HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
Reporting Organization	New York Presbyterian Hospital Columbia Presbyterian Center
Reporting Organization Id	1464
Reporting Organization Type	Hospital (pfi)
Data Entity	New York Presbyterian Hospital Columbia Presbyterian Center

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?
609871 MSCH HIP				
7/Oncology Infusion	5	4	16.62	2
609852 ENDO	2	8	8	1
609839 Pre/Post Anesthesia		7	20.25	2
609834 OR	10	8	21	1
605340 Cystoscopy	3	8	8	1
606929 Endo	10	8	41.6	1
605325 Pre/Post Anesthesia 605320 OR	32 32	3 8	53 63.75	2
605160 9H TRANSPLANT /	32	8	03.73	1
DIRECT ADMITS	13	2	39.14	3.01
609853 MSCH 7			2.52	
Central/Infusion Center	2	3	3.62	3
609850 MSCH]	2 -
Interventional Radiology	1	2	2.97	3.5
609850 MSCH MRI	2.5	2	6.46	4
609850 MSCH PACU	7.5	3	3.89	2.5
609850 MSCH				
Catheterization Lab	4.5	5	2.82	1.5
606117 Therapeutic infusion	4	5	14.8	1.5

COC3E0/COC300				
606250/606209 Interventional				
Radiology/Interventional	42.75	2	4.27	2
Neuro-Radiology	13.75	3	4.27	3
606202 General Radiology	15	8	73.08	1
606747 PH14 Outpatient	13	8	73.08	1
Transplant Clinic	3	2	44.05	3.5
606628 Gamma Knife	3	2	44.03	3.3
	1.6	15	0.26	0.5
Program 606544 HIP 14 Adult	1.6	15	0.36	0.5
	24	_	57.40	4.5
Infusion Center	21	5	57.19	1.5
606246 Radiation Oncology	5	5	66.13	1.5
605721 Dialysis	9.5	5	14.18	1.5
003721 Dialysis	9.5	3	14.16	1.5
606101, 606104, 606509				
Interventional Cardiology				
(Cath/EP/TEE)	33	2	11.84	3.5
(Catil/EP/TEE)	33	2	11.04	3.3
606546 HIP 9 Adult				
Research Infusion Center	3.6	5	7.75	1.5
Research infusion center	5.0	<u> </u>	7.73	1.5
606118 Milstein Apheresis	2.83	10	1.78	0.75
609847 CHILD EMERGENCY				
ROOM	14	2.51	41.83	6
606048 MILSTEIN				
EMERGENCY DEPARTMENT	31.43	3.07	76.65	6
605250 10T SLOANE LABOR				
and DELIVER	18	11.38	11.86	0.66
609838 5T PED M/S ONC	10	4	20.6	2.06
, , , , , ,	-			
609837 4T PED MSURG/CRC	7	2	21.4	3.06
609848 8C PED				
PROGRESSIVE CARE UNIT	5	4	10.53	2.11
609831 6T CARD/NEURO	10	3	23.56	2.36
609835 9C PED ICU	10	6	11.83	1.18
609826 11C PED ICU	10	6	12.56	1.26
605234 9N CARD NICU	14	7	15.65	1.12

		ı	<u> </u>	
609830 7T NEONATAL ICU	32	4	58.23	1.82
609836 9T CARD ICU	12	7	12.98	1.08
605222 5C/6C OB/GYN	12	/	12.98	1.00
POSTP/NURS	15	2	50	3.33
1	15	2	50	3.33
605224 10C OB/GYN		2	16.46	2.74
ANTEP/HIGH RISK	6	3	16.46	2.74
605182 HP-11 BMT UNIT	6	3	15.31	2.55
605118 6HN ONCOLOGY	10	2	33.81	3.38
605154 7HS SURG				
ONCOLOGY	9	2	31.05	3.45
605425 5HN CARDIAC	9	3	25.25	2.81
605114 5GS CARDIAC	9	2	31.64	3.52
605427 5GN SURG				
STEPDOWN	14	3	31.68	2.26
7HN CHEST/STEPDOWN	11	3	31.42	2.86
605152 4HS SURGICAL ICU	10	5	13.64	1.36
605150 5MHB/HH CTICU	24	7	27.34	1.14
605495 5MHB/HH CCU	18	5	25.68	1.43
605420 4HN MEDICAL ICU	15	5	22.09	1.47
605476 8GS				
NEUROLOGICAL ICU	10	5	15.41	1.54
606549 HP 10X ONC				
RESEARCH	2	2	9.91	4.96
605110 6GS MEDICINE				
(INFECTIOUS DISEASE)	9	2	29.76	3.31
605116 6GN MEDICINE	9	2	30.58	3.4
605161 7GS HOSPITALIST	8	2	31.42	3.93
0031017001103111712101		_	321.2	3.33
605112 7GN SDU/MEDICINE	11	3	28.5	2.59
605158 8HS		-		
NEUROSURGERY	8	2	27.54	3.44
605128 8HN NEUROLOGY	8	2	24.21	3.03
605712 8MA MED ANNEX	2	2	8.67	4.34
605710 8GN			5.07	1137
REHABILITATION	3	2	14.02	4.67
REHABIETATION	<u> </u>		14.02	7.07
605124 9GS				
HOSPITALIST/ORTHO/SURG	Q	2	33.39	4.17
HUSPITALIST/UNTHU/SUKU	8	2	33.39	4.1/

605501 9GN PSYCH	4	1	23.36	5.84

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
609871 MSCH HIP		
7/Oncology Infusion	0	0
609852 ENDO	0	0
609839 Pre/Post Anesthesia 609834 OR	0	0
605340 Cystoscopy	0	0
606929 Endo	0	0
605325 Pre/Post Anesthesia 605320 OR	0	0
605160 9H TRANSPLANT / DIRECT ADMITS	0	0
609853 MSCH 7 Central/Infusion Center	0	0
609850 MSCH		_
Interventional Radiology	0	0
609850 MSCH MRI	0	0
609850 MSCH PACU	0	0
609850 MSCH Catheterization Lab	0	0
606117 Therapeutic infusion	0	0

606250/606209		
Interventional		
Radiology/Interventional		
Neuro-Radiology	0	0
606202 General Radiology	0	0
606747 PH14 Outpatient		
Transplant Clinic	0	0
606628 Gamma Knife		
Program	0	0
606544 HIP 14 Adult		
Infusion Center	0	0
606246 Radiation Oncology	0	0
605721 Dialysis	0	0
606101, 606104, 606509		
Interventional Cardiology		
(Cath/EP/TEE)	0	0
606546 HIP 9 Adult		
Research Infusion Center	0	0
606118 Milstein Apheresis	0	0
609847 CHILD EMERGENCY		
ROOM	0	0
606048 MILSTEIN		
EMERGENCY DEPARTMENT	0	0
605250 10T SLOANE LABOR		
and DELIVER	0	0
609838 5T PED M/S ONC	0	0
22 11/4 2110	<u> </u>	
609837 4T PED MSURG/CRC	0	0
609848 8C PED		
PROGRESSIVE CARE UNIT	0	0
609831 6T CARD/NEURO	0	0
609835 9C PED ICU	0	0
609826 11C PED ICU	0	0
605234 9N CARD NICU	0	0
33323 : 311 6/11/20	-	ı

		<u> </u>
609830 7T NEONATAL ICU	0	0
609836 9T CARD ICU	0	0
605222 5C/6C OB/GYN	U	+
POSTP/NURS	0	0
605224 10C OB/GYN	U	
<u> </u>	0	0
ANTEP/HIGH RISK 605182 HP-11 BMT UNIT	0	0
605182 HP-11 BWT ONT		
	0	0
605154 7HS SURG	0	
ONCOLOGY	0	0
605425 5HN CARDIAC	0	0
605114 5GS CARDIAC	0	0
605427 5GN SURG		
STEPDOWN	0	0
7HN CHEST/STEPDOWN	0	0
605152 4HS SURGICAL ICU	0	0
605150 5MHB/HH CTICU	0	0
605495 5MHB/HH CCU	0	0
605420 4HN MEDICAL ICU	0	0
605476 8GS		
NEUROLOGICAL ICU	0	0
606549 HP 10X ONC		
RESEARCH	0	0
605110 6GS MEDICINE		
(INFECTIOUS DISEASE)	0	0
605116 6GN MEDICINE	0	0
605161 7GS HOSPITALIST	0	0
605112 7GN SDU/MEDICINE	0	0
605158 8HS		
NEUROSURGERY	0	0
605128 8HN NEUROLOGY	0	0
605712 8MA MED ANNEX	0	0
605710 8GN		
REHABILITATION	0	0
605124 9GS		
HOSPITALIST/ORTHO/SURG	0	0

605501 9GN PSYCH	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 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
609871 MSCH HIP		
7/Oncology Infusion	0	0
609852 ENDO	0	0
609839 Pre/Post Anesthesia 609834 OR	0	0
		_
605340 Cystoscopy	0	0
606929 Endo	0	0
605325 Pre/Post Anesthesia	0	0
605320 OR	0	0
605160 9H TRANSPLANT / DIRECT ADMITS	0	0
609853 MSCH 7 Central/Infusion Center	0	0
609850 MSCH Interventional Radiology	0	0
609850 MSCH MRI	0	0
609850 MSCH PACU	0	0
609850 MSCH		
Catheterization Lab	0	0
606117 Therapeutic infusion	0	0

606250/606209		
Interventional		
Radiology/Interventional		
Neuro-Radiology	0	0
606202 General Radiology	0	0
606747 PH14 Outpatient		
Transplant Clinic	0	0
606628 Gamma Knife		
Program	0	0
606544 HIP 14 Adult		
Infusion Center	0	0
606246 Radiation Oncology	0	0
605721 Dialysis	0	0
606101, 606104, 606509		
Interventional Cardiology		
(Cath/EP/TEE)	0	0
606546 HIP 9 Adult		
Research Infusion Center	0	0
606118 Milstein Apheresis	0	0
609847 CHILD EMERGENCY		
ROOM	0	0
606048 MILSTEIN		
EMERGENCY DEPARTMENT	0	0
605250 10T SLOANE LABOR		
and DELIVER	0	0
609838 5T PED M/S ONC	0	0
22 11/4 2110	<u> </u>	
609837 4T PED MSURG/CRC	0	0
609848 8C PED		
PROGRESSIVE CARE UNIT	0	0
609831 6T CARD/NEURO	0	0
609835 9C PED ICU	0	0
609826 11C PED ICU	0	0
605234 9N CARD NICU	0	0
33323 : 311 6/11/20	-	ı

		<u> </u>
609830 7T NEONATAL ICU	0	0
609836 9T CARD ICU	0	0
605222 5C/6C OB/GYN	U	+
POSTP/NURS	0	0
605224 10C OB/GYN	U	
<u> </u>	0	0
ANTEP/HIGH RISK 605182 HP-11 BMT UNIT	0	0
605182 HP-11 BWT ONT		
	0	0
605154 7HS SURG	0	
ONCOLOGY	0	0
605425 5HN CARDIAC	0	0
605114 5GS CARDIAC	0	0
605427 5GN SURG		
STEPDOWN	0	0
7HN CHEST/STEPDOWN	0	0
605152 4HS SURGICAL ICU	0	0
605150 5MHB/HH CTICU	0	0
605495 5MHB/HH CCU	0	0
605420 4HN MEDICAL ICU	0	0
605476 8GS		
NEUROLOGICAL ICU	0	0
606549 HP 10X ONC		
RESEARCH	0	0
605110 6GS MEDICINE		
(INFECTIOUS DISEASE)	0	0
605116 6GN MEDICINE	0	0
605161 7GS HOSPITALIST	0	0
605112 7GN SDU/MEDICINE	0	0
605158 8HS		
NEUROSURGERY	0	0
605128 8HN NEUROLOGY	0	0
605712 8MA MED ANNEX	0	0
605710 8GN		
REHABILITATION	0	0
605124 9GS		
HOSPITALIST/ORTHO/SURG	0	0

605501 9GN PSYCH 0 0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please
on the unit and the	Shift? (Please provide a	provide a number with
unit's location in	number with up to 5	up to 5 digits. Ex: 101.50)
the hospital.	digits. Ex: 101.50)	
609871 MSCH HIP		
7/Oncology Infusion	0	0
609852 ENDO	3	12
609839 Pre/Post Anesthesia	4	2
609834 OR	15	12
605340 Cystoscopy	3	8
606929 Endo	1	1
605325 Pre/Post Anesthesia	14	1
605320 OR	8	2
605160 9H TRANSPLANT /		
DIRECT ADMITS	4	1
609853 MSCH 7		
Central/Infusion Center	2	3
609850 MSCH		
Interventional Radiology	1	2
609850 MSCH MRI	3	2
609850 MSCH PACU	3	1
609850 MSCH	2.5	2
Catheterization Lab	2.5	3
606117 Therapeutic infusion	1	1

606250/606209		
Interventional		
Radiology/Interventional		
Neuro-Radiology	0	0
606202 General Radiology	0	0
606747 PH14 Outpatient		
Transplant Clinic	1	1
606628 Gamma Knife		
Program	0	0
606544 HIP 14 Adult		
Infusion Center	2	0.48
606246 Radiation Oncology	0	0
605721 Dialysis	0	0
,		
606101, 606104, 606509		
Interventional Cardiology		
(Cath/EP/TEE)	1.83	0
(2001) 217 (227		-
606546 HIP 9 Adult		
Research Infusion Center	1	1
Nescar on musion center	-	-
606118 Milstein Apheresis	0	0
609847 CHILD EMERGENCY	<u> </u>	<u> </u>
ROOM	2.5	0.45
NOO!!!	2.3	0.13
606048 MILSTEIN		
EMERGENCY DEPARTMENT	9	0.88
605250 10T SLOANE LABOR	<u> </u>	0.00
and DELIVER	1	0.63
609838 5T PED M/S ONC	1	1
003030 31 FED IVI/3 UNC	1	1
609837 4T PED MSURG/CRC	1	1
609848 8C PED	1	1
	1	1
PROGRESSIVE CARE UNIT	1	1
609831 6T CARD/NEURO	1	1
609835 9C PED ICU	1	1
609826 11C PED ICU	1	1
605234 9N CARD NICU	1	1

609830 7T NEONATAL ICU 1 1 1 1 609836 9T CARD ICU 1 1 1 1 1 1 605222 5C/6C OB/GYN POSTP/NURS 2 1 1 605224 10C OB/GYN ANTEP/HIGH RISK 1 1 1 605182 HP-11 BMT UNIT 2 1 1 605118 6HN ONCOLOGY 4 1 1 605154 7HS SURG ONCOLOGY 4 1 1 605425 5HN CARDIAC 3 1 605427 5GN SURG STEPDOWN 2 1 7HN CHEST/STEPDOWN 2 1	
609836 9T CARD ICU 1 1 605222 5C/6C OB/GYN 2 1 POSTP/NURS 2 1 605224 10C OB/GYN 3 1 ANTEP/HIGH RISK 1 1 605182 HP-11 BMT UNIT 2 1 605118 6HN ONCOLOGY 4 1 605154 7HS SURG 3 1 ONCOLOGY 4 1 605425 5HN CARDIAC 3 1 605114 5GS CARDIAC 3 1 605427 5GN SURG 3 1 STEPDOWN 2 1	
605222 5C/6C OB/GYN POSTP/NURS 2 1 605224 10C OB/GYN ANTEP/HIGH RISK 1 1 605182 HP-11 BMT UNIT 2 1 605118 6HN ONCOLOGY 4 1 605154 7HS SURG ONCOLOGY 4 1 605425 5HN CARDIAC 3 1 605114 5GS CARDIAC 3 1 605427 5GN SURG STEPDOWN 2 1	
POSTP/NURS 2 1 605224 10C OB/GYN 1 1 ANTEP/HIGH RISK 1 1 605182 HP-11 BMT UNIT 2 1 605118 6HN ONCOLOGY 4 1 605154 7HS SURG 0 4 1 605154 7HS SURG 3 1 605425 5HN CARDIAC 3 1 605114 5GS CARDIAC 3 1 605427 5GN SURG 3 1 STEPDOWN 2 1	
605224 10C OB/GYN ANTEP/HIGH RISK 1 1 605182 HP-11 BMT UNIT 2 1 605118 6HN ONCOLOGY 4 1 605154 7HS SURG ONCOLOGY 4 1 605425 5HN CARDIAC 3 1 605114 5GS CARDIAC 3 1 605427 5GN SURG STEPDOWN 2 1	
ANTEP/HIGH RISK 1 1 605182 HP-11 BMT UNIT 2 1 605118 6HN ONCOLOGY 4 1 605154 7HS SURG ONCOLOGY 4 1 605425 5HN CARDIAC 3 1 605114 5GS CARDIAC 3 1 605427 5GN SURG STEPDOWN 2 1	
605182 HP-11 BMT UNIT 2 1 605118 6HN ONCOLOGY 4 1 605154 7HS SURG ONCOLOGY 4 1 605425 5HN CARDIAC 3 1 605114 5GS CARDIAC 3 1 605427 5GN SURG STEPDOWN 2 1	
605118 6HN ONCOLOGY 4 1 605154 7HS SURG ONCOLOGY 4 1 605425 5HN CARDIAC 3 1 605114 5GS CARDIAC 3 1 605427 5GN SURG STEPDOWN 2 1	
605154 7HS SURG ONCOLOGY 4 1 605425 5HN CARDIAC 3 1 605114 5GS CARDIAC 3 1 605427 5GN SURG STEPDOWN 2 1	
ONCOLOGY 4 1 605425 5HN CARDIAC 3 1 605114 5GS CARDIAC 3 1 605427 5GN SURG 5TEPDOWN 2 1	
605425 5HN CARDIAC 3 1 605114 5GS CARDIAC 3 1 605427 5GN SURG STEPDOWN 2 1	
605114 5GS CARDIAC 3 1 605427 5GN SURG STEPDOWN 2 1	
605427 5GN SURG STEPDOWN 2 1	
STEPDOWN 2 1	
7HN CHEST/STEPDOWN 2 1	
605152 4HS SURGICAL ICU 1 1	
605150 5MHB/HH CTICU 2 1	
605495 5MHB/HH CCU 2 1	
605420 4HN MEDICAL ICU 2 1	
605476 8GS	
NEUROLOGICAL ICU 1 1	
606549 HP 10X ONC	
RESEARCH 1 1	
605110 6GS MEDICINE	
(INFECTIOUS DISEASE) 2 1	
605116 6GN MEDICINE 3 1	
605161 7GS HOSPITALIST 3 1	
605112 7GN SDU/MEDICINE 3 1	
605158 8HS	
NEUROSURGERY 4 1	
605128 8HN NEUROLOGY 2 1	
605712 8MA MED ANNEX 1 1	
605710 8GN	
REHABILITATION 1 1	
605124 9GS	
HOSPITALIST/ORTHO/SURG 4 1	

DAY SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.
609871 MSCH HIP 7/Oncology Infusion	This unit has available to it supplemental unit staffing. Support personnel include medical assistants, nursing assistants, nurse practicioners, child life specialists, and an ambulatory care clerk.
609852 ENDO	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.

609839 Pre/Post Anesthesia	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
609834 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
605340 Cystoscopy	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.

606929 Endo	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.
605325 Pre/Post Anesthesia	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.
605220 00	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.
605320 OR	

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
605160 9H TRANSPLANT /	techs, unit assistants, and
DIRECT ADMITS	
DIRECT ADMITS	transport team. This unit has available to it
609853 MSCH 7	
	an administrative support
Central/Infusion Center	coordinator.
	- 6.5
	This unit has available to it
	special procedure techs,
	patient navigator, child life
	specialists, administrative
	coordinator, cardio-
	catherization tech, and
609850 MSCH	inventory specialist support
Interventional Radiology	operations of 3T.
	This unit has available to it
	special procedure techs,
	patient navigator, child life
	specialists, administrative
	coordinator, cardio-
	catherization tech, and
	inventory specialist support
609850 MSCH MRI	operations of 3T.
003030 1413011 1411(1	operations of 51.

	This unit has available to it special procedure techs, patient navigator, child life specialists, administrative coordinator, cardiocatherization tech, and
609850 MSCH PACU	inventory specialist support operations of 3T.
609850 MSCH Catheterization Lab	This unit has available to it special procedure techs, patient navigator, child life specialists, administrative coordinator, cardiocatherization tech, and inventory specialist support operations of 3T.
606117 Therapeutic	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
infusion	and transport team.

	
606250/606209 Interventional	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
Radiology/Interventional	EKG techs, unit assistants,
Neuro-Radiology	and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists,
	phlebotomists, pharmacy technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
	,

	1
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
606747 PH14 Outpatient	EKG techs, unit assistants,
Transplant Clinic	and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,
	care managers, IV team,
606628 Gamma Knife	EKG techs, unit assistants,
Program	and transport team.

606544 HIP 14 Adult Infusion Center	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,

606246 Radiation Oncology

care managers, IV team, EKG techs, unit assistants,

and transport team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
605704 B: L :	EKG techs, unit assistants,
605721 Dialysis	and transport team.
606101, 606104, 606509	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
Interventional Cardiology	EKG techs, unit assistants,
(Cath/EP/TEE)	and transport team.

606546 HIP 9 Adult Research Infusion Center	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
	This unit has available to it

This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606118 Milstein Apheresis

Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include child life specialists,
physical therapy aides,
wound/ostomy care team,
respiratory therapists,
phlebotomists, IV team,
clinical pharmacists,
pharmacy technicians,
ECMO program manager,
VAD coordinator, social
workers, care managers,
EKG techs, unit assistants,
and transport team.

609847 CHILD EMERGENCY ROOM

606048 MILSTEIN

EMERGENCY DEPARTMENT

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

	,
605250 10T SLOANE LABOR and DELIVER	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.
	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,

and transport team.

609838 5T PED M/S ONC

COORDE AT DED MISHIP CAPE	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
609837 4T PED MSURG/CRC	and transport team.
609848 8C PED	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
PROGRESSIVE CARE UNIT	and transport team.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include child life specialists,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
	VAD coordinator, EEG techs,
609831 6T CARD/NEURO	and transport team.

609835 9C PED ICU

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, ECMO program manager, and transport team.

	-
609826 11C PED ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, ECMO program manager, and transport team.
	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists,

605234 9N CARD NICU

phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, ECMO program manager, and

transport team.

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.

609830 7T NEONATAL ICU

609836 9T CARD ICU

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, IV team, clinical pharmacists, pharmacy technicians, ECMO program manager, VAD coordinator, social workers, care managers, EKG techs, unit assistants, and transport team.

	T
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants,
	lactation consultants,
605222 5C/6C OB/GYN	perinatal safety nurse, and
POSTP/NURS	transport team.
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants,
	techs, unit assistants, lactation consultants,
605224 10C OB/GYN	

	1
	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care
	managers, IV team, EKG
	techs, unit assistants, and
605182 HP-11 BMT UNIT	transport team.
	·
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
COE110 CHN ONCOLOGY	techs, unit assistants, and
605118 6HN ONCOLOGY	transport team.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
605154 7HS SURG	techs, unit assistants, and
ONCOLOGY	transport team.
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants,
	telemetry techs, and
605425 5HN CARDIAC	transport team.
003 123 3111 C/ ((C)/(C)	transport team.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants,
	telemetry techs, and
605114 5GS CARDIAC	transport team.
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
COL 437 ECN CUDO	managers, IV team, EKG
605427 5GN SURG	techs, unit assistants, and
STEPDOWN	transport team.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants, and
7HN CHEST/STEPDOWN	transport team.
	Nurse and support staff
	float pools are available to
	float pools are available to supplement unit staffing.
	float pools are available to supplement unit staffing. Other support personnel
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists,
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists,
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians,
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists,

605152 4HS SURGICAL ICU

techs, unit assistants, and

transport team.

Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include physical therapy
aides, occupational therapy
aides, wound/ostomy care
team, respiratory
therapists, phlebotomists,
pharmacy technicians,
social workers, care
managers, IV team, EKG
techs, unit assistants,
perfusionists, clinical
pharmacists, and transport
team.

605150 5MHB/HH CTICU

605495 5MHB/HH CCU

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.

605420 4HN MEDICAL ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.
	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care

605476 8GS NEUROLOGICAL ICU Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include physical therapy
aides, occupational therapy
aides, wound/ostomy care
team, respiratory
therapists, phlebotomists,
pharmacy technicians,
social workers, care
managers, IV team, EKG
techs, unit assistants, and
transport team.
Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include physical therapy
aides, occupational therapy
aides, wound/ostomy care
team, respiratory
therapists, phlebotomists,
pharmacy technicians,
social workers, care
managers, IV team, EKG
techs, unit assistants, and
transport team.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants, and
605116 6GN MEDICINE	transport team.
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
COE1C1 7CC LIOCDITALICT	techs, unit assistants, and
605161 7GS HOSPITALIST	transport team.

605112 7GN SDU/MEDICINE	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605158 8HS	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, EEG techs, unit
NEUROSURGERY	assistants, and transport team.

605128 8HN NEUROLOGY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, EEG techs, unit assistants, and transport team.
	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists,

605712 8MA MED ANNEX

pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and

transport team.

	<u> </u>
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
605710 8GN	techs, unit assistants, and
REHABILITATION	transport team.
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	' ''
	pharmacy technicians.
	pharmacy technicians, social workers, care
	social workers, care
605124 9GS	social workers, care managers, IV team, EKG
605124 9GS HOSPITALIST/ORTHO/SURG	social workers, care

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, mental health workers, and transport team.

DAY SHIFT CONSENSUS INFORMATION

605501 9GN PSYCH

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):
609871 MSCH HIP				
7/Oncology Infusion	Yes			
609852 ENDO	Yes			
609839 Pre/Post Anesthesia 609834 OR	Yes Yes			
605340 Cystoscopy	Yes			
606929 Endo	Yes			
605325 Pre/Post Anesthesia	Yes			

605320 OR	Yes			
605160 9H TRANSPLANT /				
DIRECT ADMITS	Yes			
		Presbyterian Hospital at its		
		Columbia University Irving		
		Medical Center campus		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback	Consensus was reached in	
		submitted to the Clinical	regards to the RN staffing	
		Staffing Committee on each	for this area. Consensus was	
		of these in-patient nursing	not reached for the ancillary	
		units. While the Clinical	staff. The Hospital believes	
		Staffing Committee did not	that adopted staffing and	
		reach consensus on a plan	support are appropriate	Additional Patient Care Info
609853 MSCH 7		for the Hospital, the	based upon unit census and	Charge RN shall not be
Central/Infusion Center	No	discussions we had with our	acuity.	included in assignment.

		Presbyterian Hospital at its		1:1 per case, staffing based
		Columbia University Irving		on case acuity
		Medical Center campus		
		("Hospital"), I submit the		CST Ratios
		Hospital's Clinical Staffing		1:1 per case
		Plan. This Staffing Plan		PPCA Ratios
		encompasses in-patient		1:3
		nursing care units at the		
		Hospital. Over the last year		Additional Patient Care
		Hospital management has		Information:
		worked collaboratively with		Total capacity rooms/bays -
		the non-management		10
		members of the Clinical		Total used rooms/bays - 10
		Staffing Committee		Charge RN shall not have ar
		discussing with them the		assignment
		working conditions, staffing,		3 - 5 Relief Teams Relief
		physical environment,		Teams needed based on
		available resources, census,		case volume and case type
		acuity, and feedback	Consensus was reached in	1 designated trauma room
		submitted to the Clinical	regards to the RN staffing	and team available at all
		Staffing Committee on each	for this area. Consensus was	times
		of these in-patient nursing	not reached for the ancillary	Based on NYSNA CBA
		units. While the Clinical	staff. The Hospital believes	moving towards AWS shifts
		Staffing Committee did not	that adopted staffing and	with nurses
		reach consensus on a plan	support are appropriate	
609850 MSCH		for the Hospital, the	based upon unit census and	
Interventional Radiology	No	discussions we had with our	acuity.	

		Presbyterian Hospital at its		1:1 per case, staffing based
		Columbia University Irving		on case acuity
		Medical Center campus		on case acuity
		("Hospital"), I submit the		CST Ratios
		, , , , , , , , , , , , , , , , , , , ,		
		Hospital's Clinical Staffing		1:1 per case
		Plan. This Staffing Plan		PPCA Ratios
		encompasses in-patient		1:3
		nursing care units at the		
		Hospital. Over the last year		Additional Patient Care
		Hospital management has		Information:
		worked collaboratively with		Total capacity rooms/bays -
		the non-management		10
		members of the Clinical		Total used rooms/bays - 10
		Staffing Committee		Charge RN shall not have an
		discussing with them the		assignment
		working conditions, staffing,		3 - 5 Relief Teams Relief
		physical environment,		Teams needed based on
		available resources, census,		case volume and case type
		acuity, and feedback	Consensus was reached in	1 designated trauma room
		submitted to the Clinical	regards to the RN staffing	and team available at all
		Staffing Committee on each	for this area. Consensus was	times
		of these in-patient nursing	not reached for the ancillary	Based on NYSNA CBA
		units. While the Clinical	staff. The Hospital believes	moving towards AWS shifts
		Staffing Committee did not	that adopted staffing and	with nurses
		reach consensus on a plan	support are appropriate	
		for the Hospital, the	based upon unit census and	
609850 MSCH MRI	No	discussions we had with our	acuity.	

