No	unanimously.	declined to vote.	

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		La alva avvila da a tiba		
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		l	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		· ·	representation and ancillary	
		that were affirmed	members of the committee	
TH BK Endo PR	No	unanimously.	declined to vote.	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	·	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
Essex Crossing OR	No	unanimously.	declined to vote.	

			1	
		Last as destas the		
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
ACC 23- OR	No	unanimously.	declined to vote.	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
ACC 21- OR	No	unanimously.	declined to vote.	

		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
ACC 3- OR	No	unanimously.	declined to vote.	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
TH Endo- OR	No	unanimously.	declined to vote.	

		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
HCC 2- OR	No	unanimously.	declined to vote.	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
KP 5- OR	No	unanimously.	declined to vote.	

			Ī	
		Lasknowladge the		
		I acknowledge the statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of	DNI CLASS AND A LANGUAGE	
		l	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		· ·	representation and ancillary	
WD 4 OD	NI -	that were affirmed	members of the committee	
KP 4- OR	No	unanimously.	declined to vote.	
		La almanula dan Alas		
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of	DNI CLASS AND A LANGE	
		"	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	·	
		· ·	representation and ancillary	
VD 2 OD	NI-	that were affirmed	members of the committee	
KP 2- OR	No	unanimously.	declined to vote.	

		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
TH 10- OR	No	unanimously.	declined to vote.	
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	
		which the Clinical Staffing	on the proposed care	
		Committee did not achieve	models, however union	
		consensus, as well as those	representation and ancillary	
		that were affirmed	members of the committee	
TH 6- OR	No	unanimously.	declined to vote.	

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)?
Neonatal		,	,	
Intensive/Intermediate Care				
- TH9 NICU	23	4.43	41.5	1.8
Pediatrics - KP 8 PEDS				
ACUTE	10.49	2.93	28.6	2.73
Tisch Emergency Department Observation Unit	4.91	8.2	14.36	2.93
Tisch Emergency	1.31	5.2	11.50	2.33
Department	30.5	2.6	83	2.72
Medical / Surgical - TH 11E	7.56	2.3	26.3	3.48
Maternity - TH 8 LABOR AND DELIVERY	16.19	8.5	15.24	0.94
Maternity - TH 12/13 OB	14.92	4.17	28.65	1.92
Medical / Surgical Acute & ICU - KP 15 CARD	13.95	3.43	32.5	2.33
Medical / Surgical Acute & ICU - KP 14 CV SURG	13.41	4.03	26.6	1.98
Medical / Surgical Acute & ICU - KP 13 SURG	18.23	4.6	31.7	1.74
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	11.55	2.83	32.6	2.82
Medical / Surgical - KP 11				
SURG	10.9	2.67	37.7	3
Medical / Surgical - KP 10 SURG	10.9	2.67	32.7	3

Psychiatry - TH HCC10				
PSYCH	3.88	1.82	17.1	4.4
Physical Medicine &				
Rehabilitation - TH HCC 9				
REHAB	4.7	1.97	19.1	4.07
Medical / Surgical - KP 17				
NEURO	9.93	2.67	29.8	3
Medical / Surgical Acute &				
ICU - KP 16 NEURO	13.55	3.7	29.3	2.16
Medical / Surgical - TH16				
EAST MED	6.5	2.3	22.6	3.48
Medical / Surgical - TH 17				
WEST MED	8.4	2.3	29.2	3.48
Medical / Surgical - TH 17				
EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - TH 16				
WEST	8.4	2.3	29.2	3.48
Medical ICU - TH 15				
EAST/WEST	19.38	5.17	30	1.55
Medical / Surgical - TH 14				
WEST	5.66	2.3	19.7	3.48
Medical / Surgical - TH 14				
EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - KP 18				
HEME / ONC/ BMT	11.76	2.9	32.4	2.76
Intensive Care & Pediatrics -				
KP 9 PICU	12.38	6.27	15.8	1.28
Intensive Care & Pediatrics -				
KP 9 CCVCU	12.58	6.67	15.1	1.2
KP 5- PACU	2	3.42	4.68	2.34
TH 10- PACU	0.75	2.8	2.14	2.86
TH 6- PACU	5	5.74	6.97	1.39
TH 6- OR	3	2.56	2	0.14