		Presbyterian Hospital at its		1:1 per case, staffing based
		Columbia University Irving		on case acuity
		Medical Center campus		
		("Hospital"), I submit the		CST Ratios
		Hospital's Clinical Staffing		1:1 per case
		Plan. This Staffing Plan		PPCA Ratios
		encompasses in-patient		1:3
		nursing care units at the		
		Hospital. Over the last year		Additional Patient Care
		Hospital management has		Information:
		worked collaboratively with		Total capacity rooms/bays -
		the non-management		10
		members of the Clinical		Total used rooms/bays - 10
		Staffing Committee		Charge RN shall not have an
		discussing with them the		assignment
		working conditions, staffing,		3 - 5 Relief Teams Relief
		physical environment,		Teams needed based on
		available resources, census,		case volume and case type
		acuity, and feedback	Consensus was reached in	1 designated trauma room
		submitted to the Clinical	regards to the RN staffing	and team available at all
		Staffing Committee on each	for this area. Consensus was	times
		of these in-patient nursing	not reached for the ancillary	Based on NYSNA CBA
		units. While the Clinical	staff. The Hospital believes	moving towards AWS shifts
		Staffing Committee did not	that adopted staffing and	with nurses
		reach consensus on a plan	support are appropriate	
		for the Hospital, the	based upon unit census and	
609850 MSCH PACU	No	discussions we had with our	· ·	

		Presbyterian Hospital at its		1:1 per case, staffing based
		Columbia University Irving		on case acuity
		Medical Center campus		•
		("Hospital"), I submit the		CST Ratios
		Hospital's Clinical Staffing		1:1 per case
		Plan. This Staffing Plan		PPCA Ratios
		encompasses in-patient		1:3
		nursing care units at the		
		Hospital. Over the last year		Additional Patient Care
		Hospital management has		Information:
		worked collaboratively with		Total capacity rooms/bays -
		the non-management		10
		members of the Clinical		Total used rooms/bays - 10
		Staffing Committee		Charge RN shall not have an
		discussing with them the		assignment
		working conditions, staffing,		3 - 5 Relief Teams Relief
		physical environment,		Teams needed based on
		available resources, census,		case volume and case type
		acuity, and feedback	Consensus was reached in	1 designated trauma room
		submitted to the Clinical	regards to the RN staffing	and team available at all
			for this area. Consensus was	times
		=	not reached for the ancillary	Based on NYSNA CBA
		units. While the Clinical	staff. The Hospital believes	moving towards AWS shifts
		Staffing Committee did not	that adopted staffing and	with nurses
		reach consensus on a plan	support are appropriate	
609850 MSCH		for the Hospital, the	based upon unit census and	
Catheterization Lab	No	discussions we had with our	· ·	

		Presbyterian Hospital at its		
		Columbia University Irving		
		Medical Center campus		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		Employee members of the
		submitted to the Clinical		clinical staffing committee
		Staffing Committee on each		submitted their position in a
		of these in-patient nursing		staffing guideline format;
		units. While the Clinical	The Hospital believes that	the Hospital did not receive
		Staffing Committee did not	adopted staffing and	anything additional from
		reach consensus on a plan	support are appropriate	the employee members of
606117 Therapeutic		for the Hospital, the	based upon unit census and	the Clinical Staffing
infusion	No	discussions we had with our	acuity.	Committee.

		Presbyterian Hospital at its		
		Columbia University Irving		RN Ratios
		Medical Center campus		6 Procedure rooms with 1
		("Hospital"), I submit the		RN per room
		Hospital's Clinical Staffing		2 Relief teams/pre and post
		Plan. This Staffing Plan		call nurses
		encompasses in-patient		3 in Recovery area.
		nursing care units at the		1 Charge nurse without a
		Hospital. Over the last year		patient assignment.
		Hospital management has		On call hours 7:30 PM until
		worked collaboratively with		7 AM M-F 24 hours per
		the non-management		weekend.
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		Currently 10 Special
		available resources, census,		Procedure Techs
		acuity, and feedback		2 per interventional
		submitted to the Clinical		neuroradiology cases
		Staffing Committee on each		1 per all other procedure
		of these in-patient nursing		rooms
		units. While the Clinical	The Hospital believes that	1 CT Tech from Diagnostic
606250/606209		Staffing Committee did not	adopted staffing and	Radiology (not reflected in
Interventional		reach consensus on a plan	support are appropriate	the staffing grid above
Radiology/Interventional		for the Hospital, the	based upon unit census and	On Call:
Neuro-Radiology	No	discussions we had with our	acuity.	24 hours per weekend

			ı	
		Presbyterian Hospital at its		
		Columbia University Irving		
	1	Medical Center campus		
	1	("Hospital"), I submit the		
	1	Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		Employee members of the
		submitted to the Clinical		clinical staffing committee
		Staffing Committee on each		submitted their position in a
		of these in-patient nursing		staffing guideline format;
		units. While the Clinical	The Hospital believes that	the Hospital did not receive
		Staffing Committee did not	adopted staffing and	anything additional from
		reach consensus on a plan	support are appropriate	the employee members of
		for the Hospital, the	based upon unit census and	the Clinical Staffing
606202 General Radiology	No	discussions we had with our	,	Committee.
<u> </u>			•	

	Presbyterian Hospital at its		
	Columbia University Irving		
	Medical Center campus		
	("Hospital"), I submit the		
	Hospital's Clinical Staffing		
	Plan. This Staffing Plan		
	encompasses in-patient		
	nursing care units at the		
	Hospital. Over the last year		
	Hospital management has		
	worked collaboratively with		
	the non-management		
	members of the Clinical		
	Staffing Committee		
	discussing with them the		
	working conditions, staffing,		
	physical environment,		
	available resources, census,		
	acuity, and feedback		Employee members of the
	submitted to the Clinical		clinical staffing committee
	Staffing Committee on each		submitted their position in a
	of these in-patient nursing		staffing guideline format;
	units. While the Clinical	The Hospital believes that	the Hospital did not receive
	Staffing Committee did not	adopted staffing and	anything additional from
	reach consensus on a plan	support are appropriate	the employee members of
	for the Hospital, the	based upon unit census and	the Clinical Staffing
No	discussions we had with our	acuity.	Committee.
	No	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

				Г
		Presbyterian Hospital at its		
		Columbia University Irving		
		Medical Center campus		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		Employee members of the
		submitted to the Clinical		clinical staffing committee
		Staffing Committee on each		submitted their position in a
		of these in-patient nursing		staffing guideline format;
		units. While the Clinical	The Hospital believes that	the Hospital did not receive
		Staffing Committee did not	adopted staffing and	anything additional from
		reach consensus on a plan	support are appropriate	the employee members of
606628 Gamma Knife		for the Hospital, the	based upon unit census and	the Clinical Staffing
Program	No	discussions we had with our	acuity.	Committee.

			Г
	Presbyterian Hospital at its		
	Columbia University Irving		
	Medical Center campus		
	("Hospital"), I submit the		
	Hospital's Clinical Staffing		
	Plan. This Staffing Plan		
	encompasses in-patient		
	nursing care units at the		
	Hospital. Over the last year		
	Hospital management has		
	worked collaboratively with		
	the non-management		
	members of the Clinical		
	Staffing Committee		
	discussing with them the		
	working conditions, staffing,		
	physical environment,		
	available resources, census,		
	acuity, and feedback		Employee members of the
	submitted to the Clinical		clinical staffing committee
	Staffing Committee on each		submitted their position in a
	-		staffing guideline format;
	units. While the Clinical	The Hospital believes that	the Hospital did not receive
	Staffing Committee did not	adopted staffing and	anything additional from
	reach consensus on a plan	·	the employee members of
	· ·		the Clinical Staffing
No	discussions we had with our	· · · · · · · · · · · · · · · · · · ·	Committee.
	No	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

ICU Tech
Part-time tech needed on
unit based on labs/case
volume
Additional Patient Care
Information:
Transport1 full time 9-5
exists
Need part-time transport
for lunch/afternoon hours
7

·			ı	
		Presbyterian Hospital at its		
		Columbia University Irving		
		Medical Center campus		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		Employee members of the
		submitted to the Clinical		clinical staffing committee
		Staffing Committee on each		submitted their position in a
		of these in-patient nursing		staffing guideline format;
		units. While the Clinical	The Hospital believes that	the Hospital did not receive
		Staffing Committee did not	adopted staffing and	anything additional from
		reach consensus on a plan	support are appropriate	the employee members of
		for the Hospital, the	based upon unit census and	the Clinical Staffing
605721 Dialysis	No	discussions we had with our	,	Committee.
,			,	

		Presbyterian Hospital at its		
		Columbia University Irving		
		Medical Center campus		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		Additional Patient Care
		members of the Clinical		Information:
		Staffing Committee		Techs are 3 pre and 3 post
		discussing with them the		On-Call24 Hours
		working conditions, staffing,		Weekday: 2 (10 pm-7 am)
		physical environment,		Saturday and Sunday: 5
		available resources, census,		(7am-7 pm, 7pm - 7am)
		acuity, and feedback		
		submitted to the Clinical		2 Circulating, 2 Monitoring,
		Staffing Committee on each		1 Weekend RN
		of these in-patient nursing		Procedure Rooms: 11
		units. While the Clinical	The Hospital believes that	rooms and 2 TEE
		Staffing Committee did not	adopted staffing and	Recovery Rooms: 20
606101, 606104, 606509		reach consensus on a plan	support are appropriate	days/12 nights
Interventional Cardiology		for the Hospital, the	based upon unit census and	Pre-Procedure Rooms: 14
(Cath/EP/TEE)	No	discussions we had with our	acuity.	Post-Procedure 3:1

Employee members of the
clinical staffing committee
submitted their position in a
staffing guideline format;
nat the Hospital did not receive
anything additional from
te the employee members of
and the Clinical Staffing
Committee.
d a

	Presbyterian Hospital at its		
	· ·	1	
	Columbia University Irving		
	Medical Center campus		
	("Hospital"), I submit the		
	Hospital's Clinical Staffing		
	Plan. This Staffing Plan		
	encompasses in-patient		
	nursing care units at the		
	Hospital. Over the last year		
	Hospital management has		
	worked collaboratively with		
	the non-management		
	members of the Clinical		
	Staffing Committee		
	discussing with them the		
	working conditions, staffing,		
	physical environment,		
	available resources, census,		
	acuity, and feedback		
	submitted to the Clinical		
	Staffing Committee on each		RN Ratios
	of these in-patient nursing		1:1
	units. While the Clinical	The Hospital believes that	
	Staffing Committee did not	· '	Additional Patient Care
	reach consensus on a plan	support are appropriate	Information:
	for the Hospital, the		Need for transport assigned
No	discussions we had with our	· · · · · · · · · · · · · · · · · · ·	to Apheresis
	No	Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

		Presbyterian Hospital at its	management staffing	
		Columbia University Irving	committee members were	
		Medical Center campus	unable to reach consensus	
		("Hospital"), I submit the	on this unit's staffing plan.	"RN Ratios
		Hospital's Clinical Staffing	The Hospital believes the	1 (Day & Night) Medsurg
		Plan. This Staffing Plan	adopted guidelines, which	Holds
		encompasses in-patient	include the staffing levels	1:4 Acute overflow
		nursing care units at the	stated in the collective	1:6 Behavioral
		Hospital. Over the last year	bargaining agreement	1:1 Trauma/Code
		Hospital management has	between NYSNA and the	1:2 ICU/Stepdown
		worked collaboratively with	Hospital dated 1/1/23, are	1:3 Stepdown
		the non-management	safe and appropriate. The	1:4'
		members of the Clinical	Hospital also believes that it	1:6'
		Staffing Committee	has adequate 24/7 Unit	1:1'
		discussing with them the	Clerk coverage for infant	1 (Day & Night)
		working conditions, staffing,	security. This unit has	ED Tech Ratios
		physical environment,	available to it nurse and	1:7 Acute overflow
		available resources, census,	support staff float pools to	1:7 No Behavioral
		acuity, and feedback	supplement unit staffing	1:1-1:4 Behavioral
		submitted to the Clinical	and other support	1:7 Trauma/code
		Staffing Committee on each	personnel on this unit that	1:7 ICU/SDU No Behavioral
		of these in-patient nursing	aid in the provision of	NA Ratios
		units. While the Clinical	nursing services, including	1:8 Acute overflow
		Staffing Committee did not	nurse practitioners, child	1:8 Trauma/code
		reach consensus on a plan	life, physical therapy aides,	UAs
609847 CHILD EMERGENCY		for the Hospital, the	members of the	1 Acute overflow
ROOM	No	discussions we had with our	wound/ostomy care team,	1 Trauma/code"
KOOIVI	INU	discussions we had with our	would/ostollly care tealli,	I Hauma/code

			0	
		Presbyterian Hospital at its	reached consensus on RN	
		Columbia University Irving	staffing during the day shift.	
		Medical Center campus	The Hospital disagreed with	"RNs
		("Hospital"), I submit the	and did not adopt the non-	Triage-Waiting 2
		Hospital's Clinical Staffing	management committee	Triage-Pivot 5
		Plan. This Staffing Plan	members' proposal for	Area A (Fast Track) 1:5'
		encompasses in-patient	remaining staffing levels.	ED Tech
		nursing care units at the	The Hospital believes the	Area B 1:1 or 1:2 ICU
		Hospital. Over the last year	adopted guidelines, which	1:3 SDU
		Hospital management has	include the staffing levels	1:4 - 1:6
		worked collaboratively with	stated in the collective	Area C 1:1 or 1:2 ICU
		the non-management	bargaining agreement	1:3 SDU
		members of the Clinical	between NYSNA and the	1:4 - 1:6
		Staffing Committee	Hospital dated 1/1/23, are	Area D 1:5'
		discussing with them the	safe and appropriate. The	1:4-1-6
		working conditions, staffing,	Hospital believes that for	Area E (Admissions) 1:4-1:6
		physical environment,	overnight shifts, there is	Relief Nurse 5 (Midshift)
		available resources, census,	cross-coverage of units	ED Tech
		acuity, and feedback	where an individual Unit	Triage-Waiting 2
		submitted to the Clinical	Clerks may not be present.	Triage-Pivot 3
		Staffing Committee on each	During these hours, there is	Area A (Fast Track) 2
		of these in-patient nursing	a significant reduction of	Area B 1:7'
		units. While the Clinical	Unit Clerk duties including	Area C 1:7'
		Staffing Committee did not	no visitors, less phone calls,	Area D 1:1'
		reach consensus on a plan	no discharges, and a	1:2'
606048 MILSTEIN		for the Hospital, the	decrease in admissions and	1:3'
EMERGENCY DEPARTMENT	No	discussions we had with our	transfers as compared to	1:4'"

Presbyterian Hospital at its management staffing (initial encounter, 10-20 Columbia University Irving committee members were mins), 1:2 (NST, stable, until Medical Center campus unable to reach consensus disposition) ("Hospital"), I submit the on this unit's staffing plan. TRIAGE 1:1 (Laboring); 1:2 Hospital's Clinical Staffing The Hospital believes the (Stable, Non-Laboring, NST) Plan. This Staffing Plan adopted guidelines, which LABOR 1:2 (Stage 1), 1:1 encompasses in-patient include the staffing levels (Stage 2, up to 2 hours postnursing care units at the delivery) stated in the collective Hospital. Over the last year bargaining agreement **Immediate** Preop/Intraop/Postop: 1:1: Hospital management has between NYSNA and the worked collaboratively with up to 2 hours, does not Hospital dated 1/1/23, are the non-management safe and appropriate. The include neonate members of the Clinical Hospital also believes that it PACU: 1:2 (c-section, stable) Staffing Committee has appropriate 24/7 Unit 1:1 (vaginal, cdiscussing with them the Clerk coverage for infant section/hystectomy/PPH, working conditions, staffing, security. This unit has unstable) physical environment, available to it nurse and CCOB 1:1 (unstable, available resources, census, support staff float pools to laboring, recovery); CCOB acuity, and feedback supplement unit staffing 1:2 (stable, non-laboring, submitted to the Clinical and other support recovery) Staffing Committee on each personnel on this unit that HIGH RISK 1:2 (Antepartum, of these in-patient nursing aid in the provision of Post-Delivery, stable) nursing services, including units. While the Clinical Neonate 1:1 for each Staffing Committee did not physical therapy aides, neonate during 1st 2-HOL, reach consensus on a plan members of the until stable wound/ostomy care team, 605250 10T SLOANE LABOR for the Hospital, the Scrub Tech and NA Ratios: and DELIVER discussions we had with our respiratory therapists, Scrub Tech 1:1 per room No

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse **Medical Center campus** coverage on this unit. While ("Hospital"), I submit the the parties have reached a Hospital's Clinical Staffing consensus on the number Plan. This Staffing Plan of unlicensed ancillary encompasses in-patient personnel to staff the night nursing care units at the shift at census points 11-16, "RN Ratios Hospital. Over the last year the Hospital does not agree 1:1 for Experimental Hospital management has that all such personnel must Infusions/ICU Level worked collaboratively with be Nursing Attendants and Monitoring 1:2 Onc + Infusion the non-management maintains that utilizing members of the Clinical unlicensed ancillary 1:3 Med/Surg non-Onc non-**Staffing Committee** personnel (including but not Infusion discussing with them the limited to Nursing **NA Ratios** working conditions, staffing, Attendants) appropriately 1:8 physical environment, meets patient needs. The available resources, census, Hospital disagreed with and Additional Patient Care acuity, and feedback did not adopt the non-Information: submitted to the Clinical management committee Charge RN and CN5 should Staffing Committee on each members' proposal for not be included in grid and of these in-patient nursing remaining staffing levels. ratios **Budgeted CN5s: 1 FTE** units. While the Clinical The Hospital believes the adopted guidelines, which Experimental Infusions/ICU Staffing Committee did not reach consensus on a plan include the staffing levels Level Monitoring/BMT 1:1 NA comes from Nursing for the Hospital, the stated in the collective 609838 5T PED M/S ONC discussions we had with our bargaining agreement Office; Not Part of Grid" No

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse Medical Center campus coverage on this unit at ("Hospital"), I submit the census points 8-24. The Hospital's Clinical Staffing Hospital disagreed with and Plan. This Staffing Plan did not adopt the nonencompasses in-patient management committee nursing care units at the members' proposal for Hospital. Over the last year remaining staffing levels. Hospital management has The Hospital believes the worked collaboratively with adopted guidelines, which "RN Ratios include the staffing levels 1:3' the non-management members of the Clinical stated in the collective **NA Ratios Staffing Committee** bargaining agreement 1:8 discussing with them the between NYSNA and the working conditions, staffing, Hospital dated 1/1/23, are physical environment, safe and appropriate. Additional Patient Care available resources, census, Further, while the non-Information: acuity, and feedback Charge RN and CN5 should management members of not be included in grid and submitted to the Clinical the clinical staffing Staffing Committee on each committee maintain that ratio **Budgeted CN5s: 1 FTE** of these in-patient nursing the Hospital must utilize CPAP, pecialized Patients, units. While the Clinical Nursing Attendants solely, Staffing Committee did not the Hospital maintains that Fresh Post-Op reach consensus on a plan utilizing unlicensed ancillary 1:1 NA comes from Nursing personnel (including but not Office; Not Part of Grid for the Hospital, the 609837 4T PED MSURG/CRC discussions we had with our limited to Nursing No

	Presbyterian Hospital at its	committee reached	
	Columbia University Irving	consensus regarding nurse	
	Medical Center campus	coverage on this unit at	
	("Hospital"), I submit the	census points 4-6, 8, and 9-	
	Hospital's Clinical Staffing	11. While the parties have	
	Plan. This Staffing Plan	reached a consensus on the	
	encompasses in-patient	number of unlicensed	
	nursing care units at the	ancillary personnel to staff	
	Hospital. Over the last year	the day and evening shift at	
	Hospital management has	census points 4-6, the	
	worked collaboratively with	Hospital does not agree that	
	the non-management	all such personnel must be	
	members of the Clinical	Nursing Attendants and	
	Staffing Committee	maintains that utilizing	
	discussing with them the	unlicensed ancillary	
	working conditions, staffing,	personnel (including but not	
	physical environment,	limited to Nursing	
	available resources, census,	Attendants) appropriately	
	acuity, and feedback	meets patient needs. The	Employee members of the
	submitted to the Clinical	Hospital disagreed with and	clinical staffing committee
	Staffing Committee on each	did not adopt the non-	submitted their position in a
	of these in-patient nursing	management committee	staffing guideline format;
	units. While the Clinical	members' proposal for	the Hospital did not receive
	Staffing Committee did not	remaining staffing levels.	anything additional from
	reach consensus on a plan	The Hospital believes the	the employee members of
	for the Hospital, the	adopted guidelines, which	the Clinical Staffing
No	discussions we had with our	include the staffing levels	Commitee.
		Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse coverage on this unit. While Medical Center campus ("Hospital"), I submit the the parties have reached a Hospital's Clinical Staffing consensus on the number Plan. This Staffing Plan of unlicensed ancillary encompasses in-patient personnel to staff the night "RN Ratios nursing care units at the shift at census points 8-16, 1:1 LVAD 1st 24 Hours Hospital. Over the last year the Hospital does not agree 1:3 LVAD 24 Hours+ Hospital management has that all such personnel must **NA Ratios** worked collaboratively with 1:8 be Nursing Attendants and the non-management maintains that utilizing members of the Clinical Additional Patient Care unlicensed ancillary **Staffing Committee** personnel (including but not Information: discussing with them the limited to Nursing Charge RN and CN5 should working conditions, staffing, Attendants) appropriately not be included in ratio physical environment, meets patient needs. The Budgeted CN5s: 1 FTE available resources, census, Hospital disagreed with and Dialysis, Chest Tubes, VADs, acuity, and feedback did not adopt the non-Heart Transplant, submitted to the Clinical management committee Pericardial drains Staffing Committee on each members' proposal for 1:1 NA comes from Nursing of these in-patient nursing remaining staffing levels. Office; Not Part of Grid units. While the Clinical The Hospital believes the CPAP, Telemetry, adopted guidelines, which Plasmapheresis; Inotropic Staffing Committee did not reach consensus on a plan include the staffing levels Drips for the Hospital, the stated in the collective Unstable LVADs should be 609831 6T CARD/NEURO discussions we had with our bargaining agreement transferred to ICU" No

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse **Medical Center campus** coverage on this unit for "RN Ratios ("Hospital"), I submit the census points 7-13. While 1:1 for intubated, ECMO, CVVH, post-op Day 1 organ Hospital's Clinical Staffing the parties have reached a Plan. This Staffing Plan transplants; critical airway consensus on the number encompasses in-patient of unlicensed ancillary 1:2 nursing care units at the personnel to staff census **NA Ratios** Hospital. Over the last year points 4-8, the Hospital 1:8 Hospital management has does not agree that all such worked collaboratively with **Additional Patient Care** personnel must be Nursing the non-management Attendants and maintains Information: members of the Clinical Charge RN should not be that utilizing unlicensed **Staffing Committee** ancillary personnel included in ratio discussing with them the (including but not limited to CN5 shall not be included in working conditions, staffing, **Nursing Attendants)** grid & ratios physical environment, appropriately meets patient Organ Transplant; available resources, census, needs. The Hospital Respiratory Failure, ECMO, CVVH, Vents (oscillators); acuity, and feedback disagreed with and did not submitted to the Clinical adopt the non-management no VADs Staffing Committee on each Cardiac Overflow; Heart committee members' of these in-patient nursing proposal for remaining Failure: Neuro & Ortho staffing levels. The Hospital Overflow units. While the Clinical 1:1 NA comes from Nursing Staffing Committee did not believes the adopted reach consensus on a plan guidelines, which include Office; Not Part of Grid for the Hospital, the the staffing levels stated in Shares RRT with 9T and 609835 9C PED ICU discussions we had with our 11C" No the collective bargaining

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse Medical Center campus coverage on this unit. ("Hospital"), I submit the While the parties have Hospital's Clinical Staffing reached a consensus on the Plan. This Staffing Plan number of unlicensed encompasses in-patient ancillary personnel to staff nursing care units at the the day shift at census Hospital. Over the last year points 3-8 and on the Hospital management has evening shift at census "RN Ratios worked collaboratively with 1:1 fresh post-op, trauma, points 7-8, the Hospital does not agree that all such inubated the non-management members of the Clinical personnel must be Nursing 1:2 **Staffing Committee** Attendants and maintains **NA Ratios** discussing with them the 1:8 that utilizing unlicensed working conditions, staffing, ancillary personnel physical environment, (including but not limited to Additional Patient Care available resources, census, Nursing Attendants) Information: Charge RN should not be acuity, and feedback appropriately meets patient submitted to the Clinical needs. The Hospital included in ratio Staffing Committee on each disagreed with and did not CN5 shall not be included in of these in-patient nursing adopt the non-management grid & ratios Spine and Neuro Surgery, committee members' units. While the Clinical Staffing Committee did not proposal for remaining Trauma reach consensus on a plan staffing levels. The Hospital CRRT, trach to vent 1:1 NA comes from Nursing for the Hospital, the believes the adopted 609826 11C PED ICU discussions we had with our guidelines, which include Office; Not Part of Grid" No

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse Medical Center campus coverage on this unit. While ("Hospital"), I submit the the parties have reached a Hospital's Clinical Staffing consensus on the number Plan. This Staffing Plan of unlicensed ancillary encompasses in-patient personnel to staff census nursing care units at the points 3-8, the Hospital Hospital. Over the last year does not agree that all such Hospital management has personnel must be Nursing worked collaboratively with Attendants and maintains that utilizing unlicensed the non-management members of the Clinical ancillary personnel **Staffing Committee** (including but not limited to discussing with them the Nursing Attendants) working conditions, staffing, appropriately meets patient physical environment, needs. The Hospital available resources, census, disagreed with and did not acuity, and feedback adopt the non-management Employee members of the clinical staffing committee submitted to the Clinical committee members' Staffing Committee on each proposal for remaining submitted their position in a staffing levels. The Hospital staffing guideline format; of these in-patient nursing believes the adopted the Hospital did not receive units. While the Clinical Staffing Committee did not anything additional from guidelines, which include reach consensus on a plan the staffing levels stated in the employee members of the collective bargaining the Clinical Staffing for the Hospital, the discussions we had with our agreement between NYSNA 605234 9N CARD NICU Commitee. No

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse Medical Center campus coverage on this unit. The ("Hospital"), I submit the Hospital disagreed with and Hospital's Clinical Staffing did not adopt the non-Plan. This Staffing Plan management committee encompasses in-patient members' proposal for nursing care units at the remaining staffing levels. Hospital. Over the last year The Hospital believes the Hospital management has adopted guidelines, which worked collaboratively with include the staffing levels stated in the collective the non-management members of the Clinical bargaining agreement **Staffing Committee** between NYSNA and the discussing with them the Hospital dated 1/1/23, are working conditions, staffing, safe and appropriate. physical environment, Further, while the nonavailable resources, census, management members of acuity, and feedback Employee members of the the clinical staffing clinical staffing committee submitted to the Clinical committee maintain that Staffing Committee on each submitted their position in a the Hospital must utilize of these in-patient nursing Nursing Attendants solely, staffing guideline format; the Hospital did not receive units. While the Clinical the Hospital maintains that Staffing Committee did not utilizing unlicensed ancillary anything additional from reach consensus on a plan personnel (including but not the employee members of limited to Nursing the Clinical Staffing for the Hospital, the 609830 7T NEONATAL ICU discussions we had with our Attendants) appropriately Commitee. No

Presbyterian Hospital at its Committee reached Columbia University Irving consensus regarding nursing Medical Center campus coverage, with the ("Hospital"), I submit the exception of the night shift Hospital's Clinical Staffing RN staffing at census point Plan. This Staffing Plan 5. While the parties have encompasses in-patient reached a consensus on the nursing care units at the number of unlicensed Hospital. Over the last year ancillary personnel to staff Hospital management has the day shift at census "Rn Ratios: 1:1 Post Op, worked collaboratively with Intubated, LVADs, CRRT, points 3-7, the Hospital the non-management does not agree that all such Impelia members of the Clinical personnel must be Nursing NA Ratios: 1:7 **Staffing Committee** Attendants and maintains discussing with them the that utilizing unlicensed Additional Patient Care Info: working conditions, staffing, ancillary personnel Charge and CN5 not in the physical environment, (including but not limited to numbers available resources, census, Nursing Attendants) Fresh cardiac post op, infant acuity, and feedback appropriately meets patient to 21 years old needs. The Hospital submitted to the Clinical Admit from OR, ED, NICU, Staffing Committee on each disagreed with and did not external transfers-high pt of these in-patient nursing adopt the non-management turnover Open chest, bedside committee members' units. While the Clinical procedures, heart Staffing Committee did not proposal for remaining reach consensus on a plan staffing levels. The Hospital transplant 1:1 NA comes from Nursing for the Hospital, the believes the adopted Office; Not part of grid" 609836 9T CARD ICU discussions we had with our guidelines, which include No

1				
		Presbyterian Hospital at its	committee reached	1:1 Newborn care; COVID,
		Columbia University Irving	consensus regarding nurse	Pre/Postop, Pain
		Medical Center campus	coverage for the Nursery in	management
		("Hospital"), I submit the	this unit. The Hospital	1:3 Dyad Postoperative 1st
		Hospital's Clinical Staffing	disagreed with the non-	24 hours; new mothers,
		Plan. This Staffing Plan	management committee	complicated, stable
		encompasses in-patient	members' proposal for	1:1 Dyad; IV Magnesium
		nursing care units at the	remaining staffing levels.	Sulfate (1st hour), Pain
		Hospital. Over the last year	The Hospital believes the	management (1st 30 min)
		Hospital management has	adopted guidelines, which	1:3 Newborn; Post Level III,
		worked collaboratively with	include the staffing levels	Continuing care
		the non-management	stated in the collective	1:3 Dyad care (1 RN: 3
		members of the Clinical	bargaining agreement	mothers/3 newborns),
		Staffing Committee	between NYSNA and the	uncomplicated, routine
		discussing with them the	Hospital dated 1/1/23, are	care, stable
		working conditions, staffing,	safe and appropriate.	NA Ratios
		physical environment,	Further, while the non-	1:8
		available resources, census,	management members of	1 in each Well Baby Nursery
		acuity, and feedback	the clinical staffing	
		submitted to the Clinical	committee maintain that	Additional Patient Care
		Staffing Committee on each	the Hospital must utilize	Information:
		of these in-patient nursing	Nursing Attendants solely,	Charge nurse shall not be
		units. While the Clinical	the Hospital maintains that	included in the assignment
		Staffing Committee did not	utilizing unlicensed ancillary	Postpartum/Postoperative:
		reach consensus on a plan	personnel (including but not	Vaginal delivery, C-Section,
605222 5C/6C OB/GYN		for the Hospital, the	limited to Nursing	BTL
POSTP/NURS	No	discussions we had with our	Attendants) appropriately	Discharge Planning: Dyad

		Presbyterian Hospital at its	management staffing	continuous EFM, 1:3
		Columbia University Irving	committee members were	without continuous EFM
		Medical Center campus	unable to reach consensus	NA Ratios: 1:10
		("Hospital"), I submit the	on this unit's staffing plan.	
		Hospital's Clinical Staffing	The Hospital believes the	Additional Patient Care Info
		Plan. This Staffing Plan	adopted guidelines, which	Charge RN shal not be
		encompasses in-patient	include the staffing levels	included in assignment.
		nursing care units at the	stated in the collective	High Risk OB cases:
		Hospital. Over the last year	bargaining agreement	Advanced Cervical
		Hospital management has	between NYSNA and the	dilatation, Pre-term labor
		worked collaboratively with	Hospital dated 1/1/23, are	(Singleton/Multiple
		the non-management	safe and appropriate.	gestation)
		members of the Clinical	Further, while the non-	PPROM, Placental
		Staffing Committee	management members of	abnormalities (Previa,
		discussing with them the	the clinical staffing	Accreta/Percreta/Increta),
		working conditions, staffing,	committee maintain that	Placenta Abruptio
		physical environment,	the Hospital must utilize	Maternal/Fetal monitoring
		available resources, census,	Nursing Attendants solely,	(continuous, prolonged &
		acuity, and feedback	the Hospital maintains that	NSTs), Central EKG
		submitted to the Clinical	utilizing unlicensed ancillary	monitoring
		Staffing Committee on each	personnel (including but not	Pain Management:
		of these in-patient nursing	limited to Nursing	PCA/PCEA (Sickle Cell, Post-
		units. While the Clinical	Attendants) appropriately	Op)
		Staffing Committee did not	meets patient needs. The	Complex cases: IUFD,
		reach consensus on a plan	Hospital also believes that it	Comfort care, Urologic
605224 10C OB/GYN		for the Hospital, the	has appropriate 24/7 Unit	(Pyelonephritis,
ANTEP/HIGH RISK	No	discussions we had with our	Clerk coverage for infant	Nephrolithasis),

Presbyterian Hospital at its reached consensus for RN 1:1 BMT Procedures 1:1 or Columbia University Irving staffing and Unit Clerk 1:2 Research staffing on the day shift. Medical Center campus 1:3 Stepdown ("Hospital"), I submit the The Hospital disagreed with Hospital's Clinical Staffing and did not adopt the non-Plan. This Staffing Plan management committee 1:6 encompasses in-patient members' proposal for we already have 4 techs in nursing care units at the remaining staffing levels. the day and hiring for 1 in Hospital. Over the last year The Hospital believes the the evening making it 3 and Hospital management has adopted guidelines, which we have 3.5 at night worked collaboratively with **Additional Patient Care** include the staffing levels stated in the collective the non-management Information: members of the Clinical Charge RN and CN5 shall bargaining agreement Staffing Committee between NYSNA and the not be in ratio discussing with them the Hospital dated 1/1/23, are 1:1 NA comes from Nursing working conditions, staffing, safe and appropriate. Office; Not Part of Grid physical environment, Further, while the non-Chemo RN (rotates with 6 available resources, census, management members of months - Charge RN leaves acuity, and feedback the clinical staffing the floor) submitted to the Clinical Max 6 stepdown between committee maintain that Staffing Committee on each the Hospital must utilize ICU BMT and 6HN of these in-patient nursing Technicians solely, the **Planned Research Patients** Hospital maintains that require additional RN not units. While the Clinical utilizing unlicensed ancillary Staffing Committee did not on grid reach consensus on a plan personnel (including but not BMT procedure happens on limited to ICU Technicians) the unit - planned event for the Hospital, the 605182 HP-11 BMT UNIT discussions we had with our appropriately meets patient that can take 1 to 6 hours -No

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing at all census points except 19 and 22, and Medical Center campus ("Hospital"), I submit the census point 31 on the night Hospital's Clinical Staffing shift. Additionally, the Plan. This Staffing Plan staffing committee reached encompasses in-patient consensus on Unit Clerk "RN Ratios nursing care units at the staffing on the day shift. 1:1 or 1:2 Research Patients Hospital. Over the last year While the parties have 1:3 Stepdown Hospital management has reached a consensus on the 1:4 Medsurg worked collaboratively with number of unlicensed ancillary personnel to staff **ICU Tech Ratios** the non-management members of the Clinical the day shift at census 0.046527778 **Staffing Committee** points 19, 22-25, 28-35, and discussing with them the 37-38; on the evening shift Additional Patient Care working conditions, staffing, at census points 19, 22-27, Information: physical environment, and 35-36; on the night shift Max 6 stepdown between available resources, census, at census points 19-21, 27, BMT and 6HN acuity, and feedback Charge RN and CN5 shall and 35-36, the Hospital does not agree that all such submitted to the Clinical not be in ratio Staffing Committee on each 1:1 NA comes from Nursing personnel must be ICU Technicians and maintains of these in-patient nursing Office; Not Part of Grid that utilizing unlicensed units. While the Clinical Chemo RN not included in Staffing Committee did not ancillary personnel grid reach consensus on a plan (including but not limited to **Planned Research Patients ICU Technicians**) for the Hospital, the require additional RN not 605118 6HN ONCOLOGY discussions we had with our appropriately meets patient on grid" No

		,		
		Presbyterian Hospital at its	reached consensus for RN	
		Columbia University Irving	staffing at census points 16,	
		Medical Center campus	19-20, 23-24, 27-28, and 31-	
		("Hospital"), I submit the	32; and Unit Clerk staffing	
		Hospital's Clinical Staffing	on the day shift. While the	
		Plan. This Staffing Plan	parties have reached a	
		encompasses in-patient	consensus on the number	
		nursing care units at the	of unlicensed ancillary	
		Hospital. Over the last year	personnel to staff the day	
		Hospital management has	shift at census points 15, 22,	
		worked collaboratively with	26, and 28-34, the Hospital	
		the non-management	does not agree that all such	
		members of the Clinical	personnel must be ICU	
		Staffing Committee	Technicians and maintains	
		discussing with them the	that utilizing unlicensed	
		working conditions, staffing,	ancillary personnel	"RN Ratios
		physical environment,	(including but not limited to	1:4
		available resources, census,	ICU Technicians)	
		acuity, and feedback	appropriately meets patient	ICU Tech Ratios
		submitted to the Clinical	needs. The Hospital	1:6 Total Care
		Staffing Committee on each	disagreed with and did not	1:8
		of these in-patient nursing	adopt the non-management	
		units. While the Clinical	committee members'	Additional Patient Care
		Staffing Committee did not	proposal for remaining	Information:
		reach consensus on a plan	staffing levels. The Hospital	Charge RN shall not be
605154 7HS SURG		for the Hospital, the	believes the adopted	included in grid and ratio
ONCOLOGY	No	discussions we had with our	guidelines, which include	No Cluster Room in 7HS"

Presbyterian Hospital at its reached consensus for RN 1:3 (pts requiring frequent Columbia University Irving staffing at census points 10, monitoring; fresh post-Cath; Cardiac Drips; IVIG) Medical Center campus 13, 15-19, and 21-30 and ("Hospital"), I submit the with the exception of the 1:4 Hospital's Clinical Staffing addition of a midshift nurse. Plan. This Staffing Plan The staffing committee also **ICU Tech Ratios** encompasses in-patient reached consensus on Unit 1:7 nursing care units at the Clerk staffing for the day 1:8 Hospital. Over the last year and evening shifts. The Hospital management has Hospital disagreed with and Additional Patient Care worked collaboratively with did not adopt the non-Information: Charge RN and CN5 shall the non-management management committee members of the Clinical members' proposal for not be included in grid and **Staffing Committee** remaining staffing levels. ratio discussing with them the The Hospital believes the All patients are Telemetryworking conditions, staffing, adopted guidelines, which capable physical environment, include the staffing levels Interventional cardiology (Q15 1st hour, Q30 available resources, census, stated in the collective acuity, and feedback afterwards) bargaining agreement between NYSNA and the 1:3 pt requiring frequent submitted to the Clinical Staffing Committee on each Hospital dated 1/1/23, are monitoring: post-op cath, of these in-patient nursing safe and appropriate. transplant rejection with units. While the Clinical Further, while the nonchemo drugs, & cardiac management members of medine pt requiring cardiac Staffing Committee did not reach consensus on a plan the clinical staffing drips for the Hospital, the committee maintain that Midshifter does admission 605425 5HN CARDIAC discussions we had with our the Hospital must utilize ICU Unit has frequent No

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing and Unit Clerk Medical Center campus staffing on the day and ("Hospital"), I submit the evening shift. The Hospital Hospital's Clinical Staffing disagreed with and did not Plan. This Staffing Plan adopt the non-management encompasses in-patient committee members' nursing care units at the proposal for remaining Hospital. Over the last year staffing levels. The Hospital "RN Ratios Hospital management has believes the adopted 1:3 (cardiac drips, PCAs, worked collaboratively with guidelines, which include trach-collar, heart failure) the staffing levels stated in the non-management members of the Clinical the collective bargaining **ICU Tech Ratios Staffing Committee** agreement between NYSNA 1:7 discussing with them the and the Hospital dated working conditions, staffing, 1/1/23, are safe and Additional Patient Care physical environment, appropriate. Further, while Information: available resources, census, the non-management Charge RN and CN5 shall acuity, and feedback members of the clinical not be included in grid and submitted to the Clinical staffing committee maintain ratio Staffing Committee on each Heart failure, prethat the Hospital must of these in-patient nursing transplant, transplant utilize ICU Technicians units. While the Clinical solely, the Hospital rejection All patients are on Staffing Committee did not maintains that utilizing reach consensus on a plan unlicensed ancillary telemetry CNS is not part of the grid for the Hospital, the personnel (including but not 605114 5GS CARDIAC limited to ICU Technicians) and ratio" No discussions we had with our

	Presbyterian Hospital at its	reached consensus for Unit	
	Columbia University Irving	Clerk staffing on the day	
	Medical Center campus	and evening shifts and RN	
	("Hospital"), I submit the	staffing with the exception	
	Hospital's Clinical Staffing	of the addition of a midshift	
	Plan. This Staffing Plan	RN. The Hospital disagreed	
	encompasses in-patient	with and did not adopt the	
	nursing care units at the	non-management	
	Hospital. Over the last year	committee members'	
	Hospital management has	proposal for remaining	
	worked collaboratively with	staffing levels. The Hospital	
	the non-management	believes the adopted	
	members of the Clinical	guidelines, which include	"RN Ratios
	Staffing Committee	the staffing levels stated in	1:3
	discussing with them the	the collective bargaining	
	working conditions, staffing,	agreement between NYSNA	ICU Tech Ratios
	physical environment,	and the Hospital dated	1:6
	available resources, census,	1/1/23, are safe and	
	acuity, and feedback	appropriate. Further, while	Additional Patient Care
	submitted to the Clinical	the non-management	Information:
	Staffing Committee on each	members of the clinical	Charge RN and CN5 shall
	of these in-patient nursing	staffing committee maintain	not be included in grid and
	units. While the Clinical	that the Hospital must	ratio
	Staffing Committee did not	utilize ICU Technicians	Midshift does
	reach consensus on a plan	solely, the Hospital	Admissions/Discharge/Reso
	for the Hospital, the	maintains that utilizing	urce
No	discussions we had with our	unlicensed ancillary	II
	No	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

Presbyterian Hospital at its management staffing Columbia University Irving committee members were Medical Center campus unable to reach consensus "RN Ratios ("Hospital"), I submit the on this unit's staffing plan. 1:2 LVADs on anticoagulation 1:3 Stepdown; Hospital's Clinical Staffing The Hospital believes the Plan. This Staffing Plan adopted guidelines, which LVADs; Bariatric 1st 24 encompasses in-patient include the staffing levels hours ned continuous O2 nursing care units at the stated in the collective monitoring Hospital. Over the last year bargaining agreement Hospital management has between NYSNA and the **ICU Tech Ratios** worked collaboratively with 1:7 Hospital dated 1/1/23, are the non-management safe and appropriate. members of the Clinical **Additional Patient Care** Further, while the non-**Staffing Committee** management members of Information: discussing with them the the clinical staffing Charge RN and CN5 shall working conditions, staffing, not be included in grid and committee maintain that physical environment, the Hospital must utilize ICU ratio available resources, census, Technicians solely, the Surgucal post-op, acuity, and feedback transplants Hospital maintains that utilizing unlicensed ancillary submitted to the Clinical 1:1 NA comes from Nursing Staffing Committee on each personnel (including but not Office; Not Part of Grid limited to ICU Technicians) of these in-patient nursing **Total Care Patients** appropriately meets patient units. While the Clinical Up to 15 Stepdown Pts Staffing Committee did not Max of 3 ventilators needs. The Hospital believes reach consensus on a plan that for overnight shifts, Average of 10 LVADs there is cross-coverage of for the Hospital, the LVAD is always Q4 7HN CHEST/STEPDOWN discussions we had with our units where an individual Float RNs cannot do LVADs" No

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing and Unit Clerk Medical Center campus staffing on the day shift. ("Hospital"), I submit the While the parties have Hospital's Clinical Staffing reached a consensus on the Plan. This Staffing Plan number of unlicensed encompasses in-patient ancillary personnel to staff nursing care units at the the day and evening shifts Hospital. Over the last year at census points 11 and 15-Hospital management has 16, the Hospital does not "RN Ratios worked collaboratively with 1:1 critical post-op, CRRT, agree that all such post-cardiac arrest, liver the non-management personnel must be ICU members of the Clinical Technicians and maintains transplant **Staffing Committee** that utilizing unlicensed discussing with them the ancillary personnel **ICU Tech Ratios** working conditions, staffing, (including but not limited to 1:8-12 physical environment, ICU Technicians) available resources, census, appropriately meets patient Additional Patient Care acuity, and feedback needs. The Hospital Information: disagreed with and did not Charge RN and CN5 shall submitted to the Clinical Staffing Committee on each adopt the non-management not be included in grid and of these in-patient nursing committee members' ratio proposal for remaining Surgucal post-op, units. While the Clinical staffing levels. The Hospital Staffing Committee did not transplants reach consensus on a plan believes the adopted Cardiac arrest guidelines, which include 1:1 NA comes from Nursing for the Hospital, the the staffing levels stated in 605152 4HS SURGICAL ICU Office; Not part of Grid" No discussions we had with our

Presbyterian Hospital at its reached consensus for Unit Columbia University Irving Clerk staffing on the day and evening shifts. The Medical Center campus "1:1 ECMO, Admissions ("Hospital"), I submit the Hospital disagreed with and until stability, Multiple Devices, High Pressors, Hospital's Clinical Staffing did not adopt the non-Plan. This Staffing Plan Several Drips, CRRT management committee encompasses in-patient members' proposal for initiation & w/ Titrations, nursing care units at the remaining staffing levels. Unstable Pt, Open Chest Hospital. Over the last year The Hospital believes the 2:01 1:02 Hospital management has adopted guidelines, which worked collaboratively with include the staffing levels **ICU Tech Ratios** the non-management stated in the collective members of the Clinical 1:10 bargaining agreement **Staffing Committee** between NYSNA and the 1 ICU Tech Per Location discussing with them the Hospital dated 1/1/23, are working conditions, staffing, safe and appropriate. Additional Patient Care physical environment, Further, while the non-Information: available resources, census, management members of 2 Charge RNs and CN5s acuity, and feedback should not be included in the clinical staffing submitted to the Clinical committee maintain that the ratio or grid Staffing Committee on each the Hospital must utilize ICU 2 Locations: Heart Center & Technicians solely, the of these in-patient nursing Milstein Hospital maintains that 2 RTs on Main Side: 1 RT units. While the Clinical utilizing unlicensed ancillary Staffing Committee did not can be shared with HC reach consensus on a plan personnel (including but not CTICU & CCU limited to ICU Technicians) 1:1 NA comes from Nursing for the Hospital, the 605150 5MHB/HH CTICU discussions we had with our appropriately meets patient Office; Not Part of Grid" No

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing at census points 27 and 28 and for the new Medical Center campus "RN Ratios ("Hospital"), I submit the addition of a midshift RN. 1:1 ECMO, Admissions, The staffing committee also Hospital's Clinical Staffing Multiple Devices, High reached consensus for Unit Plan. This Staffing Plan Pressors, Several Drips, encompasses in-patient Clerk staffing during the day CRRT initiation & w/ nursing care units at the shift at census points 17-28. Titrations, pt deemed Hospital. Over the last year The Hospital disagreed with Unstable Hospital management has and did not adopt the non-0.043055556 worked collaboratively with management committee members' proposal for **ICU Tech Ratios** the non-management members of the Clinical remaining staffing levels. 1:8-10 **Staffing Committee** The Hospital believes the discussing with them the Additional Patient Care adopted guidelines, which working conditions, staffing, include the staffing levels Information: physical environment, stated in the collective 2 Charge RNs and CN5 are available resources, census, bargaining agreement not in grids and ratios acuity, and feedback between NYSNA and the CCU has 2 locations: Heart Center & Milstein submitted to the Clinical Hospital dated 1/1/23, are Staffing Committee on each safe and appropriate. Admissions come in day of these in-patient nursing Further, while the nontime units. While the Clinical management members of 1 RT in the main: 1 additional RT shared with Staffing Committee did not the clinical staffing reach consensus on a plan committee maintain that CTICU for HC the Hospital must utilize ICU 1:1 NA comes from Nursing for the Hospital, the Technicians solely, the 605495 5MHB/HH CCU discussions we had with our Office; Not Part of Grid" No

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing and Unit Clerk Medical Center campus staffing on the day shift. ("Hospital"), I submit the While the parties have Hospital's Clinical Staffing reached a consensus on the Plan. This Staffing Plan number of unlicensed encompasses in-patient ancillary personnel to staff nursing care units at the the day shift at census Hospital. Over the last year points 20-24 and night shift Hospital management has at census points 22-24, the worked collaboratively with Hospital does not agree that "RN Ratios all such personnel must be 1:1 ECMO, active ARDS the non-management members of the Clinical w/proning, GI bleed MTP, ICU Technicians and **Staffing Committee** problematic CRRT maintains that utilizing discussing with them the unlicensed ancillary working conditions, staffing, personnel (including but not **ICU Tech Ratios** physical environment, limited to ICU Technicians) 1:8-12 available resources, census, appropriately meets patient acuity, and feedback needs. The Hospital Additional Patient Care disagreed with and did not submitted to the Clinical Information: Staffing Committee on each adopt the non-management Charge RN shall not be in of these in-patient nursing committee members' the ratio proposal for remaining ECMO, CRRT, proning units. While the Clinical staffing levels. The Hospital Staffing Committee did not cardiac arrest, GI bleeds reach consensus on a plan believes the adopted MICU A and MICU B - two guidelines, which include for the Hospital, the locations with 12 beds each the staffing levels stated in 605420 4HN MEDICAL ICU No discussions we had with our

-				
		Presbyterian Hospital at its	reached consensus on RN	
		Columbia University Irving	staffing for the day shift and	
		Medical Center campus	staffing for the night shift at	
		("Hospital"), I submit the	census points 4-7, 10, 13,	
		Hospital's Clinical Staffing	15, 16, and 18; and Unit	
		Plan. This Staffing Plan	Clerk staffing on the day	
		encompasses in-patient	and evening shifts. While	
		nursing care units at the	the parties have reached a	
		Hospital. Over the last year	consensus on the number	
		Hospital management has	of unlicensed ancillary	
		worked collaboratively with	personnel to staff the day	
		the non-management	shift at census points 8 and	
		members of the Clinical	10-18; evening shift at	
		Staffing Committee	census points 11 and 13-18;	"RN Ratios
		discussing with them the	and night shift at census	1:1 CRRT; neuro monitor
		working conditions, staffing,	points 15 and 17-18, the	bundle; brain death/donor
		physical environment,	Hospital does not agree that	pts; post-thrombectomy;
		available resources, census,	all such personnel must be	high grade SAH; TPA (1st 24
		acuity, and feedback	ICU Technicians and	hours)
		submitted to the Clinical	maintains that utilizing	,
		Staffing Committee on each	_	ICU Tech Ratios
		of these in-patient nursing	personnel (including but not	1:8-12
		units. While the Clinical	limited to ICU Technicians)	
		Staffing Committee did not	appropriately meets patient	Additional Patient Care
		reach consensus on a plan	needs. The Hospital	Information:
605476 8GS		for the Hospital, the	disagreed with and did not	Charge RN shall not be in
NEUROLOGICAL ICU	No	•	adopt the non-management	the ratio"
		1	1	

	Presbyterian Hospital at its	reached consensus on RN	
	Columbia University Irving	staffing at census points 15	
	Medical Center campus	and 16. While the parties	
	("Hospital"), I submit the	have reached a consensus	
	Hospital's Clinical Staffing	on the number of	
	Plan. This Staffing Plan	unlicensed ancillary	
	encompasses in-patient	personnel to staff census	
	nursing care units at the	points 6-8 and the night	"RN Ratios
	Hospital. Over the last year	shift, the Hospital does not	1:1 or 1:2 depending on
	Hospital management has	agree that all such	Research
	worked collaboratively with	personnel must be ICU	1:4 Med/Surg
	the non-management	Technicians and maintains	_
	members of the Clinical	that utilizing unlicensed	ICU Tech Ratios
	Staffing Committee	ancillary personnel	1:8
	discussing with them the	(including but not limited to	
	working conditions, staffing,	ICU Technicians)	Additional Patient Care
	physical environment,	appropriately meets patient	Information:
	available resources, census,	needs. The Hospital	Charge RN shall not be in
	acuity, and feedback	disagreed with and did not	the ratio
	submitted to the Clinical	adopt the non-management	1 NA for each shift
	Staffing Committee on each	committee members'	Inpatient Unit; Mainly
	of these in-patient nursing	proposal for remaining	Ortho, ACS, Vascular,
	units. While the Clinical		Hospitalist, GYN/ONC
	Staffing Committee did not	believes the adopted	4 Beds Max for Research /
	reach consensus on a plan	guidelines are safe and	12 Beds Used for Inpatient
	for the Hospital, the	appropriate. The Hospital	1:1s for Research from 4-8
No	discussions we had with our	believes that for overnight	hours at a time"
	No	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

·				
		Presbyterian Hospital at its	reached consensus on RN	
		Columbia University Irving	staffing at census points 22-	
		Medical Center campus	24, 26-28, and 30-26 and	
		("Hospital"), I submit the	Unit Clerk staffing on the	
		Hospital's Clinical Staffing	day shift. While the parties	
		Plan. This Staffing Plan	have reached a consensus	
		encompasses in-patient	on the number of	
		nursing care units at the	unlicensed ancillary	
		Hospital. Over the last year	personnel to staff the day	
		Hospital management has	shift at census points 23, 25,	"RN Ratios
		worked collaboratively with	and 27-29 and the evening	1:4
		the non-management	shift at census points 23 and	
		members of the Clinical	29, the Hospital does not	ICU Tech Ratios
		Staffing Committee	agree that all such	1:6 Total Care
		discussing with them the	personnel must be ICU	1:8
		working conditions, staffing,	· .	
		physical environment,	that utilizing unlicensed	Additional Patient Care
		available resources, census,	ancillary personnel	Information:
		acuity, and feedback	(including but not limited to	Charge RN shall not be in
		submitted to the Clinical	ICU Technicians)	ratio
		Staffing Committee on each	appropriately meets patient	Cluster Room for
		of these in-patient nursing	needs. The Hospital	Observation
		units. While the Clinical	disagreed with and did not	High amount of 1:1 Total
		Staffing Committee did not	adopt the non-management	Cares
		reach consensus on a plan	committee members'	1:1 NA comes from Nursing
605110 6GS MEDICINE		for the Hospital, the	proposal for remaining	Office; Not Part of Grid
(INFECTIOUS DISEASE)	No	-	staffing levels. The Hospital	Remote Tele"
, <u>'</u>				

Presbyterian Hospital at its reached consensus on Unit Columbia University Irving Clerk staffing on the day shift and RN staffing at Medical Center campus "RN Ratios ("Hospital"), I submit the census points 24, 28, 31, 1:4 Hospital's Clinical Staffing and 32. While the parties Plan. This Staffing Plan have reached a consensus **ICU Tech Ratios** encompasses in-patient on the number of nursing care units at the unlicensed ancillary Hospital. Over the last year personnel to staff the day 1:4 Cluster Room for Hospital management has shift at census points 22-23, observation for high fall risk worked collaboratively with 26-27, and 29; the evening shift at census points 22-23 the non-management total care members of the Clinical and 27; and the night shift at census point 23, the **Staffing Committee** discussing with them the Hospital does not agree that Information: working conditions, staffing, all such personnel must be physical environment, ICU Technicians and 4 Bed Cluster Room available resources, census, maintains that utilizing Observer acuity, and feedback unlicensed ancillary submitted to the Clinical personnel (including but not Staffing Committee on each limited to ICU Technicians) Charge RN may do of these in-patient nursing appropriately meets patient units. While the Clinical needs. The Hospital disagreed with and did not 1:1 NA comes from Nursing Staffing Committee did not reach consensus on a plan adopt the non-management for the Hospital, the committee members' High amount of 1:1s 605116 6GN MEDICINE discussions we had with our proposal for remaining No Remote Tele"

1:1 outside of cluster room replenish by nursing office 1:6 for Total Care; 1:8 if not

Additional Patient Care Maximum of 4 Ventilators Charge RN shall not be included in the RN Ratios Peritoneal Dialysis in other units, including VC Adult ED Office; Not Part of Grid

		Presbyterian Hospital at its	reached consensus on	
		Columbia University Irving	staffing levels for Unit	
		Medical Center campus	Clerks on the day shift. The	
		("Hospital"), I submit the	Hospital disagreed with and	
		Hospital's Clinical Staffing	did not adopt the non-	
		Plan. This Staffing Plan	management committee	
		encompasses in-patient	members' proposal for	
		nursing care units at the	remaining staffing levels.	
		Hospital. Over the last year	The Hospital believes the	
		Hospital management has	adopted guidelines, which	
		worked collaboratively with	include the staffing levels	
		the non-management	stated in the collective	
		members of the Clinical	bargaining agreement	
		Staffing Committee	between NYSNA and the	
		discussing with them the	Hospital dated 1/1/23, are	"RN Ratios
		working conditions, staffing,	safe and appropriate.	1:4
		physical environment,	Further, while the non-	
		available resources, census,	management members of	ICU Tech Ratios
		acuity, and feedback	the clinical staffing	1:6 Total Care
		submitted to the Clinical	committee maintain that	1:8
		Staffing Committee on each	the Hospital must utilize ICU	
		of these in-patient nursing	Technicians solely, the	Additional Patient Care
		units. While the Clinical	Hospital maintains that	Information:
		Staffing Committee did not	utilizing unlicensed ancillary	2 Vent-capable beds
		reach consensus on a plan	personnel (including but not	Charge RN shall not be in
		for the Hospital, the	limited to ICU Technicians)	ratio
605161 7GS HOSPITALIST	No	discussions we had with our	appropriately meets patient	Cluster Room"
		•	-	

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing and unit clerk Medical Center campus staffing on the day shift. ("Hospital"), I submit the The Hospital disagreed with Hospital's Clinical Staffing and did not adopt the non-Plan. This Staffing Plan management committee encompasses in-patient members' proposal for nursing care units at the remaining staffing levels. Hospital. Over the last year The Hospital believes the Hospital management has adopted guidelines, which worked collaboratively with include the staffing levels stated in the collective the non-management members of the Clinical "RN Ratios bargaining agreement **Staffing Committee** between NYSNA and the 1:3 discussing with them the Hospital dated 1/1/23, are working conditions, staffing, safe and appropriate. **PCT Ratios** physical environment, Further, while the non-1:6 available resources, census, management members of acuity, and feedback the clinical staffing Additional Patient Care submitted to the Clinical committee maintain that Information: Staffing Committee on each the Hospital must utilize ICU Charge RN and CN5 shall of these in-patient nursing Technicians solely, the not be included in the ratio Hospital maintains that RT needed for prelung, hiunits. While the Clinical Staffing Committee did not utilizing unlicensed ancillary flows, vent management reach consensus on a plan personnel (including but not RT works 12 shifts per limited to ICU Technicians) for the Hospital, the month 605112 7GN SDU/MEDICINE discussions we had with our appropriately meets patient Maximum 12 Ventilators" No