LPN NIGHT 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 Night 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 Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal		
Intensive/Intermediate Care		
- TH9 NICU	0	0
Pediatrics - KP 8 PEDS	0	0
ACUTE	0	0
Tisch Emergency Department Observation		
Unit	0	0
Tisch Emergency	U	0
Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR	•	
AND DELIVERY	0	0
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute &		
ICU - KP 15 CARD	0	0
Medical / Surgical Acute &		
ICU - KP 14 CV SURG	0	0
Medical / Surgical Acute &		
ICU - KP 13 SURG	0	0
Medical / Surgical - KP 12		
MEDICAL/SURGICAL/TRANS		
PLANT	0	0
Medical / Surgical - KP 11		_
SURG	0	0
Medical / Surgical - KP 10		
SURG	0	0
Psychiatry - TH HCC10	0	0
PSYCH	0	0

Diameter I Navidence O		
Physical Medicine &		
Rehabilitation - TH HCC 9		
REHAB	0	0
Medical / Surgical - KP 17		
NEURO	0	0
Medical / Surgical Acute &		
ICU - KP 16 NEURO	0	0
Medical / Surgical - TH16		
EAST MED	0	0
Medical / Surgical - TH 17		
WEST MED	0	0
Medical / Surgical - TH 17		
EAST MED	0	0
Medical / Surgical - TH 16		
WEST	0	0
Medical ICU - TH 15		
EAST/WEST	0	0
Medical / Surgical - TH 14		
WEST	0	0
Medical / Surgical - TH 14		
EAST MED	0	0
Medical / Surgical - KP 18		
HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics -		
KP 9 PICU	0	0
Intensive Care & Pediatrics -		
KP 9 CCVCU	0	0
KP 5- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
TH 6- OR	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)
Neonatal		
Intensive/Intermediate Care		
- TH9 NICU	2	16
Pediatrics - KP 8 PEDS		
ACUTE	0.5	4
Tisch Emergency		
Department Observation		
Unit	0	0
Tisch Emergency		
Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR		
AND DELIVERY	2	16
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute &		
ICU - KP 15 CARD	0	0
Medical / Surgical Acute &		
ICU - KP 14 CV SURG	0.5	4
Medical / Surgical Acute &		_
ICU - KP 13 SURG	0.5	4
Medical / Surgical - KP 12		
MEDICAL/SURGICAL/TRANS	_	_
PLANT	0	0
Medical / Surgical - KP 11		_
SURG	0	0
Medical / Surgical - KP 10		_
SURG	0	0
Psychiatry - TH HCC10 PSYCH	0	0

District Marillation O		
Physical Medicine &		
Rehabilitation - TH HCC 9		
REHAB	8.1	64.8
Medical / Surgical - KP 17		
NEURO	0	0
Medical / Surgical Acute &		
ICU - KP 16 NEURO	0.5	4
Medical / Surgical - TH16		
EAST MED	0	0
Medical / Surgical - TH 17		
WEST MED	0	0
Medical / Surgical - TH 17		
EAST MED	0	0
Medical / Surgical - TH 16		
WEST	0	0
Medical ICU - TH 15		
EAST/WEST	2	16
Medical / Surgical - TH 14		
WEST	0	0
Medical / Surgical - TH 14		
EAST MED	0	0
Medical / Surgical - KP 18		
HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics -		
KP 9 PICU	1.5	12
Intensive Care & Pediatrics -		
KP 9 CCVCU	1	8
KP 5- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
TH 6- OR	2	16

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)
Neonatal		
Intensive/Intermediate Care	0.0	0.17
- TH9 NICU Pediatrics - KP 8 PEDS	0.9	0.17
ACUTE	2.62	0.73
Tisch Emergency	2.02	0.73
Department Observation		
Unit	1.23	2.05
Tisch Emergency		
Department	15.5	1.1
Medical / Surgical - TH 11E	3.24	0.99
Maternity - TH 8 LABOR		
AND DELIVERY	2.86	1.5
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute &		
ICU - KP 15 CARD	2.75	0.68
Medical / Surgical Acute &	_	
ICU - KP 14 CV SURG	2	0.6
Medical / Surgical Acute &	2.77	0.7
ICU - KP 13 SURG	2.77	0.7
Medical / Surgical - KP 12		
MEDICAL/SURGICAL/TRANS PLANT	2.89	0.71
Medical / Surgical - KP 11	2.03	0.71
SURG	2.73	0.67
Medical / Surgical - KP 10	=:•	
SURG	2.73	0.67
Psychiatry - TH HCC10		
PSYCH	1.67	0.78