Presbyterian Hospital at its reached consensus on Unit Columbia University Irving Clerk staffing during the day shift. While the parties have Medical Center campus ("Hospital"), I submit the reached a consensus on the "RN Ratios Hospital's Clinical Staffing number of unlicensed 1:2 TPA-monitoring Plan. This Staffing Plan ancillary personnel to staff 1:3 Stepdown encompasses in-patient the day shift at census 1:4 Medsurg nursing care units at the points 22-26, 29-33, and 35-Hospital. Over the last year 36; evening shift at census **ICU Tech Ratios** Hospital management has points 23, 25-27, 30-33, and 1:7 worked collaboratively with 35-36; and night shift at **Additional Patient Care** the non-management census points 26-28, 31-33, members of the Clinical and 36, the Hospital does Information: **Staffing Committee** not agree that all such Charge RN shall not be discussing with them the included in the ratio personnel must be ICU working conditions, staffing, Charge RN shall not be Technicians and maintains physical environment, that utilizing unlicensed included in the grid due to available resources, census, ancillary personnel TPA monitoring acuity, and feedback (including but not limited to Up to 9 Stepdown Beds; submitted to the Clinical **ICU Technicians**) Max 5 Vent Patients Staffing Committee on each appropriately meets patient Spinal drain patients need of these in-patient nursing extra monitoring - all needs. The Hospital units. While the Clinical disagreed with and did not stepdown patients Staffing Committee did not adopt the non-management TPA-monitoring is ICU level reach consensus on a plan committee members' (declotting meds; Q30min 605158 8HS for the Hospital, the proposal for remaining 1st 8H & Q1 monitoring discussions we had with our staffing levels. The Hospital 16H" **NEUROSURGERY** No

Presbyterian Hospital at its reached consensus on Unit "RN Ratios Columbia University Irving Clerk day shift staffing. 1:2 TPA-monitoring While the parties have Medical Center campus 1:3 Stepdown ("Hospital"), I submit the 1:4 Medsurg; Epilepsy reached a consensus on the Hospital's Clinical Staffing number of unlicensed Monitoring Plan. This Staffing Plan ancillary personnel to staff encompasses in-patient the day shift at census point **ICU Tech Ratios** nursing care units at the 24, the Hospital does not 1:7 Hospital. Over the last year agree that all such Hospital management has personnel must be ICU Additional Patient Care worked collaboratively with Technicians and maintains Information: that utilizing unlicensed the non-management Charge RN shall not be members of the Clinical included in the ratio ancillary personnel **Staffing Committee** (including but not limited to Charge RN shall not be discussing with them the included in the grid due to ICU Technicians) working conditions, staffing, appropriately meets patient **PPA** monitoring physical environment, needs. The Hospital Maximum of 6 Stepdown available resources, census, disagreed with and did not beds adopt the non-management Max of 3 Vents due to acuity, and feedback submitted to the Clinical committee members' acuity; unit has 6 vent-Staffing Committee on each proposal for remaining capable beds staffing levels. The Hospital TPA-monitoring is ICU level of these in-patient nursing (declotting meds; Q30min units. While the Clinical believes the adopted Staffing Committee did not guidelines, which include 1st 8H & Q1 monitoring 16H reach consensus on a plan the staffing levels stated in **Epilepsy Monitoring Unit** the collective bargaining (max 8 beds; must have 2 for the Hospital, the 605128 8HN NEUROLOGY discussions we had with our agreement between NYSNA RNs for monitoring)" No

Presbyterian Hospital at its reached consensus on nurse Columbia University Irving staffing at census points 5 -Medical Center campus 8. While the parties have ("Hospital"), I submit the reached a consensus on the Hospital's Clinical Staffing number of unlicensed Plan. This Staffing Plan ancillary personnel to staff encompasses in-patient the evening shift at census nursing care units at the points 7-10 and night shift Hospital. Over the last year at census points 9 and 10, Hospital management has the Hospital does not agree "RN Ratios worked collaboratively with that all such personnel must 1:4 be ICU Technicians and the non-management members of the Clinical maintains that utilizing **ICU Tech Ratios Staffing Committee** unlicensed ancillary 1:5 discussing with them the personnel (including but not working conditions, staffing, limited to ICU Technicians) Additional Patient Care physical environment, appropriately meets patient Information: available resources, census, needs. The Hospital Charge RN shall not be acuity, and feedback disagreed with and did not included in the ratio adopt the non-management UA needed around the clock submitted to the Clinical Staffing Committee on each committee members' for admissions of these in-patient nursing proposal for remaining Transplants; Physical staffing levels. The Hospital units. While the Clinical Movement Required; Staffing Committee did not Heavier Pt requiring more believes the adopted reach consensus on a plan guidelines, which include attention the staffing levels stated in for the Hospital, the 8MA shares a Charge RN **605712 8MA MED ANNEX** discussions we had with our with 8GN" No the collective bargaining

-			
	Presbyterian Hospital at its	management staffing	
	Columbia University Irving	committee members were	
	Medical Center campus	unable to reach consensus	
	("Hospital"), I submit the	on this unit's staffing plan.	
	Hospital's Clinical Staffing	The Hospital believes the	
	Plan. This Staffing Plan	adopted guidelines, which	
	encompasses in-patient	include the staffing levels	
	nursing care units at the	stated in the collective	
	Hospital. Over the last year	bargaining agreement	"RN Ratios
	Hospital management has	between NYSNA and the	1:4
	worked collaboratively with	Hospital dated 1/1/23, are	
	the non-management	safe and appropriate.	ICU Tech Ratios
	members of the Clinical	Further, while the non-	1:8
	Staffing Committee	management members of	
	discussing with them the	the clinical staffing	Additional Patient Care
	working conditions, staffing,	committee maintain that	Information:
	physical environment,	the Hospital must utilize ICU	Charge RN shall not be
	available resources, census,	Technicians solely, the	included in the ratio
	acuity, and feedback	Hospital maintains that	Transplants; Physical
	submitted to the Clinical	utilizing unlicensed ancillary	Movement Required;
	Staffing Committee on each	personnel (including but not	Heavier Pt requiring more
	of these in-patient nursing	limited to ICU Technicians)	attention
	units. While the Clinical	appropriately meets patient	8GN is a closed unit
	Staffing Committee did not		8GN shares a Charge RN
	reach consensus on a plan	that for overnight shifts,	with 8MA
	for the Hospital, the	there is cross-coverage of	UA around the clock for
No	discussions we had with our	-	admissions"
	No	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

		Presbyterian Hospital at its	Unit Clerk staffing for the	
		Columbia University Irving	day shift. The Hospital	
		Medical Center campus	disagreed with and did not	
		("Hospital"), I submit the	adopt the non-management	
		Hospital's Clinical Staffing	committee members'	
		Plan. This Staffing Plan	proposal for remaining	
		encompasses in-patient	staffing levels. The Hospital	
		nursing care units at the	believes the adopted	
		Hospital. Over the last year	guidelines, which include	
		Hospital management has	the staffing levels stated in	"RN Ratios
		worked collaboratively with	the collective bargaining	1:4
		the non-management	agreement between NYSNA	
		members of the Clinical	and the Hospital dated	ICU Techs Ratios
		Staffing Committee	1/1/23, are safe and	1:7
		discussing with them the	appropriate. Further, while	
		working conditions, staffing,	the non-management	Additional Patient Care
		physical environment,	members of the clinical	Information:
		available resources, census,	staffing committee maintain	Charge RN and CN5 shall
		acuity, and feedback	that the Hospital must	not be in ratio
		submitted to the Clinical	utilize ICU Technicians	High amount of 1:1 Total
		Staffing Committee on each	solely, the Hospital	Cares
		of these in-patient nursing	maintains that utilizing	1:1 NA comes from Nursing
		units. While the Clinical	unlicensed ancillary	Office; Not Part of Grid
		Staffing Committee did not	personnel (including but not	Budgeted CN5s: 1 FTE
		reach consensus on a plan	limited to ICU Technicians)	Hospitalist, ENT,
605124 9GS		for the Hospital, the	appropriately meets patient	Orthopedic, Remote
HOSPITALIST/ORTHO/SURG	No	discussions we had with our	needs. The Hospital believes	Telemetry"

		Presbyterian Hospital at its	reached consensus on RN	
		Columbia University Irving	staffing for all census levels	
		Medical Center campus	and shifts and Unit Clerk	
		("Hospital"), I submit the	staffing for the day shift.	
		Hospital's Clinical Staffing	The Hospital disagreed with	
		Plan. This Staffing Plan	and did not adopt the non-	
		encompasses in-patient	management committee	
		nursing care units at the	members' proposal for	
		Hospital. Over the last year	remaining staffing levels.	
		Hospital management has	The Hospital believes that	
		worked collaboratively with	current staffing and support	
		the non-management	are appropriate based upon	
		members of the Clinical	unit census and acuity, and	
		Staffing Committee	that it is consistent with the	
		discussing with them the	requirements set forth in	
		working conditions, staffing,	the collective bargaining	
		physical environment,	agreement between the	
		available resources, census,	Hospital and NYSNA dated	
		acuity, and feedback	1/1/23. Further, while the	
		submitted to the Clinical	non-management members	
		Staffing Committee on each	of the clinical staffing	"RN Ratios
		of these in-patient nursing	committee maintain that	1:6
		units. While the Clinical	the Hospital must utilize ICU	
		Staffing Committee did not	Technicians solely, the	MHW Ratios
		reach consensus on a plan	Hospital maintains that	1:3
		for the Hospital, the	utilizing unlicensed ancillary	
605501 9GN PSYCH	No	discussions we had with our	personnel (including but not	ECT patients?"

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a	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
unit's location in	,	provide a number with	number with up to 5	up to 5 digits. Ex:
the hospital.		up to 5 digits. Ex: 101.50)	digits. Ex: 101.50)	101.50)?
609871 MSCH HIP				
7/Oncology Infusion	2.5	4	8.86	2
609852 ENDO	2	8	4	1
609839 Pre/Post Anesthesia	11	7	6.75	2
609834 OR	6	8	7	1
605340 Cystoscopy	3	8	2	1
606929 ENDO	7	8	10.4	1
605325 Pre/Post Anesthesia	32	3	18	2
605320 OR	32	8	21.25	1
605160 9H TRANSPLANT / DIRECT ADMITS	13	2	39.14	3.01
609853 MSCH 7	1 12	2	2.04	2
Central/Infusion Center 609850 MSCH	1.13	3	2.04	3
Interventional Radiology	0.5	15	1.11	0.5
609850 MSCH MRI	1.5	2	6.46	4
609850 MSCH PACU	7.5	3	3.4	2.5
609850 MSCH	,.5	<u> </u>	3.1	2.3
Catheterization Lab	1.69	5	1.51	1.5
606117 Therapeutic	2.5	5	9.86	1.5

606250/606209				
Interventional				
Radiology/Interventional				
Neuro-Radiology	8.59	3	2.67	3
	0.00			-
606202 General Radiology	9	8	73.08	1
606747 PH14 Outpatient				
Transplant Clinic	1.31	2	22.03	3.5
606628 Gamma Knife				
Program	0.3	15	0.36	0.5
606544 HIP 14 Adult				
Infusion Center	12.47	5	41.94	1.5
606246 Radiation Oncology	1.4	5	28.93	1.5
605721 Dialysis	8	5	14.18	1.5
606101, 606104, 606509				
Interventional Cardiology				
(Cath/EP/TEE)	34	2	11.84	3.5
606546 HIP 9 Adult				
Research Infusion Center	3.6	5	5.68	1.5
606118 Milstein Apheresis	2.83	10	1.02	0.75
609847 CHILD EMERGENCY				
ROOM	16	2.51	47.81	6
606048 MILSTEIN				_
EMERGENCY DEPARTMENT	33.14	3.07	80.83	6
605250 10T SLOANE LABOR				
and DELIVER	18	11.38	11.86	0.66
609838 5T PED M/S ONC	10	4	20.6	2.06
609837 4T PED MSURG/CRC	7	2	21.4	3.06
609848 8C PED	/		21.4	3.00
PROGRESSIVE CARE UNIT	_	4	10.52	2 11
609831 6T CARD/NEURO	5 10	3	10.53 23.56	2.11 2.36
•		6		
609835 9C PED ICU	10		11.83	1.18
609826 11C PED ICU	10	6	12.56	1.26
605234 9N CARD NICU	14	7	15.65	1.12

609830 7T NEONATAL ICU	32	4	58.23	1.82
609836 9T CARD ICU	12	7	12.98	1.08
605222 5C/6C OB/GYN				
POSTP/NURS	15	2	50	3.33
605224 10C OB/GYN				
ANTEP/HIGH RISK	6	3	16.46	2.74
605182 HP-11 BMT UNIT	6	3	15.31	2.55
605118 6HN ONCOLOGY	10	2	33.81	3.38
605154 7HS SURG				
ONCOLOGY	9	2	31.05	3.45
605425 5HN CARDIAC	9	3	25.25	2.81
605114 5GS CARDIAC	10	2	31.64	3.16
605427 5GN SURG				
STEPDOWN	14	3	31.68	2.26
605457 7HN				
CHEST/STEPDOWN	11	3	31.42	2.86
605152 4HS SURGICAL ICU	10	5	13.64	1.36
605150 5MHB/HH CTICU	24	7	27.34	1.14
605495 5MHB/HH CCU	19	6	25.68	1.35
605420 4HN MEDICAL ICU	15	5	22.09	1.47
605476 8GS				
NEUROLOGICAL ICU	10	5	15.41	1.54
606549 HP 10X ONC				
RESEARCH	2	2	9.91	4.96
605110 6GS MEDICINE				
(INFECTIOUS DISEASE)	9	2	29.76	3.31
605116 6GN MEDICINE	9	2	30.58	3.4
605161 7GS HOSPITALIST	8	2	31.42	3.93
605112 7GN SDU/MEDICINE	11	3	28.5	2.59
605158 8HS				
NEUROSURGERY	8	2	27.54	3.44
605128 8HN NEUROLOGY	8	2	24.21	3.03
605712 8MA MED ANNEX	2	2	8.67	4.34
605710 8GN				
REHABILITATION	3	2	14.02	4.67

605124 9GS				
HOSPITALIST/ORTHO/SURG	8	2	33.39	4.17
605501 9GN PSYCH	5	2	23.36	4.67

LPN EVENING SHIFT STAFFING				
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)		
609871 MSCH HIP	up to a uighter and according	ap to a algitor in include		
7/Oncology Infusion	0	0		
609852 ENDO	0	0		
609839 Pre/Post Anesthesia 609834 OR	0	0		
605340 Cystoscopy	0	0		
606929 ENDO	0	0		
605325 Pre/Post Anesthesia	0	0		
605320 OR	0	0		
605160 9H TRANSPLANT / DIRECT ADMITS	0	0		
609853 MSCH 7 Central/Infusion Center	0	0		
609850 MSCH Interventional Radiology	0	0		
609850 MSCH MRI	0	0		
609850 MSCH PACU	0	0		
609850 MSCH Catheterization Lab	0	0		
606117 Therapeutic infusion	0	0		

606250/606209		
Interventional		
Radiology/Interventional		
Neuro-Radiology	0	0
606202 General Radiology	0	0
606747 PH14 Outpatient		
Transplant Clinic	0	0
606628 Gamma Knife		
Program	0	0
606544 HIP 14 Adult		
Infusion Center	0	0
606246 Radiation Oncology	0	0
605721 Dialysis	0	0
606101, 606104, 606509		
Interventional Cardiology		
(Cath/EP/TEE)	0	0
606546 HIP 9 Adult		
Research Infusion Center	0	0
606118 Milstein Apheresis	0	0
609847 CHILD EMERGENCY		
ROOM	0	0
606048 MILSTEIN		
EMERGENCY DEPARTMENT	0	0
605250 10T SLOANE LABOR		
and DELIVER	0	0
609838 5T PED M/S ONC	0	0
22 11/4 2110	<u> </u>	
609837 4T PED MSURG/CRC	0	0
609848 8C PED		
PROGRESSIVE CARE UNIT	0	0
609831 6T CARD/NEURO	0	0
609835 9C PED ICU	0	0
609826 11C PED ICU	0	0
605234 9N CARD NICU	0	0
33323 : 311 6/11/20	-	ı

		1
609830 7T NEONATAL ICU	0	0
609836 9T CARD ICU	0	0
605222 5C/6C OB/GYN		
POSTP/NURS	0	0
605224 10C OB/GYN		, ,
ANTEP/HIGH RISK	0	0
605182 HP-11 BMT UNIT	0	0
605118 6HN ONCOLOGY	0	0
605154 7HS SURG		
ONCOLOGY	0	0
605425 5HN CARDIAC	0	0
605114 5GS CARDIAC	0	0
605427 5GN SURG		
STEPDOWN	0	0
605457 7HN		
CHEST/STEPDOWN	0	0
605152 4HS SURGICAL ICU	0	0
605150 5MHB/HH CTICU	0	0
605495 5MHB/HH CCU	0	0
605420 4HN MEDICAL ICU	0	0
605476 8GS		
NEUROLOGICAL ICU	0	0
606549 HP 10X ONC		
RESEARCH	0	0
605110 6GS MEDICINE		
(INFECTIOUS DISEASE)	0	0
605116 6GN MEDICINE	0	0
605161 7GS HOSPITALIST	0	0
605112 7GN SDU/MEDICINE	0	0
605158 8HS		
NEUROSURGERY	0	0
605128 8HN NEUROLOGY	0	0
605712 8MA MED ANNEX	0	0
605710 8GN		
REHABILITATION	0	0

605124 9GS		
HOSPITALIST/ORTHO/SURG	0	0
605501 9GN PSYCH	0	0

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
609871 MSCH HIP		
7/Oncology Infusion	0	0
609852 ENDO	0	0
609839 Pre/Post Anesthesia 609834 OR	0	0
605340 Cystoscopy	0	0
606929 ENDO	0	0
605325 Pre/Post Anesthesia 605320 OR	0	0
605160 9H TRANSPLANT / DIRECT ADMITS	0	0
609853 MSCH 7 Central/Infusion Center	0	0
609850 MSCH Interventional Radiology	0	0
609850 MSCH MRI	0	0
609850 MSCH PACU	0	0
609850 MSCH Catheterization Lab	0	0
606117 Therapeutic infusion	0	0

606250/606209		
Interventional		
Radiology/Interventional		
Neuro-Radiology	0	0
606202 General Radiology	0	0
606747 PH14 Outpatient		
Transplant Clinic	0	0
606628 Gamma Knife		
Program	0	0
606544 HIP 14 Adult		
Infusion Center	0	0
606246 Radiation Oncology	0	0
605721 Dialysis	0	0
606101, 606104, 606509		
Interventional Cardiology		
(Cath/EP/TEE)	0	0
606546 HIP 9 Adult		
Research Infusion Center	0	0
606118 Milstein Apheresis	0	0
609847 CHILD EMERGENCY		
ROOM	0	0
606048 MILSTEIN		
EMERGENCY DEPARTMENT	0	0
605250 10T SLOANE LABOR		
and DELIVER	0	0
609838 5T PED M/S ONC	0	0
22 11/4 2110	<u> </u>	
609837 4T PED MSURG/CRC	0	0
609848 8C PED		
PROGRESSIVE CARE UNIT	0	0
609831 6T CARD/NEURO	0	0
609835 9C PED ICU	0	0
609826 11C PED ICU	0	0
605234 9N CARD NICU	0	0
33323 : 311 6/11/20	-	ı

		1
609830 7T NEONATAL ICU	0	0
609836 9T CARD ICU	0	0
605222 5C/6C OB/GYN		
POSTP/NURS	0	0
605224 10C OB/GYN		, ,
ANTEP/HIGH RISK	0	0
605182 HP-11 BMT UNIT	0	0
605118 6HN ONCOLOGY	0	0
605154 7HS SURG		
ONCOLOGY	0	0
605425 5HN CARDIAC	0	0
605114 5GS CARDIAC	0	0
605427 5GN SURG		
STEPDOWN	0	0
605457 7HN		
CHEST/STEPDOWN	0	0
605152 4HS SURGICAL ICU	0	0
605150 5MHB/HH CTICU	0	0
605495 5MHB/HH CCU	0	0
605420 4HN MEDICAL ICU	0	0
605476 8GS		
NEUROLOGICAL ICU	0	0
606549 HP 10X ONC		
RESEARCH	0	0
605110 6GS MEDICINE		
(INFECTIOUS DISEASE)	0	0
605116 6GN MEDICINE	0	0
605161 7GS HOSPITALIST	0	0
605112 7GN SDU/MEDICINE	0	0
605158 8HS		
NEUROSURGERY	0	0
605128 8HN NEUROLOGY	0	0
605712 8MA MED ANNEX	0	0
605710 8GN		
REHABILITATION	0	0

605124 9GS		
HOSPITALIST/ORTHO/SURG	0	0
605501 9GN PSYCH	0	0

EVENING SHIFT UNLICENSED STAFFING				
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)		
609871 MSCH HIP	g	ap or a algebra and a control		
7/Oncology Infusion	0	0		
609852 ENDO	3	12		
609839 Pre/Post Anesthesia 609834 OR	2 9	1 12		
605340 Cystoscopy	2	5		
606929 ENDO	1	1		
605325 Pre/Post Anesthesia	14	1		
605320 OR	8	2		
605160 9H TRANSPLANT / DIRECT ADMITS	4	1		
609853 MSCH 7 Central/Infusion Center	2	4		
609850 MSCH Interventional Radiology	0.5	15		
609850 MSCH MRI	2	3		
609850 MSCH PACU	3	1		
609850 MSCH Catheterization Lab	2.5	7		
606117 Therapeutic infusion	0	0		

606250/606209		
Interventional		
Radiology/Interventional		
Neuro-Radiology	0	0
606202 General Radiology	0	0
606747 PH14 Outpatient		
Transplant Clinic	0	0
606628 Gamma Knife		
Program	0	0
606544 HIP 14 Adult		
Infusion Center	0	0
606246 Radiation Oncology	0	0
605721 Dialysis	0	0
·		
606101, 606104, 606509		
Interventional Cardiology		
(Cath/EP/TEE)	1.83	0
(222)		-
606546 HIP 9 Adult		
Research Infusion Center	0	0
	•	Ū
606118 Milstein Apheresis	0	0
609847 CHILD EMERGENCY	<u> </u>	Ü
ROOM	2	0.39
	_	5.55
606048 MILSTEIN		
EMERGENCY DEPARTMENT	9	0.84
605250 10T SLOANE LABOR	<u> </u>	0.04
and DELIVER	1	0.63
609838 5T PED M/S ONC	1	1
003030 31 1 LD WI/3 ONC	1	1
609837 4T PED MSURG/CRC	1	1
609848 8C PED	1	1
PROGRESSIVE CARE UNIT	1	1
609831 6T CARD/NEURO	1	1
609835 9C PED ICU	1	1
609826 11C PED ICU	1	1
605234 9N CARD NICU	1	1

1	1
0	0
2	1
1	1
2	1
3	1
3	1
2	1
3	1
2	1
2	1
1	1
2	1
2	1
2	1
1	1
1	1
2	1
2	1
3	1
2	1
4	1
2	1
1	1
1	1
	1 2 3 3 3 2 3 2 2 1 1 2 2 2 1 1 2 2 2 2

605124 9GS		
HOSPITALIST/ORTHO/SURG	4	1
605501 9GN PSYCH	3	1

EVENING SHIFT ADDITIONAL RESOURCES

EVENING SHIFT ADDITIONAL RESOURCES		
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.	
609871 MSCH HIP 7/Oncology Infusion	This unit has available to it supplemental unit staffing. Support personnel include medical assistants, nursing assistants, nurse practitioners, child life specialists, and an ambulatory care clerk.	

i	1
609852 ENDO	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.
609839 Pre/Post Anesthesia	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
609834 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.

605340 Cystoscopy	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.
, , ,	
606929 ENDO	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.
605325 Pre/Post Anesthesia	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.

605320 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.
605160 OH TRANSDI ANT /	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG
605160 9H TRANSPLANT /	techs, unit assistants, and
DIRECT ADMITS	transport team.
C000E3 MCCU 7	This unit has available to it
609853 MSCH 7	an administrative support
Central/Infusion Center	coordinator.

609850 MSCH Interventional Radiology	This unit has available to it special procedure techs, patient navigator, child life specialists, administrative coordinator, cardiocatherization tech, and inventory specialist support operations of 3T.
609850 MSCH MRI	This unit has available to it special procedure techs, patient navigator, child life specialists, administrative coordinator, cardiocatherization tech, and inventory specialist support operations of 3T.
609850 MSCH PACU	This unit has available to it special procedure techs, patient navigator, child life specialists, administrative coordinator, cardiocatherization tech, and inventory specialist support operations of 3T.
609850 MSCH Catheterization Lab	This unit has available to it special procedure techs, patient navigator, child life specialists, administrative coordinator, cardiocatherization tech, and inventory specialist support operations of 3T.

606117 Therapeutic	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
60611/ Therapeutic infusion	and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides,
	wound/ostomy care team, respiratory therapists,
	phlebotomists, pharmacy
606250/606209	technicians, social workers,
Interventional	care managers, IV team,
Radiology/Interventional	EKG techs, unit assistants,
Neuro-Radiology	and transport team.

	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
606202 General Radiology	and transport team.
	This well has a well-his to it.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing services include physical
	therapy aides, occupational therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
606747 PH14 Outpatient	EKG techs, unit assistants,
Transplant Clinic	and transport team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,
	care managers, IV team,
606628 Gamma Knife	EKG techs, unit assistants,
Program	and transport team.
	This unit has available to it
	nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,
606544 HIP 14 Adult	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy

This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

606246 Radiation Oncology

605721 Dialysis

This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy
	technicians, social workers,
606101, 606104, 606509	care managers, IV team,
Interventional Cardiology	EKG techs, unit assistants,
(Cath/EP/TEE)	and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides,
	wound/ostomy care team, respiratory therapists,
	respiratory therapists, phlebotomists, pharmacy
	respiratory therapists, phlebotomists, pharmacy technicians, social workers,
606546 HIP 9 Adult	respiratory therapists, phlebotomists, pharmacy

	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other suppor
	personnel that aid nursing
	services include physical
	therapy aides, occupationa
	therapy aides,
	wound/ostomy care team
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers
	care managers, IV team,
	EKG techs, unit assistants,
esis	and transport team.

606118 Milstein Apheresis

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, IV team, clinical pharmacists, pharmacy technicians, ECMO program manager, VAD coordinator, social workers, care managers, EKG techs, unit assistants,

and transport team.

609847 CHILD EMERGENCY ROOM

	-
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	clinical pharmacists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
606048 MILSTEIN	techs, unit assistants, and
EMERGENCY DEPARTMENT	transport team.
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants,
COCOCO 10T CLOANE LABOR	lactation consultants,
605250 10T SLOANE LABOR	perinatal safety nurse, and
and DELIVER	transport team.

	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services
	include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
609838 5T PED M/S ONC	and transport team.
609837 4T PED MSURG/CRC	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

	Nurse and support staff
	float pools are available to
	·
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include child life specialists,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
C00040 0C DED	care managers, IV team,
609848 8C PED	EKG techs, unit assistants,
PROGRESSIVE CARE UNIT	and transport team.
	Nurse and support staff
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include child life specialists,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
C00024 CT CARR (NEURO	VAD coordinator, EEG techs,
609831 6T CARD/NEURO	and transport team.

	T
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	_
	include child life specialists,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, clinical
	pharmacists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
	ECMO program manager,
609835 9C PED ICU	and transport team.
	·
	Nurse and support staff
	float pools are available to
	·
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include child life specialists,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, clinical
	pharmacists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
	ECMO program manager,
609826 11C PED ICU	and transport team.
303020 110 100	and transport team.

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, ECMO program manager, and transport team.

605234 9N CARD NICU

609830 7T NEONATAL ICU

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include child life specialists,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, IV team,
	clinical pharmacists,
	pharmacy technicians,
	ECMO program manager,
	VAD coordinator, social
	workers, care managers,
	EKG techs, unit assistants,
609836 9T CARD ICU	and transport team.

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.

605222 5C/6C OB/GYN POSTP/NURS

	, , , , , , , , , , , , , , , , , , , ,
	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
	lactation consultants,
605224 10C OB/GYN	perinatal safety nurse, and
ANTEP/HIGH RISK	transport team.
	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants, and
605182 HP-11 BMT UNIT	transport team.

	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care
	managers, IV team, EKG
	techs, unit assistants, and
605118 6HN ONCOLOGY	transport team.
	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG
605154 7HS SURG	techs, unit assistants, and
ONCOLOGY	transport team.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants,
	telemetry techs, and
605425 5HN CARDIAC	transport team.
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants,
	telemetry techs, and
605114 5GS CARDIAC	transport team.

supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therap aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG		float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care
float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and		float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care
float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and		float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care
supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and		supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care
Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and		Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care
that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and		that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care
include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and		include physical therapy aides, occupational therapy aides, wound/ostomy care
aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG 605427 5GN SURG techs, unit assistants, and		aides, occupational therapy aides, wound/ostomy care
aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG 605427 5GN SURG techs, unit assistants, and		aides, wound/ostomy care
team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG 605427 5GN SURG techs, unit assistants, and		· · · · · · · · · · · · · · · · · · ·
therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG 605427 5GN SURG techs, unit assistants, and		
pharmacy technicians, social workers, care managers, IV team, EKG 605427 5GN SURG techs, unit assistants, and		team, respiratory
social workers, care managers, IV team, EKG 605427 5GN SURG techs, unit assistants, and		therapists, phlebotomists,
managers, IV team, EKG 605427 5GN SURG techs, unit assistants, and		pharmacy technicians,
605427 5GN SURG techs, unit assistants, and		social workers, care
		managers, IV team, EKG
STEPDOWN transport team.	605427 5GN SURG	techs, unit assistants, and
	STEPDOWN	transport team.
Nurse and support staff		Nurse and support staff
float pools are available to		float pools are available to
supplement unit staffing.		supplement unit staffing.
Other support personnel		Other support personnel
that aid nursing services		that aid nursing services
include physical therapy		include physical therapy
aides, occupational therap		aides, occupational therapy
aides, wound/ostomy care		aides, wound/ostomy care
team, respiratory		team, respiratory
therapists, phlebotomists,		therapists, phlebotomists,
pharmacy technicians,		pharmacy technicians,
social workers, care		social workers, care
managers, IV team, EKG		managers, IV team, EKG
605457 7HN techs, unit assistants, and		techs, unit assistants, and
CHEST/STEPDOWN transport team.	605457 7HN	transport team

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605152 4HS SURGICAL ICU

605150 5MHB/HH CTICU

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.