DI : 114 II : 0		
Physical Medicine &		
Rehabilitation - TH HCC 9		
REHAB	2.01	0.84
Medical / Surgical - KP 17		
NEURO	2.27	0.61
Medical / Surgical Acute &		
ICU - KP 16 NEURO	1.05	0.29
Medical / Surgical - TH16		
EAST MED	2.79	0.99
Medical / Surgical - TH 17		
WEST MED	3.6	0.99
Medical / Surgical - TH 17		
EAST MED	3.24	0.99
Medical / Surgical - TH 16		
WEST	3.6	0.99
Medical ICU - TH 15		
EAST/WEST	2.5	0.67
Medical / Surgical - TH 14		
WEST	2.43	0.99
Medical / Surgical - TH 14		
EAST MED	3.24	0.99
Medical / Surgical - KP 18		
HEME / ONC/ BMT	2.66	0.66
Intensive Care & Pediatrics -		
KP 9 PICU	0.79	0.4
Intensive Care & Pediatrics -		
KP 9 CCVCU	0	0
KP 5- PACU	0	0
TH 10- PACU	0.25	0.93
TH 6- PACU	0.21	0.24
TH 6- OR	0	0

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.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	staffed and available to this unit as needed based on
	staffed and available to this unit as needed based on patient acuity and/or
	staffed and available to this unit as needed based on
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include:
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include:
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
Neonatal	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work,
Neonatal Intensive/Intermediate Care - TH9 NICU	staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work,

	1 Unit Clerk. Other housewide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy, Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Pediatrics - KP 8 PEDS	Patient Support Associates,
ACUTE	and Clinical Nutrition.
ACOIL	and chinear Nutrition.
	House-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
Tisch Emergency	Management, Social Work,
	_
Department Observation	Patient Support Associates,

	3 Unit Clerks. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Tisch Emergency	Patient Support Associates,
Department	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	management, social work,
	Patient Support Associates,

ADC is average Deliveries per Day. 2 Triage Nurse, 1 Baby Nurse, 1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates and Clinical Nutrition.

Maternity - TH 8 LABOR AND DELIVERY

2 Admit Nurses, 2 Nursery Nurses, 1 Unit Clerk (Patient Unit Associate). Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, **Patient Support Associates** and Clinical Nutrition.

Maternity - TH 12/13 OB

1 Unit Clerk. Other housewide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates,

and Clinical Nutrition.

Medical / Surgical Acute & ICU - KP 15 CARD

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

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
Medical / Surgical - KP 12	Management, Social Work,
MEDICAL/SURGICAL/TRANS	Patient Support Associates,
PLANT	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	patient acuity and/or provider orders. These
	provider orders. These
	provider orders. These resources may include:
	provider orders. These resources may include: Wound Care Team, IV
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical / Surgical - KP 11	provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - KP 10	Patient Support Associates,
SURG	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	1 Unit Clerk. Other house- wide resources are centrally
	wide resources are centrally
	wide resources are centrally staffed and available to this
	wide resources are centrally staffed and available to this unit as needed based on
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include:
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Psychiatry - TH HCC10	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
Physical Medicine &	Management, Social Work,
Rehabilitation - TH HCC 9	Patient Support Associates,
REHAB	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Dhawsasiata Casa
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - KP 17	· ·

	,
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical Acute &	Patient Support Associates,
ICU - KP 16 NEURO	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	I recourses moutingludes
	resources may include:
	Wound Care Team, IV
	Wound Care Team, IV Access Team, Alert Team,
	Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
	Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case
	Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work,
Medical / Surgical - TH16	Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - TH 17	Patient Support Associates,
WEST MED	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	unit as needed based on patient acuity and/or
	patient acuity and/or
	patient acuity and/or provider orders. These
	patient acuity and/or provider orders. These resources may include:
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical / Surgical - TH 17	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - TH 16	Patient Support Associates,
WEST	and Clinical Nutrition.
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	1 Unit Clerk. Other house-
	1 Unit Clerk. Other housewide resources are centrally
	wide resources are centrally
	wide resources are centrally staffed and available to this
	wide resources are centrally staffed and available to this unit as needed based on
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include:
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical ICU - TH 15	wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	provider orders. These
	resources may include:
	Wound Care Team, IV
	Access Team, Alert Team,
	Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
Medical / Surgical - TH 14	Patient Support Associates,
WEST	and Clinical Nutrition.
	1 Unit Clerk. Other house-
	wide resources are centrally
	staffed and available to this
	unit as needed based on
	patient acuity and/or
	patient acuity and/or
	patient acuity and/or provider orders. These
	patient acuity and/or provider orders. These resources may include:
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy,
	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy,
Medical / Surgical - TH 14	patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case

1 Tx/Chemo Nurse, 1 Unit Clerk (Patient Unit Associate). In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Behavioral Emergency Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical / Surgical - KP 18 HEME / ONC/ BMT

Intensive Care & Pediatrics -	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates,
KP 9 PICU	and Clinical Nutrition.
	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy,

Intensive Care & Pediatrics -

KP 9 CCVCU

Speech Therapy,
Respiratory Therapy,
Pharmacists, Case
Management, Social Work,

Patient Support Associates,

and Clinical Nutrition.

	Other become wide recovered
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
KP 5- PACU	and Clinical Nutrition.
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
TH 10- PACU	and Clinical Nutrition.
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	T .
	Other house-wide resources
	are centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: Wound Care
	Team, IV Access Team, Alert
	Team, Physical Therapy,
	Occupational Therapy,
	Speech Therapy,
	Respiratory Therapy,
	Pharmacists, Case
	Management, Social Work,
	Patient Support Associates,
TH 6- PACU	and Clinical Nutrition.
	OR Staffing Plan based on
	anticipated daily OR
	volume. Each operating
	room is staffed with a
	minimum of one RN and
	one scrub role filled by
	either an RN or CST. Other
	house-wide resources are
	centrally staffed and
	available to this unit as
	needed based on patient
	acuity and/or provider
	orders. These resources
	may include: CRNAs,
	Pharmacists, Case
	Management, and Patient
TH 6- OR	Support Associates.

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):
Neonatal				
Intensive/Intermediate Care				
- TH9 NICU	Yes			
Pediatrics - KP 8 PEDS				
ACUTE	Yes			

		1	· · · · · · · · · · · · · · · · · · ·	
			plans to hire into our PCT	
			float	
			team an additional 23 full-	
			time equivalents (FTEs) to	
			meet the	
			patient care and break	
			coverage needs expressed	
			by the	
			Employee Committee	
			Members.	
			2) NYULH has also	
		I acknowledge the	prioritized hiring of all	
		statements of both the	vacant frontline	
		management and	nursing and support staff	An increase in the number
		employee members of the	positions to ensure the	of patient care technicians
		clinical staffing committee,	proposed	(PCTs)
		and,	clinical staffing model	per shift, depending on the
		pursuant to the law, I am	meets the needs of the	patient care unit, is needed
		using my discretion as Chief	patient care unit	to
		Executive Officer of NYULH	based on care hours per	address patient care needs,
		to adopt those portions of	patient day. At our Main	such as toileting patients,
		the	campus, we	ambulating patients, or
		clinical staffing plan for	plan to increase the	monitoring fall risk patients
		which the Clinical Staffing	Registered Nurse Float	on
		Committee did not achieve	Team to 170 FTEs	constant observation, as
Tisch Emergency		consensus, as well as those	(an additional 69 positions)	well as to provide coverage
Department Observation		that	and will designate RNs for	for
Unit	No	were affirmed unanimously.	daily	breaks.