Nurse and support staff
float pools are available to
supplement unit staffing.
Other support personnel
that aid nursing services
include physical therapy
aides, occupational therapy
aides, wound/ostomy care
team, respiratory
therapists, phlebotomists,
pharmacy technicians,
social workers, care
managers, IV team, EKG
techs, unit assistants,
perfusionists, clinical
pharmacists, and transport
team.

605495 5MHB/HH CCU

605420 4HN MEDICAL ICU

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.

	7
605476 8GS	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
NEUROLOGICAL ICU	·
	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG
606549 HP 10X ONC	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care

605110 6GS MEDICINE	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and
(INFECTIOUS DISEASE)	transport team.
	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy
	aides, wound/ostomy care team, respiratory
	therapists, phlebotomists, pharmacy technicians,
	social workers, care managers, IV team, EKG techs, unit assistants, and
605116 6GN MEDICINE	transport team.

	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, unit assistants, and
605161 7GS HOSPITALIST	transport team.
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
C05442 7CN CD11/245D10015	techs, unit assistants, and
605112 7GN SDU/MEDICINE	transport team.

	T
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, EEG techs, unit
605158 8HS	assistants, and transport
NEUROSURGERY	team.
	Nurse and support staff
	float pools are available to
	supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
	managers, IV team, EKG
	techs, EEG techs, unit
	assistants, and transport
605128 8HN NEUROLOGY	

	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG
	techs, unit assistants, and
605712 8MA MED ANNEX	transport team.
003712 SIVIA IVILD AINIVEX	transport team.
	Nurse and support staff float pools are available to supplement unit staffing.
	Other support personnel
	that aid nursing services
	include physical therapy
	aides, occupational therapy
	aides, wound/ostomy care
	team, respiratory
	therapists, phlebotomists,
	pharmacy technicians,
	social workers, care
605710 9CN	managers, IV team, EKG
605710 8GN	techs, unit assistants, and
REHABILITATION	transport team.

605124 9GS	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and
HOSPITALIST/ORTHO/SURG	transport team.
605501 9GN PSVCH	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, mental health workers, and
605501 9GN PSYCH	transport team.

EVENING SHIFT CONSENSUS INFORMATION

the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
609871 MSCH HIP 7/Oncology Infusion	Yes			
609852 ENDO	Yes			
609839 Pre/Post Anesthesia	Yes Yes			
605340 Cystoscopy	Yes			
606929 ENDO	Yes			
605325 Pre/Post Anesthesia				
605320 OR	Yes			
605160 9H TRANSPLANT / DIRECT ADMITS	Yes			

		Presbyterian Hospital at its		
		Columbia University Irving		
		Medical Center campus		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback	Consensus was reached in	
		submitted to the Clinical	regards to the RN staffing	
		Staffing Committee on each	for this area. Consensus was	
		_	not reached for the ancillary	
		units. While the Clinical	staff. The Hospital believes	
		Staffing Committee did not	that adopted staffing and	
		reach consensus on a plan	support are appropriate	Additional Patient Care Info:
609853 MSCH 7		for the Hospital, the	based upon unit census and	Charge RN shall not be
Central/Infusion Center	No	discussions we had with our	· ·	included in assignment.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1	223	

		Presbyterian Hospital at its		1:1 per case, staffing based
		Columbia University Irving		on case acuity
		Medical Center campus		
		("Hospital"), I submit the		CST Ratios
		Hospital's Clinical Staffing		1:1 per case
		Plan. This Staffing Plan		PPCA Ratios
		encompasses in-patient		1:3
		nursing care units at the		
		Hospital. Over the last year		Additional Patient Care
		Hospital management has		Information:
		worked collaboratively with		Total capacity rooms/bays -
		the non-management		10
		members of the Clinical		Total used rooms/bays - 10
		Staffing Committee		Charge RN shall not have ar
		discussing with them the		assignment
		working conditions, staffing,		3 - 5 Relief Teams Relief
		physical environment,		Teams needed based on
		available resources, census,		case volume and case type
		acuity, and feedback	Consensus was reached in	1 designated trauma room
		submitted to the Clinical	regards to the RN staffing	and team available at all
		Staffing Committee on each	for this area. Consensus was	times
		of these in-patient nursing	not reached for the ancillary	Based on NYSNA CBA
		units. While the Clinical	staff. The Hospital believes	moving towards AWS shifts
		Staffing Committee did not	that adopted staffing and	with nurses
		reach consensus on a plan	support are appropriate	
609850 MSCH		for the Hospital, the	based upon unit census and	
Interventional Radiology	No	discussions we had with our	acuity.	

		Presbyterian Hospital at its		1:1 per case, staffing based
		Columbia University Irving		on case acuity
		Medical Center campus		on case acuity
		("Hospital"), I submit the		CST Ratios
		' '		
		Hospital's Clinical Staffing		1:1 per case
		Plan. This Staffing Plan		PPCA Ratios
		encompasses in-patient		1:3
		nursing care units at the		
		Hospital. Over the last year		Additional Patient Care
		Hospital management has		Information:
		worked collaboratively with		Total capacity rooms/bays -
		the non-management		10
		members of the Clinical		Total used rooms/bays - 10
		Staffing Committee		Charge RN shall not have an
		discussing with them the		assignment
		working conditions, staffing,		3 - 5 Relief Teams Relief
		physical environment,		Teams needed based on
		available resources, census,		case volume and case type
		acuity, and feedback	Consensus was reached in	1 designated trauma room
		submitted to the Clinical	regards to the RN staffing	and team available at all
		Staffing Committee on each	for this area. Consensus was	times
		of these in-patient nursing	not reached for the ancillary	Based on NYSNA CBA
		units. While the Clinical	staff. The Hospital believes	moving towards AWS shifts
		Staffing Committee did not	that adopted staffing and	with nurses
		reach consensus on a plan	support are appropriate	
		for the Hospital, the	based upon unit census and	
609850 MSCH MRI	No	discussions we had with our	l '	

		Presbyterian Hospital at its		1:1 per case, staffing based
		Columbia University Irving		on case acuity
		Medical Center campus		
		("Hospital"), I submit the		CST Ratios
		Hospital's Clinical Staffing		1:1 per case
		Plan. This Staffing Plan		PPCA Ratios
		encompasses in-patient		1:3
		nursing care units at the		
		Hospital. Over the last year		Additional Patient Care
		Hospital management has		Information:
		worked collaboratively with		Total capacity rooms/bays -
		the non-management		10
		members of the Clinical		Total used rooms/bays - 10
		Staffing Committee		Charge RN shall not have an
		discussing with them the		assignment
		working conditions, staffing,		3 - 5 Relief Teams Relief
		physical environment,		Teams needed based on
		available resources, census,		case volume and case type
		acuity, and feedback	Consensus was reached in	1 designated trauma room
		submitted to the Clinical	regards to the RN staffing	and team available at all
		Staffing Committee on each	for this area. Consensus was	times
		of these in-patient nursing	not reached for the ancillary	Based on NYSNA CBA
		units. While the Clinical	staff. The Hospital believes	moving towards AWS shifts
		Staffing Committee did not	that adopted staffing and	with nurses
		reach consensus on a plan	support are appropriate	
		for the Hospital, the	based upon unit census and	
609850 MSCH PACU	No	discussions we had with our	· ·	

		Drachutarian Haspital at its		1.1 per eace staffing beard
		Presbyterian Hospital at its		1:1 per case, staffing based
		Columbia University Irving		on case acuity
		Medical Center campus		
		("Hospital"), I submit the		CST Ratios
		Hospital's Clinical Staffing		1:1 per case
		Plan. This Staffing Plan		PPCA Ratios
		encompasses in-patient		1:3
		nursing care units at the		
		Hospital. Over the last year		Additional Patient Care
		Hospital management has		Information:
		worked collaboratively with		Total capacity rooms/bays -
		the non-management		10
		members of the Clinical		Total used rooms/bays - 10
		Staffing Committee		Charge RN shall not have an
		discussing with them the		assignment
		working conditions, staffing,		3 - 5 Relief Teams Relief
		physical environment,		Teams needed based on
		available resources, census,		case volume and case type
		acuity, and feedback	Consensus was reached in	1 designated trauma room
		submitted to the Clinical	regards to the RN staffing	and team available at all
		Staffing Committee on each	for this area. Consensus was	times
		=	not reached for the ancillary	
		units. While the Clinical	staff. The Hospital believes	moving towards AWS shifts
		Staffing Committee did not	that adopted staffing and	with nurses
		reach consensus on a plan	support are appropriate	
609850 MSCH		for the Hospital, the	based upon unit census and	
Catheterization Lab	No	discussions we had with our	acuity.	
Catheterization Lab	140	discussions we had with our	acuity.	_

		Presbyterian Hospital at its		
		Columbia University Irving		
		Medical Center campus		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		Employee members of the
		submitted to the Clinical		clinical staffing committee
		Staffing Committee on each		submitted their position in a
		of these in-patient nursing		staffing guideline format;
		units. While the Clinical	The Hospital believes that	the Hospital did not receive
		Staffing Committee did not	adopted staffing and	anything additional from
		reach consensus on a plan	support are appropriate	the employee members of
606117 Therapeutic		for the Hospital, the	based upon unit census and	the Clinical Staffing
infusion	No	discussions we had with our	acuity.	Committee.

-				
		Presbyterian Hospital at its		
		Columbia University Irving		RN Ratios
		Medical Center campus		6 Procedure rooms with 1
		("Hospital"), I submit the		RN per room
		Hospital's Clinical Staffing		2 Relief teams/pre and post
		Plan. This Staffing Plan		call nurses
		encompasses in-patient		3 in Recovery area.
		nursing care units at the		1 Charge nurse without a
		Hospital. Over the last year		patient assignment.
		Hospital management has		On call hours 7:30 PM until
		worked collaboratively with		7 AM M-F 24 hours per
		the non-management		weekend.
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		Currently 10 Special
		available resources, census,		Procedure Techs
		acuity, and feedback		2 per interventional
		submitted to the Clinical		neuroradiology cases
		Staffing Committee on each		1 per all other procedure
		of these in-patient nursing		rooms
		units. While the Clinical	The Hospital believes that	1 CT Tech from Diagnostic
606250/606209		Staffing Committee did not	adopted staffing and	Radiology (not reflected in
Interventional		reach consensus on a plan	support are appropriate	the staffing grid above
Radiology/Interventional		for the Hospital, the	based upon unit census and	On Call:
Neuro-Radiology	No	discussions we had with our	acuity.	24 hours per weekend

			ı	
		Presbyterian Hospital at its		
		Columbia University Irving		
	1	Medical Center campus		
	1	("Hospital"), I submit the		
	1	Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		Employee members of the
		submitted to the Clinical		clinical staffing committee
		Staffing Committee on each		submitted their position in a
		of these in-patient nursing		staffing guideline format;
		units. While the Clinical	The Hospital believes that	the Hospital did not receive
		Staffing Committee did not	adopted staffing and	anything additional from
		reach consensus on a plan	support are appropriate	the employee members of
		for the Hospital, the	based upon unit census and	the Clinical Staffing
606202 General Radiology	No	discussions we had with our	,	Committee.
<u> </u>			•	

	Presbyterian Hospital at its		
	Columbia University Irving		
	Medical Center campus		
	("Hospital"), I submit the		
	Hospital's Clinical Staffing		
	Plan. This Staffing Plan		
	encompasses in-patient		
	nursing care units at the		
	Hospital. Over the last year		
	Hospital management has		
	worked collaboratively with		
	the non-management		
	members of the Clinical		
	Staffing Committee		
	discussing with them the		
	working conditions, staffing,		
	physical environment,		
	available resources, census,		
	acuity, and feedback		Employee members of the
	submitted to the Clinical		clinical staffing committee
	Staffing Committee on each		submitted their position in a
	of these in-patient nursing		staffing guideline format;
	units. While the Clinical	The Hospital believes that	the Hospital did not receive
	Staffing Committee did not	adopted staffing and	anything additional from
	reach consensus on a plan	support are appropriate	the employee members of
	for the Hospital, the	based upon unit census and	the Clinical Staffing
No	discussions we had with our	acuity.	Committee.
	No	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

				Г
		Presbyterian Hospital at its		
		Columbia University Irving		
		Medical Center campus		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		Employee members of the
		submitted to the Clinical		clinical staffing committee
		Staffing Committee on each		submitted their position in a
		of these in-patient nursing		staffing guideline format;
		units. While the Clinical	The Hospital believes that	the Hospital did not receive
		Staffing Committee did not	adopted staffing and	anything additional from
		reach consensus on a plan	support are appropriate	the employee members of
606628 Gamma Knife		for the Hospital, the	based upon unit census and	the Clinical Staffing
Program	No	discussions we had with our	acuity.	Committee.

			Г
	Presbyterian Hospital at its		
	Columbia University Irving		
	Medical Center campus		
	("Hospital"), I submit the		
	Hospital's Clinical Staffing		
	Plan. This Staffing Plan		
	encompasses in-patient		
	nursing care units at the		
	Hospital. Over the last year		
	Hospital management has		
	worked collaboratively with		
	the non-management		
	members of the Clinical		
	Staffing Committee		
	discussing with them the		
	working conditions, staffing,		
	physical environment,		
	available resources, census,		
	acuity, and feedback		Employee members of the
	submitted to the Clinical		clinical staffing committee
	Staffing Committee on each		submitted their position in a
	-		staffing guideline format;
	units. While the Clinical	The Hospital believes that	the Hospital did not receive
	Staffing Committee did not	adopted staffing and	anything additional from
	reach consensus on a plan	·	the employee members of
	· ·		the Clinical Staffing
No	discussions we had with our	· · · · · · · · · · · · · · · · · · ·	Committee.
	No	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

ICU Tech
Part-time tech needed on
unit based on labs/case
volume
Additional Patient Care
Information:
Transport1 full time 9-5
exists
Need part-time transport
for lunch/afternoon hours
7

·			ı	
		Presbyterian Hospital at its		
		Columbia University Irving		
		Medical Center campus		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		Employee members of the
		submitted to the Clinical		clinical staffing committee
		Staffing Committee on each		submitted their position in a
		of these in-patient nursing		staffing guideline format;
		units. While the Clinical	The Hospital believes that	the Hospital did not receive
		Staffing Committee did not	adopted staffing and	anything additional from
		reach consensus on a plan	support are appropriate	the employee members of
		for the Hospital, the	based upon unit census and	the Clinical Staffing
605721 Dialysis	No	discussions we had with our	,	Committee.
,			,	

		Presbyterian Hospital at its		
		Columbia University Irving		
		Medical Center campus		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		Additional Patient Care
		members of the Clinical		Information:
		Staffing Committee		Techs are 3 pre and 3 post
		discussing with them the		On-Call24 Hours
		working conditions, staffing,		Weekday: 2 (10 pm-7 am)
		physical environment,		Saturday and Sunday: 5
		available resources, census,		(7am-7 pm, 7pm - 7am)
		acuity, and feedback		
		submitted to the Clinical		2 Circulating, 2 Monitoring,
		Staffing Committee on each		1 Weekend RN
		of these in-patient nursing		Procedure Rooms: 11
		units. While the Clinical	The Hospital believes that	rooms and 2 TEE
		Staffing Committee did not	adopted staffing and	Recovery Rooms: 20
606101, 606104, 606509		reach consensus on a plan	support are appropriate	days/12 nights
Interventional Cardiology		for the Hospital, the	based upon unit census and	Pre-Procedure Rooms: 14
(Cath/EP/TEE)	No	discussions we had with our	acuity.	Post-Procedure 3:1

Employee members of the
clinical staffing committee
submitted their position in a
staffing guideline format;
nat the Hospital did not receive
anything additional from
te the employee members of
and the Clinical Staffing
Committee.
d a

	Presbyterian Hospital at its		
	· ·	1	
	Columbia University Irving		
	Medical Center campus		
	("Hospital"), I submit the		
	Hospital's Clinical Staffing		
	Plan. This Staffing Plan		
	encompasses in-patient		
	nursing care units at the		
	Hospital. Over the last year		
	Hospital management has		
	worked collaboratively with		
	the non-management		
	members of the Clinical		
	Staffing Committee		
	discussing with them the		
	working conditions, staffing,		
	physical environment,		
	available resources, census,		
	acuity, and feedback		
	submitted to the Clinical		
	Staffing Committee on each		RN Ratios
	of these in-patient nursing		1:1
	units. While the Clinical	The Hospital believes that	
	Staffing Committee did not	· '	Additional Patient Care
	reach consensus on a plan	support are appropriate	Information:
	for the Hospital, the		Need for transport assigned
No	discussions we had with our	· · · · · · · · · · · · · · · · · · ·	to Apheresis
	No	Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

		Presbyterian Hospital at its	management staffing	
		Columbia University Irving	committee members were	
		Medical Center campus	unable to reach consensus	
		("Hospital"), I submit the	on this unit's staffing plan.	"RN Ratios
		Hospital's Clinical Staffing	The Hospital believes the	1 (Day & Night) Medsurg
		Plan. This Staffing Plan	adopted guidelines, which	Holds
		encompasses in-patient	include the staffing levels	1:4 Acute overflow
		nursing care units at the	stated in the collective	1:6 Behavioral
		Hospital. Over the last year	bargaining agreement	1:1 Trauma/Code
		Hospital management has	between NYSNA and the	1:2 ICU/Stepdown
		worked collaboratively with	Hospital dated 1/1/23, are	1:3 Stepdown
		the non-management	safe and appropriate. The	1:4'
		members of the Clinical	Hospital also believes that it	1:6'
		Staffing Committee	has adequate 24/7 Unit	1:1'
		discussing with them the	Clerk coverage for infant	1 (Day & Night)
		working conditions, staffing,	security. This unit has	ED Tech Ratios
		physical environment,	available to it nurse and	1:7 Acute overflow
		available resources, census,	support staff float pools to	1:7 No Behavioral
		acuity, and feedback	supplement unit staffing	1:1-1:4 Behavioral
		submitted to the Clinical	and other support	1:7 Trauma/code
		Staffing Committee on each	personnel on this unit that	1:7 ICU/SDU No Behavioral
		of these in-patient nursing	aid in the provision of	NA Ratios
		units. While the Clinical	nursing services, including	1:8 Acute overflow
		Staffing Committee did not	nurse practitioners, child	1:8 Trauma/code
		reach consensus on a plan	life, physical therapy aides,	UAs
609847 CHILD EMERGENCY		for the Hospital, the	members of the	1 Acute overflow
ROOM	No	discussions we had with our	wound/ostomy care team,	1 Trauma/code"
KOOIVI	INU	discussions we had with our	would/ostollly care tealli,	I Hauma/code

			0	
		Presbyterian Hospital at its	reached consensus on RN	
		Columbia University Irving	staffing during the day shift.	
		Medical Center campus	The Hospital disagreed with	"RNs
		("Hospital"), I submit the	and did not adopt the non-	Triage-Waiting 2
		Hospital's Clinical Staffing	management committee	Triage-Pivot 5
		Plan. This Staffing Plan	members' proposal for	Area A (Fast Track) 1:5'
		encompasses in-patient	remaining staffing levels.	ED Tech
		nursing care units at the	The Hospital believes the	Area B 1:1 or 1:2 ICU
		Hospital. Over the last year	adopted guidelines, which	1:3 SDU
		Hospital management has	include the staffing levels	1:4 - 1:6
		worked collaboratively with	stated in the collective	Area C 1:1 or 1:2 ICU
		the non-management	bargaining agreement	1:3 SDU
		members of the Clinical	between NYSNA and the	1:4 - 1:6
		Staffing Committee	Hospital dated 1/1/23, are	Area D 1:5'
		discussing with them the	safe and appropriate. The	1:4-1-6
		working conditions, staffing,	Hospital believes that for	Area E (Admissions) 1:4-1:6
		physical environment,	overnight shifts, there is	Relief Nurse 5 (Midshift)
		available resources, census,	cross-coverage of units	ED Tech
		acuity, and feedback	where an individual Unit	Triage-Waiting 2
		submitted to the Clinical	Clerks may not be present.	Triage-Pivot 3
		Staffing Committee on each	During these hours, there is	Area A (Fast Track) 2
		of these in-patient nursing	a significant reduction of	Area B 1:7'
		units. While the Clinical	Unit Clerk duties including	Area C 1:7'
		Staffing Committee did not	no visitors, less phone calls,	Area D 1:1'
		reach consensus on a plan	no discharges, and a	1:2'
606048 MILSTEIN		for the Hospital, the	decrease in admissions and	1:3'
EMERGENCY DEPARTMENT	No	discussions we had with our	transfers as compared to	1:4'"

Presbyterian Hospital at its management staffing (initial encounter, 10-20 Columbia University Irving committee members were mins), 1:2 (NST, stable, until Medical Center campus unable to reach consensus disposition) ("Hospital"), I submit the on this unit's staffing plan. TRIAGE 1:1 (Laboring); 1:2 Hospital's Clinical Staffing The Hospital believes the (Stable, Non-Laboring, NST) Plan. This Staffing Plan adopted guidelines, which LABOR 1:2 (Stage 1), 1:1 encompasses in-patient include the staffing levels (Stage 2, up to 2 hours postnursing care units at the delivery) stated in the collective Hospital. Over the last year bargaining agreement **Immediate** Preop/Intraop/Postop: 1:1: Hospital management has between NYSNA and the worked collaboratively with up to 2 hours, does not Hospital dated 1/1/23, are the non-management safe and appropriate. The include neonate members of the Clinical Hospital also believes that it PACU: 1:2 (c-section, stable) Staffing Committee has appropriate 24/7 Unit 1:1 (vaginal, cdiscussing with them the Clerk coverage for infant section/hystectomy/PPH, working conditions, staffing, security. This unit has unstable) physical environment, available to it nurse and CCOB 1:1 (unstable, available resources, census, support staff float pools to laboring, recovery); CCOB acuity, and feedback supplement unit staffing 1:2 (stable, non-laboring, submitted to the Clinical and other support recovery) Staffing Committee on each personnel on this unit that HIGH RISK 1:2 (Antepartum, of these in-patient nursing aid in the provision of Post-Delivery, stable) nursing services, including units. While the Clinical Neonate 1:1 for each Staffing Committee did not physical therapy aides, neonate during 1st 2-HOL, reach consensus on a plan members of the until stable wound/ostomy care team, 605250 10T SLOANE LABOR for the Hospital, the Scrub Tech and NA Ratios: and DELIVER discussions we had with our respiratory therapists, Scrub Tech 1:1 per room No

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse **Medical Center campus** coverage on this unit. While ("Hospital"), I submit the the parties have reached a Hospital's Clinical Staffing consensus on the number Plan. This Staffing Plan of unlicensed ancillary encompasses in-patient personnel to staff the night nursing care units at the shift at census points 11-16, "RN Ratios Hospital. Over the last year the Hospital does not agree 1:1 for Experimental Hospital management has that all such personnel must Infusions/ICU Level worked collaboratively with be Nursing Attendants and Monitoring 1:2 Onc + Infusion the non-management maintains that utilizing members of the Clinical unlicensed ancillary 1:3 Med/Surg non-Onc non-**Staffing Committee** personnel (including but not Infusion discussing with them the limited to Nursing **NA Ratios** working conditions, staffing, Attendants) appropriately 1:8 physical environment, meets patient needs. The available resources, census, Hospital disagreed with and Additional Patient Care acuity, and feedback did not adopt the non-Information: submitted to the Clinical management committee Charge RN and CN5 should Staffing Committee on each members' proposal for not be included in grid and of these in-patient nursing remaining staffing levels. ratios **Budgeted CN5s: 1 FTE** units. While the Clinical The Hospital believes the adopted guidelines, which Experimental Infusions/ICU Staffing Committee did not reach consensus on a plan include the staffing levels Level Monitoring/BMT 1:1 NA comes from Nursing for the Hospital, the stated in the collective 609838 5T PED M/S ONC discussions we had with our bargaining agreement Office; Not Part of Grid" No

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse Medical Center campus coverage on this unit at ("Hospital"), I submit the census points 8-24. The Hospital's Clinical Staffing Hospital disagreed with and Plan. This Staffing Plan did not adopt the nonencompasses in-patient management committee nursing care units at the members' proposal for Hospital. Over the last year remaining staffing levels. Hospital management has The Hospital believes the worked collaboratively with adopted guidelines, which "RN Ratios include the staffing levels 1:3' the non-management members of the Clinical stated in the collective **NA Ratios Staffing Committee** bargaining agreement 1:8 discussing with them the between NYSNA and the working conditions, staffing, Hospital dated 1/1/23, are physical environment, safe and appropriate. Additional Patient Care available resources, census, Further, while the non-Information: acuity, and feedback Charge RN and CN5 should management members of not be included in grid and submitted to the Clinical the clinical staffing Staffing Committee on each committee maintain that ratio **Budgeted CN5s: 1 FTE** of these in-patient nursing the Hospital must utilize CPAP, pecialized Patients, units. While the Clinical Nursing Attendants solely, Staffing Committee did not the Hospital maintains that Fresh Post-Op reach consensus on a plan utilizing unlicensed ancillary 1:1 NA comes from Nursing personnel (including but not Office; Not Part of Grid for the Hospital, the 609837 4T PED MSURG/CRC discussions we had with our limited to Nursing No

	Presbyterian Hospital at its	committee reached	
	Columbia University Irving	consensus regarding nurse	
	Medical Center campus	coverage on this unit at	
	("Hospital"), I submit the	census points 4-6, 8, and 9-	
	Hospital's Clinical Staffing	11. While the parties have	
	Plan. This Staffing Plan	reached a consensus on the	
	encompasses in-patient	number of unlicensed	
	nursing care units at the	ancillary personnel to staff	
	Hospital. Over the last year	the day and evening shift at	
	Hospital management has	census points 4-6, the	
	worked collaboratively with	Hospital does not agree that	
	the non-management	all such personnel must be	
	members of the Clinical	Nursing Attendants and	
	Staffing Committee	maintains that utilizing	
	discussing with them the	unlicensed ancillary	
	working conditions, staffing,	personnel (including but not	
	physical environment,	limited to Nursing	
	available resources, census,	Attendants) appropriately	
	acuity, and feedback	meets patient needs. The	Employee members of the
	submitted to the Clinical	Hospital disagreed with and	clinical staffing committee
	Staffing Committee on each	did not adopt the non-	submitted their position in a
	of these in-patient nursing	management committee	staffing guideline format;
	units. While the Clinical	members' proposal for	the Hospital did not receive
	Staffing Committee did not	remaining staffing levels.	anything additional from
	reach consensus on a plan	The Hospital believes the	the employee members of
	for the Hospital, the	adopted guidelines, which	the Clinical Staffing
No	discussions we had with our	include the staffing levels	Commitee.
		Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse coverage on this unit. While Medical Center campus ("Hospital"), I submit the the parties have reached a Hospital's Clinical Staffing consensus on the number Plan. This Staffing Plan of unlicensed ancillary encompasses in-patient personnel to staff the night "RN Ratios nursing care units at the shift at census points 8-16, 1:1 LVAD 1st 24 Hours Hospital. Over the last year the Hospital does not agree 1:3 LVAD 24 Hours+ Hospital management has that all such personnel must **NA Ratios** worked collaboratively with 1:8 be Nursing Attendants and the non-management maintains that utilizing members of the Clinical Additional Patient Care unlicensed ancillary **Staffing Committee** personnel (including but not Information: discussing with them the limited to Nursing Charge RN and CN5 should working conditions, staffing, Attendants) appropriately not be included in ratio physical environment, meets patient needs. The Budgeted CN5s: 1 FTE available resources, census, Hospital disagreed with and Dialysis, Chest Tubes, VADs, acuity, and feedback did not adopt the non-Heart Transplant, submitted to the Clinical management committee Pericardial drains Staffing Committee on each members' proposal for 1:1 NA comes from Nursing of these in-patient nursing remaining staffing levels. Office; Not Part of Grid units. While the Clinical The Hospital believes the CPAP, Telemetry, adopted guidelines, which Plasmapheresis; Inotropic Staffing Committee did not reach consensus on a plan include the staffing levels Drips for the Hospital, the stated in the collective Unstable LVADs should be 609831 6T CARD/NEURO discussions we had with our bargaining agreement transferred to ICU" No

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse **Medical Center campus** coverage on this unit for "RN Ratios ("Hospital"), I submit the census points 7-13. While 1:1 for intubated, ECMO, CVVH, post-op Day 1 organ Hospital's Clinical Staffing the parties have reached a Plan. This Staffing Plan transplants; critical airway consensus on the number encompasses in-patient of unlicensed ancillary 1:2 nursing care units at the personnel to staff census **NA Ratios** Hospital. Over the last year points 4-8, the Hospital 1:8 Hospital management has does not agree that all such worked collaboratively with **Additional Patient Care** personnel must be Nursing the non-management Attendants and maintains Information: members of the Clinical Charge RN should not be that utilizing unlicensed **Staffing Committee** ancillary personnel included in ratio discussing with them the (including but not limited to CN5 shall not be included in working conditions, staffing, **Nursing Attendants)** grid & ratios physical environment, appropriately meets patient Organ Transplant; available resources, census, needs. The Hospital Respiratory Failure, ECMO, CVVH, Vents (oscillators); acuity, and feedback disagreed with and did not submitted to the Clinical adopt the non-management no VADs Staffing Committee on each Cardiac Overflow; Heart committee members' of these in-patient nursing proposal for remaining Failure: Neuro & Ortho staffing levels. The Hospital Overflow units. While the Clinical 1:1 NA comes from Nursing Staffing Committee did not believes the adopted reach consensus on a plan guidelines, which include Office; Not Part of Grid for the Hospital, the the staffing levels stated in Shares RRT with 9T and 609835 9C PED ICU discussions we had with our 11C" No the collective bargaining

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse Medical Center campus coverage on this unit. ("Hospital"), I submit the While the parties have Hospital's Clinical Staffing reached a consensus on the Plan. This Staffing Plan number of unlicensed encompasses in-patient ancillary personnel to staff nursing care units at the the day shift at census Hospital. Over the last year points 3-8 and on the Hospital management has evening shift at census "RN Ratios worked collaboratively with 1:1 fresh post-op, trauma, points 7-8, the Hospital does not agree that all such inubated the non-management members of the Clinical personnel must be Nursing 1:2 **Staffing Committee** Attendants and maintains **NA Ratios** discussing with them the 1:8 that utilizing unlicensed working conditions, staffing, ancillary personnel physical environment, (including but not limited to Additional Patient Care available resources, census, Nursing Attendants) Information: Charge RN should not be acuity, and feedback appropriately meets patient submitted to the Clinical needs. The Hospital included in ratio Staffing Committee on each disagreed with and did not CN5 shall not be included in of these in-patient nursing adopt the non-management grid & ratios Spine and Neuro Surgery, committee members' units. While the Clinical Staffing Committee did not proposal for remaining Trauma reach consensus on a plan staffing levels. The Hospital CRRT, trach to vent 1:1 NA comes from Nursing for the Hospital, the believes the adopted 609826 11C PED ICU discussions we had with our guidelines, which include Office; Not Part of Grid" No

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse Medical Center campus coverage on this unit. While ("Hospital"), I submit the the parties have reached a Hospital's Clinical Staffing consensus on the number Plan. This Staffing Plan of unlicensed ancillary encompasses in-patient personnel to staff census nursing care units at the points 3-8, the Hospital Hospital. Over the last year does not agree that all such Hospital management has personnel must be Nursing worked collaboratively with Attendants and maintains that utilizing unlicensed the non-management members of the Clinical ancillary personnel **Staffing Committee** (including but not limited to discussing with them the Nursing Attendants) working conditions, staffing, appropriately meets patient physical environment, needs. The Hospital available resources, census, disagreed with and did not acuity, and feedback adopt the non-management Employee members of the clinical staffing committee submitted to the Clinical committee members' Staffing Committee on each proposal for remaining submitted their position in a staffing levels. The Hospital staffing guideline format; of these in-patient nursing believes the adopted the Hospital did not receive units. While the Clinical Staffing Committee did not anything additional from guidelines, which include reach consensus on a plan the staffing levels stated in the employee members of the collective bargaining the Clinical Staffing for the Hospital, the discussions we had with our agreement between NYSNA 605234 9N CARD NICU Commitee. No

Presbyterian Hospital at its committee reached Columbia University Irving consensus regarding nurse Medical Center campus coverage on this unit. The ("Hospital"), I submit the Hospital disagreed with and Hospital's Clinical Staffing did not adopt the non-Plan. This Staffing Plan management committee encompasses in-patient members' proposal for nursing care units at the remaining staffing levels. Hospital. Over the last year The Hospital believes the Hospital management has adopted guidelines, which worked collaboratively with include the staffing levels stated in the collective the non-management members of the Clinical bargaining agreement **Staffing Committee** between NYSNA and the discussing with them the Hospital dated 1/1/23, are working conditions, staffing, safe and appropriate. physical environment, Further, while the nonavailable resources, census, management members of acuity, and feedback Employee members of the the clinical staffing clinical staffing committee submitted to the Clinical committee maintain that Staffing Committee on each submitted their position in a the Hospital must utilize of these in-patient nursing Nursing Attendants solely, staffing guideline format; the Hospital did not receive units. While the Clinical the Hospital maintains that Staffing Committee did not utilizing unlicensed ancillary anything additional from reach consensus on a plan personnel (including but not the employee members of limited to Nursing the Clinical Staffing for the Hospital, the 609830 7T NEONATAL ICU discussions we had with our Attendants) appropriately Commitee. No

Presbyterian Hospital at its Committee reached Columbia University Irving consensus regarding nursing Medical Center campus coverage, with the ("Hospital"), I submit the exception of the night shift Hospital's Clinical Staffing RN staffing at census point Plan. This Staffing Plan 5. While the parties have encompasses in-patient reached a consensus on the nursing care units at the number of unlicensed Hospital. Over the last year ancillary personnel to staff Hospital management has the day shift at census "Rn Ratios: 1:1 Post Op, worked collaboratively with Intubated, LVADs, CRRT, points 3-7, the Hospital the non-management does not agree that all such Impelia members of the Clinical personnel must be Nursing NA Ratios: 1:7 **Staffing Committee** Attendants and maintains discussing with them the that utilizing unlicensed Additional Patient Care Info: working conditions, staffing, ancillary personnel Charge and CN5 not in the physical environment, (including but not limited to numbers available resources, census, Nursing Attendants) Fresh cardiac post op, infant acuity, and feedback appropriately meets patient to 21 years old needs. The Hospital submitted to the Clinical Admit from OR, ED, NICU, Staffing Committee on each disagreed with and did not external transfers-high pt of these in-patient nursing adopt the non-management turnover Open chest, bedside committee members' units. While the Clinical procedures, heart Staffing Committee did not proposal for remaining reach consensus on a plan staffing levels. The Hospital transplant 1:1 NA comes from Nursing for the Hospital, the believes the adopted Office; Not part of grid" 609836 9T CARD ICU discussions we had with our guidelines, which include No

1				
		Presbyterian Hospital at its	committee reached	1:1 Newborn care; COVID,
		Columbia University Irving	consensus regarding nurse	Pre/Postop, Pain
		Medical Center campus	coverage for the Nursery in	management
		("Hospital"), I submit the	this unit. The Hospital	1:3 Dyad Postoperative 1st
		Hospital's Clinical Staffing	disagreed with the non-	24 hours; new mothers,
		Plan. This Staffing Plan	management committee	complicated, stable
		encompasses in-patient	members' proposal for	1:1 Dyad; IV Magnesium
		nursing care units at the	remaining staffing levels.	Sulfate (1st hour), Pain
		Hospital. Over the last year	The Hospital believes the	management (1st 30 min)
		Hospital management has	adopted guidelines, which	1:3 Newborn; Post Level III,
		worked collaboratively with	include the staffing levels	Continuing care
		the non-management	stated in the collective	1:3 Dyad care (1 RN: 3
		members of the Clinical	bargaining agreement	mothers/3 newborns),
		Staffing Committee	between NYSNA and the	uncomplicated, routine
		discussing with them the	Hospital dated 1/1/23, are	care, stable
		working conditions, staffing,	safe and appropriate.	NA Ratios
		physical environment,	Further, while the non-	1:8
		available resources, census,	management members of	1 in each Well Baby Nursery
		acuity, and feedback	the clinical staffing	
		submitted to the Clinical	committee maintain that	Additional Patient Care
		Staffing Committee on each	the Hospital must utilize	Information:
		of these in-patient nursing	Nursing Attendants solely,	Charge nurse shall not be
		units. While the Clinical	the Hospital maintains that	included in the assignment
		Staffing Committee did not	utilizing unlicensed ancillary	Postpartum/Postoperative:
		reach consensus on a plan	personnel (including but not	Vaginal delivery, C-Section,
605222 5C/6C OB/GYN		for the Hospital, the	limited to Nursing	BTL
POSTP/NURS	No	discussions we had with our	Attendants) appropriately	Discharge Planning: Dyad

	1			
		Presbyterian Hospital at its	management staffing	continuous EFM, 1:3
		Columbia University Irving	committee members were	without continuous EFM
		Medical Center campus	unable to reach consensus	NA Ratios: 1:10
		("Hospital"), I submit the	on this unit's staffing plan.	
		Hospital's Clinical Staffing	The Hospital believes the	Additional Patient Care Info
		Plan. This Staffing Plan	adopted guidelines, which	Charge RN shal not be
		encompasses in-patient	include the staffing levels	included in assignment.
		nursing care units at the	stated in the collective	High Risk OB cases:
		Hospital. Over the last year	bargaining agreement	Advanced Cervical
		Hospital management has	between NYSNA and the	dilatation, Pre-term labor
		worked collaboratively with	Hospital dated 1/1/23, are	(Singleton/Multiple
		the non-management	safe and appropriate.	gestation)
		members of the Clinical	Further, while the non-	PPROM, Placental
		Staffing Committee	management members of	abnormalities (Previa,
		discussing with them the	the clinical staffing	Accreta/Percreta/Increta),
		working conditions, staffing,	committee maintain that	Placenta Abruptio
		physical environment,	the Hospital must utilize	Maternal/Fetal monitoring
		available resources, census,	Nursing Attendants solely,	(continuous, prolonged &
		acuity, and feedback	the Hospital maintains that	NSTs), Central EKG
		submitted to the Clinical	utilizing unlicensed ancillary	monitoring
		Staffing Committee on each	personnel (including but not	Pain Management:
		of these in-patient nursing	limited to Nursing	PCA/PCEA (Sickle Cell, Post-
		units. While the Clinical	Attendants) appropriately	Op)
		Staffing Committee did not	meets patient needs. The	Complex cases: IUFD,
		reach consensus on a plan	Hospital also believes that it	Comfort care, Urologic
605224 10C OB/GYN		for the Hospital, the	has appropriate 24/7 Unit	(Pyelonephritis,
ANTEP/HIGH RISK	No	discussions we had with our	Clerk coverage for infant	Nephrolithasis),

Presbyterian Hospital at its reached consensus for RN 1:1 BMT Procedures 1:1 or Columbia University Irving staffing and Unit Clerk 1:2 Research staffing on the day shift. Medical Center campus 1:3 Stepdown ("Hospital"), I submit the The Hospital disagreed with Hospital's Clinical Staffing and did not adopt the non-Plan. This Staffing Plan management committee 1:6 encompasses in-patient members' proposal for we already have 4 techs in nursing care units at the remaining staffing levels. the day and hiring for 1 in Hospital. Over the last year The Hospital believes the the evening making it 3 and Hospital management has adopted guidelines, which we have 3.5 at night worked collaboratively with **Additional Patient Care** include the staffing levels stated in the collective the non-management Information: members of the Clinical Charge RN and CN5 shall bargaining agreement Staffing Committee between NYSNA and the not be in ratio discussing with them the Hospital dated 1/1/23, are 1:1 NA comes from Nursing working conditions, staffing, safe and appropriate. Office; Not Part of Grid physical environment, Further, while the non-Chemo RN (rotates with 6 available resources, census, management members of months - Charge RN leaves acuity, and feedback the clinical staffing the floor) submitted to the Clinical Max 6 stepdown between committee maintain that Staffing Committee on each the Hospital must utilize ICU BMT and 6HN of these in-patient nursing Technicians solely, the **Planned Research Patients** Hospital maintains that require additional RN not units. While the Clinical utilizing unlicensed ancillary Staffing Committee did not on grid reach consensus on a plan personnel (including but not BMT procedure happens on limited to ICU Technicians) the unit - planned event for the Hospital, the 605182 HP-11 BMT UNIT discussions we had with our appropriately meets patient that can take 1 to 6 hours -No

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing at all census points except 19 and 22, and Medical Center campus ("Hospital"), I submit the census point 31 on the night Hospital's Clinical Staffing shift. Additionally, the Plan. This Staffing Plan staffing committee reached encompasses in-patient consensus on Unit Clerk "RN Ratios nursing care units at the staffing on the day shift. 1:1 or 1:2 Research Patients Hospital. Over the last year While the parties have 1:3 Stepdown Hospital management has reached a consensus on the 1:4 Medsurg worked collaboratively with number of unlicensed ancillary personnel to staff **ICU Tech Ratios** the non-management members of the Clinical the day shift at census 0.046527778 **Staffing Committee** points 19, 22-25, 28-35, and discussing with them the 37-38; on the evening shift Additional Patient Care working conditions, staffing, at census points 19, 22-27, Information: physical environment, and 35-36; on the night shift Max 6 stepdown between available resources, census, at census points 19-21, 27, BMT and 6HN acuity, and feedback Charge RN and CN5 shall and 35-36, the Hospital does not agree that all such submitted to the Clinical not be in ratio Staffing Committee on each 1:1 NA comes from Nursing personnel must be ICU Technicians and maintains of these in-patient nursing Office; Not Part of Grid that utilizing unlicensed units. While the Clinical Chemo RN not included in Staffing Committee did not ancillary personnel grid reach consensus on a plan (including but not limited to **Planned Research Patients ICU Technicians**) for the Hospital, the require additional RN not 605118 6HN ONCOLOGY discussions we had with our appropriately meets patient on grid" No

		,		
		Presbyterian Hospital at its	reached consensus for RN	
		Columbia University Irving	staffing at census points 16,	
		Medical Center campus	19-20, 23-24, 27-28, and 31-	
		("Hospital"), I submit the	32; and Unit Clerk staffing	
		Hospital's Clinical Staffing	on the day shift. While the	
		Plan. This Staffing Plan	parties have reached a	
		encompasses in-patient	consensus on the number	
		nursing care units at the	of unlicensed ancillary	
		Hospital. Over the last year	personnel to staff the day	
		Hospital management has	shift at census points 15, 22,	
		worked collaboratively with	26, and 28-34, the Hospital	
		the non-management	does not agree that all such	
		members of the Clinical	personnel must be ICU	
		Staffing Committee	Technicians and maintains	
		discussing with them the	that utilizing unlicensed	
		working conditions, staffing,	ancillary personnel	"RN Ratios
		physical environment,	(including but not limited to	1:4
		available resources, census,	ICU Technicians)	
		acuity, and feedback	appropriately meets patient	ICU Tech Ratios
		submitted to the Clinical	needs. The Hospital	1:6 Total Care
		Staffing Committee on each	disagreed with and did not	1:8
		of these in-patient nursing	adopt the non-management	
		units. While the Clinical	committee members'	Additional Patient Care
		Staffing Committee did not	proposal for remaining	Information:
		reach consensus on a plan	staffing levels. The Hospital	Charge RN shall not be
605154 7HS SURG		for the Hospital, the	believes the adopted	included in grid and ratio
ONCOLOGY	No	discussions we had with our	guidelines, which include	No Cluster Room in 7HS"

Presbyterian Hospital at its reached consensus for RN 1:3 (pts requiring frequent Columbia University Irving staffing at census points 10, monitoring; fresh post-Cath; Cardiac Drips; IVIG) Medical Center campus 13, 15-19, and 21-30 and ("Hospital"), I submit the with the exception of the 1:4 Hospital's Clinical Staffing addition of a midshift nurse. Plan. This Staffing Plan The staffing committee also **ICU Tech Ratios** encompasses in-patient reached consensus on Unit 1:7 nursing care units at the Clerk staffing for the day 1:8 Hospital. Over the last year and evening shifts. The Hospital management has Hospital disagreed with and Additional Patient Care worked collaboratively with did not adopt the non-Information: Charge RN and CN5 shall the non-management management committee members of the Clinical members' proposal for not be included in grid and **Staffing Committee** remaining staffing levels. ratio discussing with them the The Hospital believes the All patients are Telemetryworking conditions, staffing, adopted guidelines, which capable physical environment, include the staffing levels Interventional cardiology (Q15 1st hour, Q30 available resources, census, stated in the collective acuity, and feedback afterwards) bargaining agreement between NYSNA and the 1:3 pt requiring frequent submitted to the Clinical Staffing Committee on each Hospital dated 1/1/23, are monitoring: post-op cath, of these in-patient nursing safe and appropriate. transplant rejection with units. While the Clinical Further, while the nonchemo drugs, & cardiac management members of medine pt requiring cardiac Staffing Committee did not reach consensus on a plan the clinical staffing drips for the Hospital, the committee maintain that Midshifter does admission 605425 5HN CARDIAC discussions we had with our the Hospital must utilize ICU Unit has frequent No

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing and Unit Clerk Medical Center campus staffing on the day and ("Hospital"), I submit the evening shift. The Hospital Hospital's Clinical Staffing disagreed with and did not Plan. This Staffing Plan adopt the non-management encompasses in-patient committee members' nursing care units at the proposal for remaining Hospital. Over the last year staffing levels. The Hospital "RN Ratios Hospital management has believes the adopted 1:3 (cardiac drips, PCAs, worked collaboratively with guidelines, which include trach-collar, heart failure) the staffing levels stated in the non-management members of the Clinical the collective bargaining **ICU Tech Ratios Staffing Committee** agreement between NYSNA 1:7 discussing with them the and the Hospital dated working conditions, staffing, 1/1/23, are safe and Additional Patient Care physical environment, appropriate. Further, while Information: available resources, census, the non-management Charge RN and CN5 shall acuity, and feedback members of the clinical not be included in grid and submitted to the Clinical staffing committee maintain ratio Staffing Committee on each Heart failure, prethat the Hospital must of these in-patient nursing transplant, transplant utilize ICU Technicians units. While the Clinical solely, the Hospital rejection All patients are on Staffing Committee did not maintains that utilizing reach consensus on a plan unlicensed ancillary telemetry CNS is not part of the grid for the Hospital, the personnel (including but not 605114 5GS CARDIAC limited to ICU Technicians) and ratio" No discussions we had with our

	Presbyterian Hospital at its	reached consensus for Unit	
	Columbia University Irving	Clerk staffing on the day	
	Medical Center campus	and evening shifts and RN	
	("Hospital"), I submit the	staffing with the exception	
	Hospital's Clinical Staffing	of the addition of a midshift	
	Plan. This Staffing Plan	RN. The Hospital disagreed	
	encompasses in-patient	with and did not adopt the	
	nursing care units at the	non-management	
	Hospital. Over the last year	committee members'	
	Hospital management has	proposal for remaining	
	worked collaboratively with	staffing levels. The Hospital	
	the non-management	believes the adopted	
	members of the Clinical	guidelines, which include	"RN Ratios
	Staffing Committee	the staffing levels stated in	1:3
	discussing with them the	the collective bargaining	
	working conditions, staffing,	agreement between NYSNA	ICU Tech Ratios
	physical environment,	and the Hospital dated	1:6
	available resources, census,	1/1/23, are safe and	
	acuity, and feedback	appropriate. Further, while	Additional Patient Care
	submitted to the Clinical	the non-management	Information:
	Staffing Committee on each	members of the clinical	Charge RN and CN5 shall
	of these in-patient nursing	staffing committee maintain	not be included in grid and
	units. While the Clinical	that the Hospital must	ratio
	Staffing Committee did not	utilize ICU Technicians	Midshift does
	reach consensus on a plan	solely, the Hospital	Admissions/Discharge/Reso
	for the Hospital, the	maintains that utilizing	urce
No	discussions we had with our	unlicensed ancillary	11
	No	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

		Presbyterian Hospital at its	management staffing	
		Columbia University Irving	committee members were	
		Medical Center campus	unable to reach consensus	"RN Ratios
		("Hospital"), I submit the	on this unit's staffing plan.	1:2 LVADs on anti-
		Hospital's Clinical Staffing	The Hospital believes the	coagulation 1:3 Stepdown;
		Plan. This Staffing Plan	adopted guidelines, which	LVADs; Bariatric 1st 24
		encompasses in-patient	include the staffing levels	hours ned continuous O2
		nursing care units at the	stated in the collective	monitoring
		Hospital. Over the last year	bargaining agreement	
		Hospital management has	between NYSNA and the	ICU Tech Ratios
		worked collaboratively with	Hospital dated 1/1/23, are	1:7
		the non-management	safe and appropriate.	
		members of the Clinical	Further, while the non-	Additional Patient Care
		Staffing Committee	management members of	Information:
		discussing with them the	the clinical staffing	Charge RN and CN5 shall
		working conditions, staffing,	committee maintain that	not be included in grid and
		physical environment,	the Hospital must utilize ICU	ratio
		available resources, census,	Technicians solely, the	Surgucal post-op,
		acuity, and feedback	Hospital maintains that	transplants
		submitted to the Clinical	utilizing unlicensed ancillary	1:1 NA comes from Nursing
		Staffing Committee on each	personnel (including but not	Office; Not Part of Grid
		of these in-patient nursing	limited to ICU Technicians)	Total Care Patients
		units. While the Clinical	appropriately meets patient	Up to 15 Stepdown Pts
		Staffing Committee did not	needs. The Hospital believes	Max of 3 ventilators
		reach consensus on a plan	that for overnight shifts,	Average of 10 LVADs
605457 7HN		for the Hospital, the	there is cross-coverage of	LVAD is always Q4
CHEST/STEPDOWN	No	discussions we had with our	units where an individual	Float RNs cannot do LVADs"

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing and Unit Clerk Medical Center campus staffing on the day shift. ("Hospital"), I submit the While the parties have Hospital's Clinical Staffing reached a consensus on the Plan. This Staffing Plan number of unlicensed encompasses in-patient ancillary personnel to staff nursing care units at the the day and evening shifts Hospital. Over the last year at census points 11 and 15-Hospital management has 16, the Hospital does not "RN Ratios worked collaboratively with 1:1 critical post-op, CRRT, agree that all such post-cardiac arrest, liver the non-management personnel must be ICU members of the Clinical Technicians and maintains transplant **Staffing Committee** that utilizing unlicensed discussing with them the ancillary personnel **ICU Tech Ratios** working conditions, staffing, (including but not limited to 1:8-12 physical environment, ICU Technicians) available resources, census, appropriately meets patient Additional Patient Care acuity, and feedback needs. The Hospital Information: disagreed with and did not Charge RN and CN5 shall submitted to the Clinical Staffing Committee on each adopt the non-management not be included in grid and of these in-patient nursing committee members' ratio proposal for remaining Surgucal post-op, units. While the Clinical staffing levels. The Hospital Staffing Committee did not transplants reach consensus on a plan believes the adopted Cardiac arrest guidelines, which include 1:1 NA comes from Nursing for the Hospital, the the staffing levels stated in 605152 4HS SURGICAL ICU Office; Not part of Grid" No discussions we had with our

Presbyterian Hospital at its reached consensus for Unit Columbia University Irving Clerk staffing on the day and evening shifts. The Medical Center campus "1:1 ECMO, Admissions ("Hospital"), I submit the Hospital disagreed with and until stability, Multiple Devices, High Pressors, Hospital's Clinical Staffing did not adopt the non-Plan. This Staffing Plan Several Drips, CRRT management committee encompasses in-patient members' proposal for initiation & w/ Titrations, nursing care units at the remaining staffing levels. Unstable Pt, Open Chest Hospital. Over the last year The Hospital believes the 2:01 1:02 Hospital management has adopted guidelines, which worked collaboratively with include the staffing levels **ICU Tech Ratios** the non-management stated in the collective members of the Clinical 1:10 bargaining agreement **Staffing Committee** between NYSNA and the 1 ICU Tech Per Location discussing with them the Hospital dated 1/1/23, are working conditions, staffing, safe and appropriate. Additional Patient Care physical environment, Further, while the non-Information: available resources, census, management members of 2 Charge RNs and CN5s acuity, and feedback should not be included in the clinical staffing submitted to the Clinical committee maintain that the ratio or grid Staffing Committee on each the Hospital must utilize ICU 2 Locations: Heart Center & Technicians solely, the of these in-patient nursing Milstein Hospital maintains that 2 RTs on Main Side: 1 RT units. While the Clinical utilizing unlicensed ancillary Staffing Committee did not can be shared with HC reach consensus on a plan personnel (including but not CTICU & CCU limited to ICU Technicians) 1:1 NA comes from Nursing for the Hospital, the 605150 5MHB/HH CTICU discussions we had with our appropriately meets patient Office; Not Part of Grid" No

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing at census points 27 and 28 and for the new Medical Center campus "RN Ratios ("Hospital"), I submit the addition of a midshift RN. 1:1 ECMO, Admissions, The staffing committee also Hospital's Clinical Staffing Multiple Devices, High reached consensus for Unit Plan. This Staffing Plan Pressors, Several Drips, encompasses in-patient Clerk staffing during the day CRRT initiation & w/ nursing care units at the shift at census points 17-28. Titrations, pt deemed Hospital. Over the last year The Hospital disagreed with Unstable Hospital management has and did not adopt the non-0.043055556 worked collaboratively with management committee members' proposal for **ICU Tech Ratios** the non-management members of the Clinical remaining staffing levels. 1:8-10 **Staffing Committee** The Hospital believes the discussing with them the Additional Patient Care adopted guidelines, which working conditions, staffing, include the staffing levels Information: physical environment, stated in the collective 2 Charge RNs and CN5 are available resources, census, bargaining agreement not in grids and ratios acuity, and feedback between NYSNA and the CCU has 2 locations: Heart Center & Milstein submitted to the Clinical Hospital dated 1/1/23, are Staffing Committee on each safe and appropriate. Admissions come in day of these in-patient nursing Further, while the nontime units. While the Clinical management members of 1 RT in the main: 1 additional RT shared with Staffing Committee did not the clinical staffing reach consensus on a plan committee maintain that CTICU for HC the Hospital must utilize ICU 1:1 NA comes from Nursing for the Hospital, the Technicians solely, the 605495 5MHB/HH CCU discussions we had with our Office; Not Part of Grid" No

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing and Unit Clerk Medical Center campus staffing on the day shift. ("Hospital"), I submit the While the parties have Hospital's Clinical Staffing reached a consensus on the Plan. This Staffing Plan number of unlicensed encompasses in-patient ancillary personnel to staff nursing care units at the the day shift at census Hospital. Over the last year points 20-24 and night shift Hospital management has at census points 22-24, the worked collaboratively with Hospital does not agree that "RN Ratios all such personnel must be 1:1 ECMO, active ARDS the non-management members of the Clinical w/proning, GI bleed MTP, ICU Technicians and **Staffing Committee** problematic CRRT maintains that utilizing discussing with them the unlicensed ancillary working conditions, staffing, personnel (including but not **ICU Tech Ratios** physical environment, limited to ICU Technicians) 1:8-12 available resources, census, appropriately meets patient acuity, and feedback needs. The Hospital Additional Patient Care disagreed with and did not submitted to the Clinical Information: Staffing Committee on each adopt the non-management Charge RN shall not be in of these in-patient nursing committee members' the ratio proposal for remaining ECMO, CRRT, proning units. While the Clinical staffing levels. The Hospital Staffing Committee did not cardiac arrest, GI bleeds reach consensus on a plan believes the adopted MICU A and MICU B - two guidelines, which include for the Hospital, the locations with 12 beds each the staffing levels stated in 605420 4HN MEDICAL ICU No discussions we had with our

		Presbyterian Hospital at its	reached consensus on RN	
	ı	Columbia University Irving	staffing for the day shift and	
	ı	Medical Center campus	staffing for the night shift at	
	ı	("Hospital"), I submit the	census points 4-7, 10, 13,	
	ı	Hospital's Clinical Staffing	15, 16, and 18; and Unit	
	ı	Plan. This Staffing Plan	Clerk staffing on the day	
	ı	encompasses in-patient	and evening shifts. While	
	ı	nursing care units at the	the parties have reached a	
	ı	Hospital. Over the last year	consensus on the number	
		Hospital management has	of unlicensed ancillary	
	ı	worked collaboratively with	personnel to staff the day	
	ı	the non-management	shift at census points 8 and	
	ı	members of the Clinical	10-18; evening shift at	
		Staffing Committee	census points 11 and 13-18;	"RN Ratios
	ı	discussing with them the	and night shift at census	1:1 CRRT; neuro monitor
	ı	working conditions, staffing,	points 15 and 17-18, the	bundle; brain death/donor
		physical environment,	Hospital does not agree that	pts; post-thrombectomy;
		available resources, census,	all such personnel must be	high grade SAH; TPA (1st 24
	ı	acuity, and feedback	ICU Technicians and	hours)
		submitted to the Clinical	maintains that utilizing	,
		Staffing Committee on each	_	ICU Tech Ratios
	ı	of these in-patient nursing	personnel (including but not	1:8-12
	ı	units. While the Clinical	limited to ICU Technicians)	
		Staffing Committee did not	appropriately meets patient	Additional Patient Care
		reach consensus on a plan	needs. The Hospital	Information:
605476 8GS		for the Hospital, the	disagreed with and did not	Charge RN shall not be in
NEUROLOGICAL ICU	No	•	adopt the non-management	the ratio"
		1		