Т			•	1
			plans to hire into our PCT	
			float	
			team an additional 23 full-	
			time equivalents (FTEs) to	
			meet the	
			patient care and break	
			coverage needs expressed	
			by the	
			Employee Committee	
			Members.	
			<ol><li>NYULH has also</li></ol>	
		I acknowledge the	prioritized hiring of all	
		statements of both the	vacant frontline	
		management and	nursing and support staff	An increase in the number
		employee members of the	positions to ensure the	of patient care technicians
		clinical staffing committee,	proposed	(PCTs)
		and,	clinical staffing model	per shift, depending on the
		pursuant to the law, I am	meets the needs of the	patient care unit, is needed
		using my discretion as Chief	patient care unit	to
		Executive Officer of NYULH	based on care hours per	address patient care needs,
		to adopt those portions of	patient day. At our Main	such as toileting patients,
		the	campus, we	ambulating patients, or
		clinical staffing plan for	plan to increase the	monitoring fall risk patients
		which the Clinical Staffing	Registered Nurse Float	on
		Committee did not achieve	Team to 170 FTEs	constant observation, as
		consensus, as well as those	(an additional 69 positions)	well as to provide coverage
Tisch Emergency		that	and will designate RNs for	for
Department	No	were affirmed unanimously.	daily	breaks.

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

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			4) 10/4/11/14 : 0	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		·	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		· · · · · · · · · · · · · · · · · · ·	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Maternity - TH 8 LABOR		that were affirmed	medical equipment	provide coverage for
•	No		' '	•
AND DELIVERY	No	unanimously.	requiring 1 to 1 assignment.	breaks.

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			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
		that were affirmed	medical equipment	provide coverage for
Maternity - TH 12/13 OB	No	unanimously.	requiring 1 to 1 assignment.	breaks.

Т				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical Acute &		that were affirmed	medical equipment	provide coverage for
ICU - KP 15 CARD	No	unanimously.	requiring 1 to 1 assignment.	breaks.

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			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	' '	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		-	per patient day. At our Main	(PCTs) per shift, depending
		·	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		· ·	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical Acute &		that were affirmed	medical equipment	provide coverage for
ICU - KP 14 CV SURG	No	unanimously.	requiring 1 to 1 assignment.	breaks.
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			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			-	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		•	per patient day. At our Main	(PCTs) per shift, depending
		·	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical Acute &		that were affirmed	medical equipment	provide coverage for
ICU - KP 13 SURG	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
Medical / Surgical - KP 12		consensus, as well as those	acuity and patients on	observation, as well as to
MEDICAL/SURGICAL/TRANS		that were affirmed	medical equipment	provide coverage for
PLANT	No	unanimously.	requiring 1 to 1 assignment.	breaks.

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

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

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		·	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Psychiatry - TH HCC10		that were affirmed	medical equipment	provide coverage for
PSYCH	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
Physical Medicine &		consensus, as well as those	acuity and patients on	observation, as well as to
Rehabilitation - TH HCC 9		that were affirmed	medical equipment	provide coverage for
REHAB	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - KP 17		that were affirmed	medical equipment	provide coverage for
NEURO	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			<u> </u>	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	· · ·	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		_	per patient day. At our Main	(PCTs) per shift, depending
		·	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		· ·	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical Acute &		that were affirmed	medical equipment	provide coverage for
ICU - KP 16 NEURO	No	unanimously.	requiring 1 to 1 assignment.	breaks.

		plans to hire into our PCT	
		float team an additional 23	
		full-time equivalents (FTEs)	
		to meet the patient care	
		and break coverage needs	
		expressed by the Employee	
		Committee Members.	
		2) NYULH has also	
		prioritized hiring of all	
		vacant frontline nursing and	
	I acknowledge the	support staff positions to	
	statements of both the	ensure the proposed clinical	
	management and employee	staffing model meets the	
	members of the clinical	needs of the patient care	An increase in the number
	staffing committee, and,	unit based on care hours	of patient care technicians
	-	per patient day. At our Main	(PCTs) per shift, depending
	· ·	' '	on the patient care unit, is
	Executive Officer of NYULH	·	needed to address patient
	to adopt those portions of	-	care needs, such as toileting
	· ·	•	patients, ambulating
		•	patients, or monitoring fall
	•	, ,	risk patients on constant
		•	observation, as well as to
		· · · · ·	provide coverage for
No		' '	breaks.
	No	statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed	float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.  2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - TH 17		that were affirmed	medical equipment	provide coverage for
WEST MED	No	unanimously.	requiring 1 to 1 assignment.	breaks.

T				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - TH 17		that were affirmed	medical equipment	provide coverage for
EAST MED	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - TH 16		that were affirmed	medical equipment	provide coverage for
WEST	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical ICU - TH 15		that were affirmed	medical equipment	provide coverage for
EAST/WEST	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - TH 14		that were affirmed	medical equipment	provide coverage for
WEST	No	unanimously.	requiring 1 to 1 assignment.	breaks.

Г				
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - TH 14		that were affirmed	medical equipment	provide coverage for
EAST MED	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		'	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		'	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Medical / Surgical - KP 18		that were affirmed	medical equipment	provide coverage for
HEME / ONC/ BMT	No	unanimously.	requiring 1 to 1 assignment.	breaks.

Τ				
			4) NIVIII I I Maio Commun	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Intensive Care & Pediatrics -		that were affirmed	medical equipment	provide coverage for
KP 9 PICU	No	unanimously.	requiring 1 to 1 assignment.	breaks.

			4) NIVI II I I Maio Camana	
			1) NYULH Main Campus	
			plans to hire into our PCT	
			float team an additional 23	
			full-time equivalents (FTEs)	
			to meet the patient care	
			and break coverage needs	
			expressed by the Employee	
			Committee Members.	
			2) NYULH has also	
			prioritized hiring of all	
			vacant frontline nursing and	
		I acknowledge the	support staff positions to	
		statements of both the	ensure the proposed clinical	
		management and employee	staffing model meets the	
		members of the clinical	needs of the patient care	An increase in the number
		staffing committee, and,	unit based on care hours	of patient care technicians
		pursuant to the law, I am	per patient day. At our Main	(PCTs) per shift, depending
		using my discretion as Chief	campus, we plan to increase	on the patient care unit, is
		Executive Officer of NYULH	the Registered Nurse Float	needed to address patient
		to adopt those portions of	Team to 170 FTEs (an	care needs, such as toileting
		the clinical staffing plan for	additional 69 positions) and	patients, ambulating
		which the Clinical Staffing	will designate RNs for daily	patients, or monitoring fall
		Committee did not achieve	floating to account for	risk patients on constant
		consensus, as well as those	acuity and patients on	observation, as well as to
Intensive Care & Pediatrics -		that were affirmed	medical equipment	provide coverage for
KP 9 CCVCU	No	unanimously.	requiring 1 to 1 assignment.	breaks.

		T		, · · · · · · · · · · · · · · · · · · ·
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	members of the committee	members of the committee
KP 5- PACU	No	unanimously.	declined to vote.	declined to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		the clinical staffing plan for	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
		consensus, as well as those	representation and ancillary	representation and ancillary
		that were affirmed	'	members of the committee
TH 10- PACU	No	unanimously.	declined to vote.	declined to vote.

			T	T
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
		·	RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
			representation and ancillary	· ·
		that were affirmed	members of the committee	members of the committee
TH 6- PACU	No	unanimously.	declined to vote.	declined to vote.
III o TACO	140	dilaiiiiiodsiy.	decimed to vote.	decimed to vote.
		I acknowledge the		
		statements of both the		
		management and employee		
		members of the clinical		
		staffing committee, and,		
		pursuant to the law, I am		
		using my discretion as Chief		
		Executive Officer of NYULH		
		to adopt those portions of		
			RN Staff reached consensus	RN Staff reached consensus
		which the Clinical Staffing	on the proposed care	on the proposed care
		Committee did not achieve	models, however union	models, however union
			representation and ancillary	· ·
		that were affirmed	· · ·	members of the committee
TH 6- OR	No	unanimously.	declined to vote.	declined to vote.

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

Our general hospital's collective	09/30/20
bargaining agreement with SEIU 1199	26 12:00
expires on the following date:	AM
The number of hospital employees	
represented by SEIU 1199 is:	4174