		, , , , , , , , , , , , , , , , , , , ,	
	Presbyterian Hospital at its	reached consensus on RN	
	Columbia University Irving	staffing at census points 15	
	Medical Center campus	and 16. While the parties	
	("Hospital"), I submit the	have reached a consensus	
	Hospital's Clinical Staffing	on the number of	
	Plan. This Staffing Plan	unlicensed ancillary	
	encompasses in-patient	personnel to staff census	
	nursing care units at the	points 6-8 and the night	"RN Ratios
	Hospital. Over the last year	shift, the Hospital does not	1:1 or 1:2 depending on
	Hospital management has	agree that all such	Research
	worked collaboratively with	personnel must be ICU	1:4 Med/Surg
	the non-management	Technicians and maintains	
	members of the Clinical	that utilizing unlicensed	ICU Tech Ratios
	Staffing Committee	ancillary personnel	1:8
	discussing with them the	(including but not limited to	
	working conditions, staffing,	ICU Technicians)	Additional Patient Care
	physical environment,	appropriately meets patient	Information:
	available resources, census,	needs. The Hospital	Charge RN shall not be in
	acuity, and feedback	disagreed with and did not	the ratio
	submitted to the Clinical	adopt the non-management	1 NA for each shift
	Staffing Committee on each	committee members'	Inpatient Unit; Mainly
	of these in-patient nursing	proposal for remaining	Ortho, ACS, Vascular,
	units. While the Clinical	staffing levels. The Hospital	Hospitalist, GYN/ONC
	Staffing Committee did not	believes the adopted	4 Beds Max for Research /
	reach consensus on a plan	guidelines are safe and	12 Beds Used for Inpatient
	for the Hospital, the	appropriate. The Hospital	1:1s for Research from 4-8
No	discussions we had with our	believes that for overnight	hours at a time"
	No	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

·				
		Presbyterian Hospital at its	reached consensus on RN	
		Columbia University Irving	staffing at census points 22-	
		Medical Center campus	24, 26-28, and 30-26 and	
		("Hospital"), I submit the	Unit Clerk staffing on the	
		Hospital's Clinical Staffing	day shift. While the parties	
		Plan. This Staffing Plan	have reached a consensus	
		encompasses in-patient	on the number of	
		nursing care units at the	unlicensed ancillary	
		Hospital. Over the last year	personnel to staff the day	
		Hospital management has	shift at census points 23, 25,	"RN Ratios
		worked collaboratively with	and 27-29 and the evening	1:4
		the non-management	shift at census points 23 and	
		members of the Clinical	29, the Hospital does not	ICU Tech Ratios
		Staffing Committee	agree that all such	1:6 Total Care
		discussing with them the	personnel must be ICU	1:8
		working conditions, staffing,	· .	
		physical environment,	that utilizing unlicensed	Additional Patient Care
		available resources, census,	ancillary personnel	Information:
		acuity, and feedback	(including but not limited to	Charge RN shall not be in
		submitted to the Clinical	ICU Technicians)	ratio
		Staffing Committee on each	appropriately meets patient	Cluster Room for
		of these in-patient nursing	needs. The Hospital	Observation
		units. While the Clinical	disagreed with and did not	High amount of 1:1 Total
		Staffing Committee did not	adopt the non-management	Cares
		reach consensus on a plan	committee members'	1:1 NA comes from Nursing
605110 6GS MEDICINE		for the Hospital, the	proposal for remaining	Office; Not Part of Grid
(INFECTIOUS DISEASE)	No	-	staffing levels. The Hospital	Remote Tele"
, <u>'</u>				

Presbyterian Hospital at its reached consensus on Unit Columbia University Irving Clerk staffing on the day shift and RN staffing at Medical Center campus "RN Ratios ("Hospital"), I submit the census points 24, 28, 31, 1:4 Hospital's Clinical Staffing and 32. While the parties Plan. This Staffing Plan have reached a consensus **ICU Tech Ratios** encompasses in-patient on the number of nursing care units at the unlicensed ancillary Hospital. Over the last year personnel to staff the day 1:4 Cluster Room for Hospital management has shift at census points 22-23, observation for high fall risk worked collaboratively with 26-27, and 29; the evening shift at census points 22-23 the non-management total care members of the Clinical and 27; and the night shift at census point 23, the **Staffing Committee** discussing with them the Hospital does not agree that Information: working conditions, staffing, all such personnel must be physical environment, ICU Technicians and 4 Bed Cluster Room available resources, census, maintains that utilizing Observer acuity, and feedback unlicensed ancillary submitted to the Clinical personnel (including but not Staffing Committee on each limited to ICU Technicians) Charge RN may do of these in-patient nursing appropriately meets patient units. While the Clinical needs. The Hospital disagreed with and did not 1:1 NA comes from Nursing Staffing Committee did not reach consensus on a plan adopt the non-management for the Hospital, the committee members' High amount of 1:1s 605116 6GN MEDICINE discussions we had with our proposal for remaining No Remote Tele"

1:1 outside of cluster room replenish by nursing office 1:6 for Total Care; 1:8 if not

Additional Patient Care Maximum of 4 Ventilators Charge RN shall not be included in the RN Ratios Peritoneal Dialysis in other units, including VC Adult ED Office; Not Part of Grid

		Presbyterian Hospital at its	reached consensus on	
		Columbia University Irving	staffing levels for Unit	
		Medical Center campus	Clerks on the day shift. The	
		("Hospital"), I submit the	Hospital disagreed with and	
		Hospital's Clinical Staffing	did not adopt the non-	
		Plan. This Staffing Plan	management committee	
		encompasses in-patient	members' proposal for	
		nursing care units at the	remaining staffing levels.	
		Hospital. Over the last year	The Hospital believes the	
		Hospital management has	adopted guidelines, which	
		worked collaboratively with	include the staffing levels	
		the non-management	stated in the collective	
		members of the Clinical	bargaining agreement	
		Staffing Committee	between NYSNA and the	
		discussing with them the	Hospital dated 1/1/23, are	"RN Ratios
		working conditions, staffing,	safe and appropriate.	1:4
		physical environment,	Further, while the non-	
		available resources, census,	management members of	ICU Tech Ratios
		acuity, and feedback	the clinical staffing	1:6 Total Care
		submitted to the Clinical	committee maintain that	1:8
		Staffing Committee on each	the Hospital must utilize ICU	
		of these in-patient nursing	Technicians solely, the	Additional Patient Care
		units. While the Clinical	Hospital maintains that	Information:
		Staffing Committee did not	utilizing unlicensed ancillary	2 Vent-capable beds
		reach consensus on a plan	personnel (including but not	Charge RN shall not be in
		for the Hospital, the	limited to ICU Technicians)	ratio
605161 7GS HOSPITALIST	No	discussions we had with our	appropriately meets patient	Cluster Room"
		•	-	

Presbyterian Hospital at its reached consensus for RN Columbia University Irving staffing and unit clerk Medical Center campus staffing on the day shift. ("Hospital"), I submit the The Hospital disagreed with Hospital's Clinical Staffing and did not adopt the non-Plan. This Staffing Plan management committee encompasses in-patient members' proposal for nursing care units at the remaining staffing levels. Hospital. Over the last year The Hospital believes the Hospital management has adopted guidelines, which worked collaboratively with include the staffing levels stated in the collective the non-management members of the Clinical "RN Ratios bargaining agreement **Staffing Committee** between NYSNA and the 1:3 discussing with them the Hospital dated 1/1/23, are working conditions, staffing, safe and appropriate. **PCT Ratios** physical environment, Further, while the non-1:6 available resources, census, management members of acuity, and feedback the clinical staffing Additional Patient Care submitted to the Clinical committee maintain that Information: Staffing Committee on each the Hospital must utilize ICU Charge RN and CN5 shall of these in-patient nursing Technicians solely, the not be included in the ratio Hospital maintains that RT needed for prelung, hiunits. While the Clinical Staffing Committee did not utilizing unlicensed ancillary flows, vent management reach consensus on a plan personnel (including but not RT works 12 shifts per limited to ICU Technicians) for the Hospital, the month 605112 7GN SDU/MEDICINE discussions we had with our appropriately meets patient Maximum 12 Ventilators" No

Presbyterian Hospital at its reached consensus on Unit Columbia University Irving Clerk staffing during the day shift. While the parties have Medical Center campus ("Hospital"), I submit the reached a consensus on the "RN Ratios Hospital's Clinical Staffing number of unlicensed 1:2 TPA-monitoring Plan. This Staffing Plan ancillary personnel to staff 1:3 Stepdown encompasses in-patient the day shift at census 1:4 Medsurg nursing care units at the points 22-26, 29-33, and 35-Hospital. Over the last year 36; evening shift at census **ICU Tech Ratios** Hospital management has points 23, 25-27, 30-33, and 1:7 worked collaboratively with 35-36; and night shift at **Additional Patient Care** the non-management census points 26-28, 31-33, members of the Clinical and 36, the Hospital does Information: **Staffing Committee** not agree that all such Charge RN shall not be discussing with them the included in the ratio personnel must be ICU working conditions, staffing, Charge RN shall not be Technicians and maintains physical environment, that utilizing unlicensed included in the grid due to available resources, census, ancillary personnel TPA monitoring acuity, and feedback (including but not limited to Up to 9 Stepdown Beds; submitted to the Clinical **ICU Technicians**) Max 5 Vent Patients Staffing Committee on each appropriately meets patient Spinal drain patients need of these in-patient nursing extra monitoring - all needs. The Hospital units. While the Clinical disagreed with and did not stepdown patients Staffing Committee did not adopt the non-management TPA-monitoring is ICU level reach consensus on a plan committee members' (declotting meds; Q30min 605158 8HS for the Hospital, the proposal for remaining 1st 8H & Q1 monitoring discussions we had with our staffing levels. The Hospital 16H" **NEUROSURGERY** No

Presbyterian Hospital at its reached consensus on Unit "RN Ratios Columbia University Irving Clerk day shift staffing. 1:2 TPA-monitoring While the parties have Medical Center campus 1:3 Stepdown ("Hospital"), I submit the 1:4 Medsurg; Epilepsy reached a consensus on the Hospital's Clinical Staffing number of unlicensed Monitoring Plan. This Staffing Plan ancillary personnel to staff encompasses in-patient the day shift at census point **ICU Tech Ratios** nursing care units at the 24, the Hospital does not 1:7 Hospital. Over the last year agree that all such Hospital management has personnel must be ICU Additional Patient Care worked collaboratively with Technicians and maintains Information: that utilizing unlicensed the non-management Charge RN shall not be members of the Clinical included in the ratio ancillary personnel **Staffing Committee** (including but not limited to Charge RN shall not be discussing with them the included in the grid due to ICU Technicians) working conditions, staffing, appropriately meets patient **PPA** monitoring physical environment, needs. The Hospital Maximum of 6 Stepdown available resources, census, disagreed with and did not beds adopt the non-management Max of 3 Vents due to acuity, and feedback submitted to the Clinical committee members' acuity; unit has 6 vent-Staffing Committee on each proposal for remaining capable beds staffing levels. The Hospital TPA-monitoring is ICU level of these in-patient nursing (declotting meds; Q30min units. While the Clinical believes the adopted Staffing Committee did not guidelines, which include 1st 8H & Q1 monitoring 16H reach consensus on a plan the staffing levels stated in **Epilepsy Monitoring Unit** the collective bargaining (max 8 beds; must have 2 for the Hospital, the 605128 8HN NEUROLOGY discussions we had with our agreement between NYSNA RNs for monitoring)" No

Presbyterian Hospital at its reached consensus on nurse Columbia University Irving staffing at census points 5 -Medical Center campus 8. While the parties have ("Hospital"), I submit the reached a consensus on the Hospital's Clinical Staffing number of unlicensed Plan. This Staffing Plan ancillary personnel to staff encompasses in-patient the evening shift at census nursing care units at the points 7-10 and night shift Hospital. Over the last year at census points 9 and 10, Hospital management has the Hospital does not agree "RN Ratios worked collaboratively with that all such personnel must 1:4 be ICU Technicians and the non-management members of the Clinical maintains that utilizing **ICU Tech Ratios Staffing Committee** unlicensed ancillary 1:5 discussing with them the personnel (including but not working conditions, staffing, limited to ICU Technicians) Additional Patient Care physical environment, appropriately meets patient Information: available resources, census, needs. The Hospital Charge RN shall not be acuity, and feedback disagreed with and did not included in the ratio adopt the non-management UA needed around the clock submitted to the Clinical Staffing Committee on each committee members' for admissions of these in-patient nursing proposal for remaining Transplants; Physical staffing levels. The Hospital units. While the Clinical Movement Required; Staffing Committee did not Heavier Pt requiring more believes the adopted reach consensus on a plan guidelines, which include attention the staffing levels stated in for the Hospital, the 8MA shares a Charge RN **605712 8MA MED ANNEX** discussions we had with our with 8GN" No the collective bargaining

-			
	Presbyterian Hospital at its	management staffing	
	Columbia University Irving	committee members were	
	Medical Center campus	unable to reach consensus	
	("Hospital"), I submit the	on this unit's staffing plan.	
	Hospital's Clinical Staffing	The Hospital believes the	
	Plan. This Staffing Plan	adopted guidelines, which	
	encompasses in-patient	include the staffing levels	
	nursing care units at the	stated in the collective	
	Hospital. Over the last year	bargaining agreement	"RN Ratios
	Hospital management has	between NYSNA and the	1:4
	worked collaboratively with	Hospital dated 1/1/23, are	
	the non-management	safe and appropriate.	ICU Tech Ratios
	members of the Clinical	Further, while the non-	1:8
	Staffing Committee	management members of	
	discussing with them the	the clinical staffing	Additional Patient Care
	working conditions, staffing,	committee maintain that	Information:
	physical environment,	the Hospital must utilize ICU	Charge RN shall not be
	available resources, census,	Technicians solely, the	included in the ratio
	acuity, and feedback	Hospital maintains that	Transplants; Physical
	submitted to the Clinical	utilizing unlicensed ancillary	Movement Required;
	Staffing Committee on each	personnel (including but not	Heavier Pt requiring more
	of these in-patient nursing	limited to ICU Technicians)	attention
	units. While the Clinical	appropriately meets patient	8GN is a closed unit
	Staffing Committee did not		8GN shares a Charge RN
	reach consensus on a plan	that for overnight shifts,	with 8MA
	for the Hospital, the	there is cross-coverage of	UA around the clock for
No	discussions we had with our	-	admissions"
	No	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

		Presbyterian Hospital at its	Unit Clerk staffing for the	
		Columbia University Irving	day shift. The Hospital	
		Medical Center campus	disagreed with and did not	
		("Hospital"), I submit the	adopt the non-management	
		Hospital's Clinical Staffing	committee members'	
		Plan. This Staffing Plan	proposal for remaining	
		encompasses in-patient	staffing levels. The Hospital	
		nursing care units at the	believes the adopted	
		Hospital. Over the last year	guidelines, which include	
		Hospital management has	the staffing levels stated in	"RN Ratios
		worked collaboratively with	the collective bargaining	1:4
		the non-management	agreement between NYSNA	
		members of the Clinical	and the Hospital dated	ICU Techs Ratios
		Staffing Committee	1/1/23, are safe and	1:7
		discussing with them the	appropriate. Further, while	
		working conditions, staffing,	the non-management	Additional Patient Care
		physical environment,	members of the clinical	Information:
		available resources, census,	staffing committee maintain	Charge RN and CN5 shall
		acuity, and feedback	that the Hospital must	not be in ratio
		submitted to the Clinical	utilize ICU Technicians	High amount of 1:1 Total
		Staffing Committee on each	solely, the Hospital	Cares
		of these in-patient nursing	maintains that utilizing	1:1 NA comes from Nursing
		units. While the Clinical	unlicensed ancillary	Office; Not Part of Grid
		Staffing Committee did not	personnel (including but not	Budgeted CN5s: 1 FTE
		reach consensus on a plan	limited to ICU Technicians)	Hospitalist, ENT,
605124 9GS		for the Hospital, the	appropriately meets patient	Orthopedic, Remote
HOSPITALIST/ORTHO/SURG	No	discussions we had with our	needs. The Hospital believes	Telemetry"

		Presbyterian Hospital at its	reached consensus on RN	
		Columbia University Irving	staffing for all census levels	
		Medical Center campus	and shifts and Unit Clerk	
		("Hospital"), I submit the	staffing for the day shift.	
		Hospital's Clinical Staffing	The Hospital disagreed with	
		Plan. This Staffing Plan	and did not adopt the non-	
		encompasses in-patient	management committee	
		nursing care units at the	members' proposal for	
		Hospital. Over the last year	remaining staffing levels.	
		Hospital management has	The Hospital believes that	
		worked collaboratively with	current staffing and support	
		the non-management	are appropriate based upon	
		members of the Clinical	unit census and acuity, and	
		Staffing Committee	that it is consistent with the	
		discussing with them the	requirements set forth in	
		working conditions, staffing,	the collective bargaining	
		physical environment,	agreement between the	
		available resources, census,	Hospital and NYSNA dated	
		acuity, and feedback	1/1/23. Further, while the	
		submitted to the Clinical	non-management members	
		Staffing Committee on each	of the clinical staffing	"RN Ratios
		of these in-patient nursing	committee maintain that	1:6
		units. While the Clinical	the Hospital must utilize ICU	
		Staffing Committee did not	Technicians solely, the	MHW Ratios
		reach consensus on a plan	Hospital maintains that	1:3
		for the Hospital, the	utilizing unlicensed ancillary	
605501 9GN PSYCH	No	discussions we had with our	personnel (including but not	ECT patients?"

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
	609871 MSCH HIP			
Oncology	7/Oncology Infusion	0	0	0
Endoscopy	609852 ENDO	0	0	0
Other	609839 Pre/Post Anesthesia	0	0	0
Other	609834 OR	1	8	1
Other	605340 Cystoscopy	0	0	0
Endoscopy	606929 ENDO	0	0	0
Other	605325 Pre/Post Anesthesia	10	3	24
Other	605320 OR	3	8	5
Transplant	605160 9H TRANSPLANT / DIRECT ADMITS 609853 MSCH 7	13	2	39.14
Infusion Services	Central/Infusion Center	0	0	0
	609850 MSCH			
Other	Interventional Radiology	0	0	0
Magnetic Resonance Imaging	609850 MSCH MRI	1	3	6.46
Ambulatory Surgery	609850 MSCH PACU	0	0	0
Cardiac Catheterization/EP	609850 MSCH Catheterization Lab	0	0	0
Infusion Services	606117 Therapeutic infusion	0	0	0
Other	606250/606209 Interventional Radiology/Interventional Neuro-Radiology	1.56	3	0.53

			1	1
Nuclear Medicine/Radiology	606202 General Radiology	2	8	73.08
	606747 PH14 Outpatient			7 6.00
Outpatient Clinics	Transplant Clinic	0	0	0
	606628 Gamma Knife	<u> </u>	·	-
Other	Program	0.3	15	0.31
	606544 HIP 14 Adult			0.02
Infusion Services	Infusion Center	0	0	0
		<u> </u>	·	-
Oncology	606246 Radiation Oncology	0	0	0
Dialysis O/P	605721 Dialysis	1.5	0	3.54
	606101, 606104, 606509			
	Interventional Cardiology			
Cardiac Catheterization/EP	(Cath/EP/TEE)	3	2	11.84
	606546 HIP 9 Adult			
Infusion Services	Research Infusion Center	0	0	0
		_		
Infusion Services	606118 Milstein Apheresis	0	0	0
	609847 CHILD EMERGENCY			
Emergency Department	ROOM	12	2.51	35.86
	606048 MILSTEIN			
Emergency Department	EMERGENCY DEPARTMENT	22.71	3.07	55.4
	605250 10T SLOANE LABOR			
Obstetrics/Gynecology	and DELIVER	17	10.75	11.86
Pediatric	609838 5T PED M/S ONC	10	4	20.6
Pediatric	609837 4T PED MSURG/CRC	7	2	21.4
rediatric	609848 8C PED	1	2	21.4
Pediatric	PROGRESSIVE CARE UNIT	5	Λ	10.53
Pediatric	609831 6T CARD/NEURO	10	3	23.56
Pediatric	609835 9C PED ICU	10	6	11.83
Pediatric	609826 11C PED ICU	10	6	12.56
	605234 9N CARD NICU		7	ł
Neonatal	005254 SIN CAKD INICU	14		15.65
Neonatal	609830 7T NEONATAL ICU	32	4	58.23
Pediatric	609836 9T PEDS CARD ICU	12	7	12.98

	605222 5C/6C OB/GYN			
Obstetrics/Gynecology	POSTP/NURS	15	2	50
	605224 10C OB/GYN			
Obstetrics/Gynecology	ANTEP/HIGH RISK	6	3	16.46
Oncology	605182 HP-11 BMT UNIT	6	3	15.31
Oncology	605118 6HN ONCOLOGY	10	2	33.81
	605154 7HS SURG			
Oncology	ONCOLOGY	9	2	31.05
Cardiovascular	605425 5HN CARDIAC	9	3	25.25
Cardiovascular	605114 5GS CARDIAC	9	2	31.64
	605427 5GN SURG			
Stepdown	STEPDOWN	14	3	31.68
	605457 7HN			
Stepdown	CHEST/STEPDOWN	11	3	31.42
·				
Intensive Care	605152 4HS SURGICAL ICU	10	5	13.64
Intensive Care	605150 5MHB/HH CTICU	24	7	27.34
Intensive Care	605495 5MHB/HH CCU	18	5	25.68
Intensive Care	605420 4HN MEDICAL ICU	15	5	22.09
	605476 8GS			
Intensive Care	NEUROLOGICAL ICU	10	5	15.41
	606549 HP 10X ONC			
Infusion Services	RESEARCH	2	2	9.91
	605110 6GS MEDICINE			
Medical/Surgical	(INFECTIOUS DISEASE)	9	2	29.76
Medical/Surgical	605116 6GN MEDICINE	9	2	30.58
Medical/Surgical	605161 7GS HOSPITALIST	8	2	31.42
Stepdown	605112 7GN SDU/MEDICINE	11	3	28.5
	605158 8HS			
Neurology	NEUROSURGERY	8	2	27.54
Neurology	605128 8HN NEUROLOGY	8	2	24.21
Medical/Surgical	605712 8MA MED ANNEX	2	2	8.67
, 5	605710 8GN			
Rehabilitaion	REHABILITATION	3	2	14.02
		<u> </u>		-
	605124 9GS			
Orthopedics	HOSPITALIST/ORTHO/SURG	8	2	33.39
Psychiatry	605501 9GN PSYCH	4	1	23.36

LPN NIGHT SHIFT STAFFING		
Name of Clinical Unit:	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Oncology	0	0
Endoscopy	0	0
Other	0	0
Other	1	0
Other	0	0
Endoscopy	0	0
Other	2	0
Other	1	0
Transplant	3.01	0
Infusion Services	0	0
Other	0	0
Magnetic Resonance		
Imaging	3	0
Ambulatory Surgery	0	0
Cardiac Catheterization/EP	0	0
Infusion Services	0	0
Other	3	0
Nuclear Medicine/Radiology	1	0
Outpatient Clinics	0	0
Other	0.5	0
Infusion Services	0	0
Oncology	0	0
Dialysis O/P	1.5	0
Cardiac Catheterization/EP	3.5	0
Infusion Services	0	0

Infusion Services	0	0
Emergency Department	6	0
Emergency Department	6	0
Obstetrics/Gynecology	0.7	0
Pediatric	2.06	0
Pediatric	3.06	0
Pediatric	2.11	0
Pediatric	2.36	0
Pediatric	1.18	0
Pediatric	1.26	0
Neonatal	1.12	0
Neonatal	1.82	0
Pediatric	1.08	0
Obstetrics/Gynecology	3.33	0
Obstetrics/Gynecology	2.74	0
Oncology	2.55	0
Oncology	3.38	0
Oncology	3.45	0
Cardiovascular	2.81	0
Cardiovascular	3.52	0
Stepdown	2.26	0
Stepdown	2.86	0
Intensive Care	1.36	0
Intensive Care	1.14	0
Intensive Care	1.43	0
Intensive Care	1.47	0
Intensive Care	1.54	0
Infusion Services	4.96	0
Medical/Surgical	3.31	0
Medical/Surgical	3.4	0
Medical/Surgical	3.93	0
Stepdown	2.59	0
Neurology	3.44	0
Neurology	3.03	0
Medical/Surgical	4.34	0
Rehabilitaion	4.67	0
Orthopedics	4.17	0
Psychiatry	5.84	0

NIGHT SHIFT ANCILLARY STA	· ·	
Nome of Clinical Units	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5
Name of Clinical Unit:	up to 5 digits. Ex: 101.50)	digits. Ex: 101.50)
Oncology	0	0
Endoscopy	0	0
Other	0	0
Other	0	0
Other	0	0
Endoscopy	0	0
Other	0	0
Other	0	0
Transplant	0	0
Infusion Services	0	0
Other	0	0
Magnetic Resonance Imaging	0	0
Ambulatory Surgery	0	0
Cardiac Catheterization/EP Infusion Services	0	0
Other Nuclear Medicine/Radiology	0	0
Outpatient Clinics	0	0
Other	0	0
Infusion Services	0	0
Oncology	0	0
Dialysis O/P	0	0
Cardiac Catheterization/EP	0	0
Infusion Services	0	0
Infusion Services	0	0

Emergency Department 0 0 Emergency Department 0 0 Obstetrics/Gynecology 0 0 Pediatric 0 0 Neonatal 0 0 Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0 Oncology 0 0	
Obstetrics/Gynecology 0 0 Pediatric 0 0 Neonatal 0 0 Neonatal 0 0 Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0	
Pediatric 0 0 Neonatal 0 0 Neonatal 0 0 Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0	
Pediatric 0 0 Neonatal 0 0 Neonatal 0 0 Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0 Oncology 0 0	
Pediatric 0 0 Pediatric 0 0 Pediatric 0 0 Pediatric 0 0 Neonatal 0 0 Neonatal 0 0 Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0	
Pediatric 0 0 Pediatric 0 0 Pediatric 0 0 Neonatal 0 0 Neonatal 0 0 Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0	
Pediatric 0 0 Pediatric 0 0 Neonatal 0 0 Neonatal 0 0 Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0 Oncology 0 0	
Pediatric 0 0 Neonatal 0 0 Neonatal 0 0 Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0 Oncology 0 0	
Neonatal 0 0 Neonatal 0 0 Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0 Oncology 0 0	
Neonatal 0 0 Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0	
Pediatric 0 0 Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0	
Obstetrics/Gynecology 0 0 Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0	
Obstetrics/Gynecology 0 0 Oncology 0 0 Oncology 0 0	
Oncology 0 0 Oncology 0 0	
Oncology 0 0	
Oncology	
Chicology 0	
Cardiovascular 0 0	
Cardiovascular 0 0	
Stepdown 0 0	
Stepdown 0 0	
Intensive Care 0 0	
Intensive Care 0 0	
Intensive Care 0 0	
Intensive Care 0 0	
Intensive Care 0 0	
Infusion Services 0 0	
Medical/Surgical 0 0	
Medical/Surgical 0 0	
Medical/Surgical 0 0	
Stepdown 0 0	
Neurology 0 0	
Neurology 0 0	
Medical/Surgical 0 0	
Rehabilitaion 0 0	
Orthopedics 0 0	
Psychiatry 0 0	

	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5
Name of Clinical Unit:	digits. Ex: 101.50)	digits. Ex: 101.50)
Oncology	0	0
Endoscopy	0	0
Other	0	0
Other	0	1
Other	0	0
Endoscopy	0	0
Other	0	2
Other	0	2
Transplant	0	4
Infusion Services	0	0
Other	0	0
Magnetic Resonance		
Imaging	0	2
Ambulatory Surgery	0	0
Cardiac Catheterization/EP	0	0
Infusion Services	0	0
Other	0	0
Nuclear Medicine/Radiology	0	0
Outpatient Clinics	0	0
Other	0	0
Infusion Services	0	0
Oncology	0	0
Dialysis O/P	0	0
Cardiac Catheterization/EP	0	1
Infusion Services	0	0
Infusion Services	0	0
Emergency Department	0	2.5

Emergency Department	0	9
Obstetrics/Gynecology	0	1
Pediatric	0	1
Pediatric	0	1
Pediatric	0	0
Pediatric	0	1
Pediatric	0	1
Pediatric	0	0
Neonatal	0	1
Neonatal	0	1
Pediatric	0	1
Obstetrics/Gynecology	0	2
Obstetrics/Gynecology Obstetrics/Gynecology	0	1
	0	2
Oncology Oncology	0	3
Oncology	0	2
Cardiovascular	0	2
Cardiovascular	0	2
		1
Stepdown	0	
Stepdown	0	1
Intensive Care	0	1
Intensive Care	0	2
Intensive Care	0	2
Intensive Care	0	2
Intensive Care	0	1
Infusion Services	0	1
Medical/Surgical	0	2
Medical/Surgical	0	2
Medical/Surgical	0	2
Stepdown	0	2
Neurology	0	3
Neurology	0	1
Medical/Surgical	0	0
Rehabilitaion	0	1
Orthopedics	0	4
Psychiatry	0	2

Name of Clinical Unit:	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Oncology	0
Endoscopy	0
Other	0
Other	8
Other	0
Endoscopy	0
Other	1
Other	5 1
Transplant Infusion Services	
Other	0
Magnetic Resonance	0
Imaging	5
Ambulatory Surgery	0
Ambulatory Surgery	- U
Cardiac Catheterization/EP	0
Infusion Services	0
Other	0
Nuclear Medicine/Radiology	0
Outpatient Clinics	0
Other	0
Infusion Services	0
Oncology Dialysis O/P	
Dialysis O/P	0
Cardiac Catheterization/EP	1
Infusion Services	0
Infusion Services	0

Emergency Department	0.52
Emergency Department	1.22
Obstetrics/Gynecology	0.63
Pediatric	1
Pediatric	1
Pediatric	0
Pediatric	1
Pediatric	1
Pediatric	0
Neonatal	1
Neonatal	1
Pediatric	1
Obstetrics/Gynecology	1
Obstetrics/Gynecology	1
Oncology	1
Oncology	1
Oncology	1
Cardiovascular	1
Cardiovascular	1
Stepdown	1
Stepdown	1
Intensive Care	1
Infusion Services	1
Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1
Stepdown	1
Neurology	1
Neurology	1
Medical/Surgical	0
Rehabilitaion	1
Orthopedics	1
Psychiatry	1

Name of Clinical Unit:	Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff		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
	and ancillary staff.	staffing plan for this unit: Yes	this unit:	(management members):
Oncology	Unit closed overnight.			
Endoscopy	Unit closed overnight.	Yes		
Other	Unit closed overnight.	Yes		

	"Other support personnel		
	that aid perioperative		
	services include: Unit Clerk,		
	Anesthesia, Perfusion,		
	Pharmacy, and Child Life,		
	radiology, biomed, IT,		
	supply chain. Each shift has		
	a Charge RN supporting the		
	team as well.		
Other	II .	Yes	
Other	Unit closed overnight.	Yes	
Endoscopy	Unit closed overnight.	Yes	
	"Other support personnel		
	that aid perioperative		
	services include: Unit Clerk,		
	Anesthesia, Pharmacy,		
	radiology, biomed, IT,		
	supply chain and CSPD.		
	Each shift has a Charge RN		
	supporting the team as		
	well.		
Other	11	Yes	
	"Other support personnel		
	that aid perioperative		
	services include: Unit Clerk,		
	Anesthesia, Pharmacy,		
	radiology, biomed, IT,		
	supply chain and CSPD.		
	Each shift has a Charge RN		
	supporting the team as		
	well.		
Other	п	Yes	

	Nurse and support staff		
	float pools are available to		
	supplement unit staffing.		
	Other support personnel		
	that aid nursing services		
	include physical therapy		
	aides, occupational therapy		
	aides, wound/ostomy care		
	team, respiratory		
	therapists, phlebotomists,		
	pharmacy technicians,		
	social workers, care		
	managers, IV team, EKG		
	techs, unit assistants, and		
Transplant	transport team.	Yes	

		Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the	
		Medical Center campus	
		· ·	
		("Hospital"), I submit the	
		Hospital's Clinical Staffing	
		Plan. This Staffing Plan	
		encompasses in-patient	
		· · · · · · · · · · · · · · · · · · ·	
		_	
		Hospital management has	
		the non-management	
		members of the Clinical	
		Staffing Committee	
		discussing with them the	
		working conditions, staffing,	
		available resources, census,	
			Consensus was reached in
		submitted to the Clinical	regards to the RN staffing
		Staffing Committee on each	for this area. Consensus was
		of these in-patient nursing	not reached for the ancillary
		units. While the Clinical	staff. The Hospital believes
		Staffing Committee did not	that adopted staffing and
		reach consensus on a plan	support are appropriate
		for the Hospital, the	based upon unit census and
ed overnight.	No	discussions we had with our	acuity.
	ed overnight.	ed overnight. No	nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

	1			Г
			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
			members of the Clinical	
			Staffing Committee	
			discussing with them the	
			working conditions, staffing,	
			physical environment,	
			available resources, census,	
			acuity, and feedback	Consensus was reached in
			submitted to the Clinical	regards to the RN staffing
			Staffing Committee on each	for this area. Consensus was
			of these in-patient nursing	not reached for the ancillary
			units. While the Clinical	staff. The Hospital believes
			Staffing Committee did not	that adopted staffing and
			reach consensus on a plan	support are appropriate
			for the Hospital, the	based upon unit census and
Other	Unit closed overnight.	No	discussions we had with our	acuity.

	1			
			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
			members of the Clinical	
			Staffing Committee	
			discussing with them the	
			working conditions, staffing,	
			physical environment,	
			available resources, census,	
			acuity, and feedback	Consensus was reached in
	This unit has available to it		submitted to the Clinical	regards to the RN staffing
	special procedure techs,		Staffing Committee on each	for this area. Consensus was
	patient navigator, child life		of these in-patient nursing	not reached for the ancillary
	specialists, administrative		units. While the Clinical	staff. The Hospital believes
	coordinator, cardio-		Staffing Committee did not	that adopted staffing and
	catherization tech, and		reach consensus on a plan	support are appropriate
Magnetic Resonance	inventory specialist support		for the Hospital, the	based upon unit census and
Imaging	operations of 3T.	No	discussions we had with our	acuity.

Г				
			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
			members of the Clinical	
			Staffing Committee	
			discussing with them the	
			working conditions, staffing,	
			physical environment,	
			available resources, census,	
			acuity, and feedback	Consensus was reached in
			submitted to the Clinical	regards to the RN staffing
			Staffing Committee on each	for this area. Consensus was
			of these in-patient nursing	not reached for the ancillary
			units. While the Clinical	staff. The Hospital believes
			Staffing Committee did not	that adopted staffing and
			reach consensus on a plan	support are appropriate
			for the Hospital, the	based upon unit census and
Ambulatory Surgery	Unit closed overnight.	No	discussions we had with our	acuity.

Т				,
			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
			members of the Clinical	
			Staffing Committee	
			discussing with them the	
			working conditions, staffing,	
			physical environment,	
			available resources, census,	
			acuity, and feedback	Consensus was reached in
			submitted to the Clinical	regards to the RN staffing
				for this area. Consensus was
			of these in-patient nursing	not reached for the ancillary
			units. While the Clinical	staff. The Hospital believes
			Staffing Committee did not	that adopted staffing and
			reach consensus on a plan	support are appropriate
			for the Hospital, the	based upon unit census and
Cardiac Catheterization/EP	Unit closed overnight.	No	discussions we had with our	acuity.
ca. aide catifeterization/ El	ome crosed overinging.	140	alsoassions we had with our	acaity.

			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
	This unit has available to it		members of the Clinical	
	nurse and support staff		Staffing Committee	
	float pools to supplement		discussing with them the	
	unit staffing. Other support		working conditions, staffing,	
	personnel that aid nursing		physical environment,	
	services include physical		available resources, census,	
	therapy aides, occupational		acuity, and feedback	
	therapy aides,		submitted to the Clinical	
	wound/ostomy care team,		Staffing Committee on each	
	respiratory therapists,		of these in-patient nursing	
	phlebotomists, pharmacy		units. While the Clinical	The Hospital believes that
	technicians, social workers,		Staffing Committee did not	adopted staffing and
	care managers, IV team,		reach consensus on a plan	support are appropriate
	EKG techs, unit assistants,		for the Hospital, the	based upon unit census and
Infusion Services	and transport team.	No	discussions we had with our	acuity.

		Presbyterian Hospital at its	
		Columbia University Irving	
		Medical Center campus	
		("Hospital"), I submit the	
		Hospital's Clinical Staffing	
		Plan. This Staffing Plan	
		encompasses in-patient	
		nursing care units at the	
		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
This unit has available to it		members of the Clinical	
nurse and support staff		Staffing Committee	
float pools to supplement		discussing with them the	
unit staffing. Other support		working conditions, staffing,	
		<u> </u>	
-			
, ,			
		submitted to the Clinical	
, ,		Staffing Committee on each	
· ·		_	
		units. While the Clinical	The Hospital believes that
technicians, social workers,		Staffing Committee did not	adopted staffing and
,		reach consensus on a plan	support are appropriate
		· ·	based upon unit census and
and transport team.	No	discussions we had with our	acuity.
	nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,	nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,

				1
			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
			members of the Clinical	
			Staffing Committee	
			discussing with them the	
			working conditions, staffing,	
			physical environment,	
			available resources, census,	
			acuity, and feedback	
			submitted to the Clinical	
			Staffing Committee on each	
			of these in-patient nursing	
			units. While the Clinical	The Hospital believes that
			Staffing Committee did not	adopted staffing and
			reach consensus on a plan	support are appropriate
			for the Hospital, the	based upon unit census and
Nuclear Medicine/Radiology	Unit closed overnight.	No	discussions we had with our	acuity.
,	3 -	1		,

ı			
		Presbyterian Hospital at its	
		Columbia University Irving	
		Medical Center campus	
		("Hospital"), I submit the	
		Hospital's Clinical Staffing	
		Plan. This Staffing Plan	
		encompasses in-patient	
		nursing care units at the	
		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
		members of the Clinical	
		Staffing Committee	
		discussing with them the	
		working conditions, staffing,	
		physical environment,	
		available resources, census,	
		acuity, and feedback	
		submitted to the Clinical	
		Staffing Committee on each	
		of these in-patient nursing	
		units. While the Clinical	The Hospital believes that
		Staffing Committee did not	adopted staffing and
		reach consensus on a plan	support are appropriate
		for the Hospital, the	based upon unit census and
Unit closed overnight.	No	discussions we had with our	acuity.
			Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

		Presbyterian Hospital at its	
		Columbia University Irving	
		Medical Center campus	
		("Hospital"), I submit the	
		Hospital's Clinical Staffing	
		Plan. This Staffing Plan	
		encompasses in-patient	
		nursing care units at the	
		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
This unit has available to it		members of the Clinical	
nurse and support staff		Staffing Committee	
float pools to supplement		discussing with them the	
unit staffing. Other support		working conditions, staffing,	
		<u> </u>	
-			
, ,			
		submitted to the Clinical	
, ,		Staffing Committee on each	
· ·		_	
		units. While the Clinical	The Hospital believes that
technicians, social workers,		Staffing Committee did not	adopted staffing and
,		reach consensus on a plan	support are appropriate
		· ·	based upon unit census and
and transport team.	No	discussions we had with our	acuity.
	nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,	nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,

			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
	This unit has available to it		members of the Clinical	
	nurse and support staff		Staffing Committee	
	float pools to supplement		discussing with them the	
	unit staffing. Other support		working conditions, staffing,	
	personnel that aid nursing		physical environment,	
	services include physical		available resources, census,	
	therapy aides, occupational		acuity, and feedback	
	therapy aides,		submitted to the Clinical	
	wound/ostomy care team,		Staffing Committee on each	
	respiratory therapists,		of these in-patient nursing	
	phlebotomists, pharmacy		units. While the Clinical	The Hospital believes that
	technicians, social workers,		Staffing Committee did not	adopted staffing and
	care managers, IV team,		reach consensus on a plan	support are appropriate
	EKG techs, unit assistants,		for the Hospital, the	based upon unit census and
Infusion Services	and transport team.	No	discussions we had with our	acuity.

i r				
			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
			members of the Clinical	
			Staffing Committee	
			discussing with them the	
			working conditions, staffing,	
			physical environment,	
			available resources, census,	
			acuity, and feedback	
			submitted to the Clinical	
			Staffing Committee on each	
			of these in-patient nursing	
			units. While the Clinical	The Hospital believes that
			Staffing Committee did not	adopted staffing and
			reach consensus on a plan	support are appropriate
			for the Hospital, the	based upon unit census and
Oncology	Unit closed overnight.	No	discussions we had with our	acuity.

r	1			
			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
	This unit has available to it		members of the Clinical	
	nurse and support staff		Staffing Committee	
	float pools to supplement		discussing with them the	
	unit staffing. Other support		working conditions, staffing,	
	personnel that aid nursing		physical environment,	
	services include physical		available resources, census,	
	therapy aides, occupational		acuity, and feedback	
	therapy aides,		submitted to the Clinical	
	wound/ostomy care team,		Staffing Committee on each	
	respiratory therapists,		of these in-patient nursing	
	phlebotomists, pharmacy		units. While the Clinical	The Hospital believes that
	technicians, social workers,		Staffing Committee did not	adopted staffing and
	care managers, IV team,		reach consensus on a plan	support are appropriate
	EKG techs, unit assistants,		for the Hospital, the	based upon unit census and
Dialysis O/P	and transport team.	No	discussions we had with our	acuity.
Dialysis O/P	technicians, social workers, care managers, IV team, EKG techs, unit assistants,	No	Staffing Committee did not reach consensus on a plan for the Hospital, the	adopted staffing and support are appropriate based upon unit census and

			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
	This unit has available to it		members of the Clinical	
	nurse and support staff		Staffing Committee	
	float pools to supplement		discussing with them the	
	unit staffing. Other support		working conditions, staffing,	
	personnel that aid nursing		physical environment,	
	services include physical		available resources, census,	
	therapy aides, occupational		acuity, and feedback	
	therapy aides,		submitted to the Clinical	
	wound/ostomy care team,		Staffing Committee on each	
	respiratory therapists,		of these in-patient nursing	
	phlebotomists, pharmacy		units. While the Clinical	The Hospital believes that
	technicians, social workers,		Staffing Committee did not	adopted staffing and
	care managers, IV team,		reach consensus on a plan	support are appropriate
	EKG techs, unit assistants,		for the Hospital, the	based upon unit census and
Cardiac Catheterization/EP	and transport team.	No	discussions we had with our	acuity.

			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
	This unit has available to it		members of the Clinical	
	nurse and support staff		Staffing Committee	
	float pools to supplement		discussing with them the	
	unit staffing. Other support		working conditions, staffing,	
	personnel that aid nursing		physical environment,	
	services include physical		available resources, census,	
	therapy aides, occupational		acuity, and feedback	
	therapy aides,		submitted to the Clinical	
	wound/ostomy care team,		Staffing Committee on each	
	respiratory therapists,		of these in-patient nursing	
	phlebotomists, pharmacy		units. While the Clinical	The Hospital believes that
	technicians, social workers,		Staffing Committee did not	adopted staffing and
	care managers, IV team,		reach consensus on a plan	support are appropriate
	EKG techs, unit assistants,		for the Hospital, the	based upon unit census and
Infusion Services	and transport team.	No	discussions we had with our	acuity.

			Presbyterian Hospital at its	
			Columbia University Irving	
			Medical Center campus	
			("Hospital"), I submit the	
			Hospital's Clinical Staffing	
			Plan. This Staffing Plan	
			encompasses in-patient	
			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
			members of the Clinical	
			Staffing Committee	
			discussing with them the	
			working conditions, staffing,	
			physical environment,	
			available resources, census,	
			acuity, and feedback	
			submitted to the Clinical	
			Staffing Committee on each	
			of these in-patient nursing	
			units. While the Clinical	The Hospital believes that
			Staffing Committee did not	adopted staffing and
			reach consensus on a plan	support are appropriate
			for the Hospital, the	based upon unit census and
Infusion Services	Unit closed overnight.	No	discussions we had with our	acuity.
Infusion Services	Unit closed overnight.	No	discussions we had with our	acuity.

Presbyterian Hospital at its management staffing Columbia University Irving committee members were Medical Center campus unable to reach consensus ("Hospital"), I submit the on this unit's staffing plan. Hospital's Clinical Staffing The Hospital believes the Plan. This Staffing Plan adopted guidelines, which encompasses in-patient include the staffing levels nursing care units at the stated in the collective Hospital. Over the last year bargaining agreement Hospital management has between NYSNA and the Nurse and support staff worked collaboratively with Hospital dated 1/1/23, are float pools are available to safe and appropriate. The the non-management supplement unit staffing. members of the Clinical Hospital also believes that it Other support personnel **Staffing Committee** has adequate 24/7 Unit discussing with them the Clerk coverage for infant that aid nursing services include child life specialists, working conditions, staffing, security. This unit has physical therapy aides, physical environment, available to it nurse and wound/ostomy care team, available resources, census, support staff float pools to respiratory therapists, acuity, and feedback supplement unit staffing submitted to the Clinical phlebotomists, IV team, and other support personnel on this unit that clinical pharmacists, Staffing Committee on each pharmacy technicians, of these in-patient nursing aid in the provision of ECMO program manager, units. While the Clinical nursing services, including VAD coordinator, social Staffing Committee did not nurse practitioners, child workers, care managers, reach consensus on a plan life, physical therapy aides, EKG techs, unit assistants, for the Hospital, the members of the **Emergency Department** wound/ostomy care team, and transport team. No discussions we had with our

			
		Presbyterian Hospital at its	reached consensus on RN
		Columbia University Irving	staffing during the day shift.
		Medical Center campus	The Hospital disagreed with
		("Hospital"), I submit the	and did not adopt the non-
		Hospital's Clinical Staffing	management committee
		Plan. This Staffing Plan	members' proposal for
		encompasses in-patient	remaining staffing levels.
		nursing care units at the	The Hospital believes the
		Hospital. Over the last year	adopted guidelines, which
		Hospital management has	include the staffing levels
		worked collaboratively with	stated in the collective
Nurse and support staff		the non-management	bargaining agreement
float pools are available to		members of the Clinical	between NYSNA and the
supplement unit staffing.		Staffing Committee	Hospital dated 1/1/23, are
Other support personnel		discussing with them the	safe and appropriate. The
that aid nursing services		working conditions, staffing,	Hospital believes that for
include physical therapy		physical environment,	overnight shifts, there is
aides, occupational therapy		available resources, census,	cross-coverage of units
aides, wound/ostomy care		acuity, and feedback	where an individual Unit
team, respiratory		submitted to the Clinical	Clerks may not be present.
therapists, phlebotomists,		Staffing Committee on each	During these hours, there is
clinical pharmacists,		of these in-patient nursing	a significant reduction of
pharmacy technicians,		units. While the Clinical	Unit Clerk duties including
social workers, care		Staffing Committee did not	no visitors, less phone calls,
managers, IV team, EKG		reach consensus on a plan	no discharges, and a
techs, unit assistants, and		for the Hospital, the	decrease in admissions and
transport team.	No	discussions we had with our	transfers as compared to
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the that aid nursing services include physical therapy aides, occupational therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and

			Presbyterian Hospital at its	management staffing committee members were
			Columbia University Irving	
			Medical Center campus	unable to reach consensus
			("Hospital"), I submit the	on this unit's staffing plan.
			Hospital's Clinical Staffing	The Hospital believes the
			Plan. This Staffing Plan	adopted guidelines, which
			encompasses in-patient	include the staffing levels
			nursing care units at the	stated in the collective
			Hospital. Over the last year	bargaining agreement
			Hospital management has	between NYSNA and the
			worked collaboratively with	Hospital dated 1/1/23, are
	Nurse and support staff		the non-management	safe and appropriate. The
f	float pools are available to		members of the Clinical	Hospital also believes that it
	supplement unit staffing.		Staffing Committee	has appropriate 24/7 Unit
	Other support personnel		discussing with them the	Clerk coverage for infant
	that aid nursing services		working conditions, staffing,	security. This unit has
	include physical therapy		physical environment,	available to it nurse and
	aides, wound/ostomy care		available resources, census,	support staff float pools to
	team, respiratory		acuity, and feedback	supplement unit staffing
1	therapists, phlebotomists,		submitted to the Clinical	and other support
	pharmacy technicians,		Staffing Committee on each	personnel on this unit that
	social workers, care		of these in-patient nursing	aid in the provision of
	managers, IV team, EKG		units. While the Clinical	nursing services, including
	techs, unit assistants,		Staffing Committee did not	physical therapy aides,
	lactation consultants,		reach consensus on a plan	members of the
	perinatal safety nurse, and		for the Hospital, the	wound/ostomy care team,
Obstetrics/Gynecology	transport team.	No	discussions we had with our	respiratory therapists,
	· .			

	1	1		
			Presbyterian Hospital at its	committee reached
			Columbia University Irving	consensus regarding nurse
			Medical Center campus	coverage on this unit. While
			("Hospital"), I submit the	the parties have reached a
			Hospital's Clinical Staffing	consensus on the number
			Plan. This Staffing Plan	of unlicensed ancillary
			encompasses in-patient	personnel to staff the night
			nursing care units at the	shift at census points 11-16,
			Hospital. Over the last year	the Hospital does not agree
			Hospital management has	that all such personnel must
			worked collaboratively with	be Nursing Attendants and
			the non-management	maintains that utilizing
			members of the Clinical	unlicensed ancillary
	Nurse and support staff		Staffing Committee	personnel (including but not
	float pools are available to		discussing with them the	limited to Nursing
	supplement unit staffing.		working conditions, staffing,	Attendants) appropriately
	Other support personnel		physical environment,	meets patient needs. The
	that aid nursing services		available resources, census,	Hospital disagreed with and
	include child life specialists,		acuity, and feedback	did not adopt the non-
	physical therapy aides,		submitted to the Clinical	management committee
	wound/ostomy care team,		Staffing Committee on each	members' proposal for
	respiratory therapists,		of these in-patient nursing	remaining staffing levels.
	phlebotomists, pharmacy		units. While the Clinical	The Hospital believes the
	technicians, social workers,		Staffing Committee did not	adopted guidelines, which
	care managers, IV team,		reach consensus on a plan	include the staffing levels
	EKG techs, unit assistants,		for the Hospital, the	stated in the collective
Pediatric	and transport team.	No	discussions we had with our	bargaining agreement
Pediatric	phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,	No	units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	The Hospital believes adopted guidelines, wh include the staffing lev stated in the collective

	1	1		
			Presbyterian Hospital at its	committee reached
			Columbia University Irving	consensus regarding nurse
			Medical Center campus	coverage on this unit at
			("Hospital"), I submit the	census points 8-24. The
			Hospital's Clinical Staffing	Hospital disagreed with and
			Plan. This Staffing Plan	did not adopt the non-
			encompasses in-patient	management committee
			nursing care units at the	members' proposal for
			Hospital. Over the last year	remaining staffing levels.
			Hospital management has	The Hospital believes the
			worked collaboratively with	adopted guidelines, which
			the non-management	include the staffing levels
			members of the Clinical	stated in the collective
	Nurse and support staff		Staffing Committee	bargaining agreement
	float pools are available to		discussing with them the	between NYSNA and the
	supplement unit staffing.		working conditions, staffing,	Hospital dated 1/1/23, are
	Other support personnel		physical environment,	safe and appropriate.
	that aid nursing services		available resources, census,	Further, while the non-
	include child life specialists,		acuity, and feedback	management members of
	physical therapy aides,		submitted to the Clinical	the clinical staffing
	wound/ostomy care team,		Staffing Committee on each	committee maintain that
	respiratory therapists,		of these in-patient nursing	the Hospital must utilize
	phlebotomists, pharmacy		units. While the Clinical	Nursing Attendants solely,
	technicians, social workers,		Staffing Committee did not	the Hospital maintains that
	care managers, IV team,		reach consensus on a plan	utilizing unlicensed ancillary
	EKG techs, unit assistants,		for the Hospital, the	personnel (including but not
Pediatric	and transport team.	No	discussions we had with our	limited to Nursing
Pediatric	and transport team.	No	discussions we had with our	limited to Nursing

ee reached egarding nurse on this unit at at as 4-6, 8, and 9-ne parties have ensensus on the af unlicensed esonnel to staff
on this unit at as 4-6, 8, and 9- ne parties have ansensus on the funlicensed asonnel to staff
es 4-6, 8, and 9- ne parties have ensensus on the of unlicensed ersonnel to staff
ne parties have insensus on the if unlicensed rsonnel to staff
nsensus on the funlicensed sonnel to staff
of unlicensed rsonnel to staff
sonnel to staff
evening shift at
ints 4-6, the
s not agree that
sonnel must be
tendants and
that utilizing
ed ancillary
cluding but not
to Nursing
appropriately
ent needs. The
greed with and
opt the non-
nt committee
proposal for
staffing levels.
al believes the
delines, which
staffing levels
t e e e

		Presbyterian Hospital at its	committee reached
		Columbia University Irving	consensus regarding nurse
		Medical Center campus	coverage on this unit. While
		("Hospital"), I submit the	the parties have reached a
		Hospital's Clinical Staffing	consensus on the number
		Plan. This Staffing Plan	of unlicensed ancillary
		encompasses in-patient	personnel to staff the night
		nursing care units at the	shift at census points 8-16,
		Hospital. Over the last year	the Hospital does not agree
		Hospital management has	that all such personnel must
		worked collaboratively with	be Nursing Attendants and
		the non-management	maintains that utilizing
Nurse and support staff		members of the Clinical	unlicensed ancillary
float pools are available to		Staffing Committee	personnel (including but not
supplement unit staffing.		discussing with them the	limited to Nursing
Other support personnel		working conditions, staffing,	Attendants) appropriately
that aid nursing services		physical environment,	meets patient needs. The
include child life specialists,		available resources, census,	Hospital disagreed with and
physical therapy aides,		acuity, and feedback	did not adopt the non-
wound/ostomy care team,		submitted to the Clinical	management committee
respiratory therapists,		Staffing Committee on each	members' proposal for
phlebotomists, pharmacy		of these in-patient nursing	remaining staffing levels.
technicians, social workers,		units. While the Clinical	The Hospital believes the
care managers, IV team,		Staffing Committee did not	adopted guidelines, which
EKG techs, unit assistants,		reach consensus on a plan	include the staffing levels
VAD coordinator, EEG techs,		for the Hospital, the	stated in the collective
and transport team.	No	discussions we had with our	bargaining agreement
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, VAD coordinator, EEG techs,	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, VAD coordinator, EEG techs,	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, VAD coordinator, EEG techs,

			Presbyterian Hospital at its	committee reached
			Columbia University Irving	consensus regarding nurse
			Medical Center campus	coverage on this unit for
			("Hospital"), I submit the	census points 7-13. While
			Hospital's Clinical Staffing	the parties have reached a
			Plan. This Staffing Plan	consensus on the number
			encompasses in-patient	of unlicensed ancillary
			nursing care units at the	personnel to staff census
			Hospital. Over the last year	points 4-8, the Hospital
			Hospital management has	does not agree that all such
			worked collaboratively with	personnel must be Nursing
	Nurse and support staff		the non-management	Attendants and maintains
f	float pools are available to		members of the Clinical	that utilizing unlicensed
	supplement unit staffing.		Staffing Committee	ancillary personnel
	Other support personnel		discussing with them the	(including but not limited to
	that aid nursing services		working conditions, staffing,	Nursing Attendants)
ir	nclude child life specialists,		physical environment,	appropriately meets patient
	physical therapy aides,		available resources, census,	needs. The Hospital
v	wound/ostomy care team,		acuity, and feedback	disagreed with and did not
	respiratory therapists,		submitted to the Clinical	adopt the non-management
	phlebotomists, clinical		Staffing Committee on each	committee members'
	pharmacists, pharmacy		of these in-patient nursing	proposal for remaining
to	echnicians, social workers,		units. While the Clinical	staffing levels. The Hospital
	care managers, IV team,		Staffing Committee did not	believes the adopted
	EKG techs, unit assistants,		reach consensus on a plan	guidelines, which include
	ECMO program manager,		for the Hospital, the	the staffing levels stated in
Pediatric	and transport team.	No	discussions we had with our	the collective bargaining

			Presbyterian Hospital at its Columbia University Irving Medical Center campus	committee reached consensus regarding nurse coverage on this unit.
			, ,	
			Medical Center campus	coverage on this unit
				coverage on this unit.
			("Hospital"), I submit the	While the parties have
			Hospital's Clinical Staffing	reached a consensus on the
			Plan. This Staffing Plan	number of unlicensed
			encompasses in-patient	ancillary personnel to staff
			nursing care units at the	the day shift at census
			Hospital. Over the last year	points 3-8 and on the
			Hospital management has	evening shift at census
			worked collaboratively with	points 7-8, the Hospital
	Nurse and support staff		the non-management	does not agree that all such
flo	oat pools are available to		members of the Clinical	personnel must be Nursing
s	supplement unit staffing.		Staffing Committee	Attendants and maintains
	Other support personnel		discussing with them the	that utilizing unlicensed
t	that aid nursing services		working conditions, staffing,	ancillary personnel
ind	clude child life specialists,		physical environment,	(including but not limited to
	physical therapy aides,		available resources, census,	Nursing Attendants)
w	ound/ostomy care team,		acuity, and feedback	appropriately meets patient
	respiratory therapists,		submitted to the Clinical	needs. The Hospital
	phlebotomists, clinical		Staffing Committee on each	disagreed with and did not
	pharmacists, pharmacy		of these in-patient nursing	adopt the non-management
te	echnicians, social workers,		units. While the Clinical	committee members'
	care managers, IV team,		Staffing Committee did not	proposal for remaining
E	KG techs, unit assistants,		reach consensus on a plan	staffing levels. The Hospital
E	ECMO program manager,		for the Hospital, the	believes the adopted
Pediatric	and transport team.	No	discussions we had with our	guidelines, which include

			Presbyterian Hospital at its	committee reached
			Columbia University Irving	consensus regarding nurse
			Medical Center campus	coverage on this unit. While
			("Hospital"), I submit the	the parties have reached a
			Hospital's Clinical Staffing	consensus on the number
			Plan. This Staffing Plan	of unlicensed ancillary
			encompasses in-patient	personnel to staff census
			nursing care units at the	points 3-8, the Hospital
			Hospital. Over the last year	does not agree that all such
			Hospital management has	personnel must be Nursing
	Nurse and support staff		worked collaboratively with	Attendants and maintains
	float pools are available to		the non-management	that utilizing unlicensed
	supplement unit staffing.		members of the Clinical	ancillary personnel
	Other support personnel		Staffing Committee	(including but not limited to
	that aid nursing services		discussing with them the	Nursing Attendants)
	include child life specialists,		working conditions, staffing,	appropriately meets patient
	physical therapy aides,		physical environment,	needs. The Hospital
	wound/ostomy care team,		available resources, census,	disagreed with and did not
	respiratory therapists,		acuity, and feedback	adopt the non-management
	phlebotomists, clinical		submitted to the Clinical	committee members'
	pharmacists, pharmacy		Staffing Committee on each	proposal for remaining
	technicians, social workers,		of these in-patient nursing	staffing levels. The Hospital
	care managers, IV team,		units. While the Clinical	believes the adopted
	EKG techs, unit assistants,		Staffing Committee did not	guidelines, which include
	lactation consultants, ECMO		reach consensus on a plan	the staffing levels stated in
	program manager, and		for the Hospital, the	the collective bargaining
Neonatal	transport team.	No	· · ·	agreement between NYSNA
	•			

			Presbyterian Hospital at its	committee reached
			,	committee reached
			Columbia University Irving	consensus regarding nurse
			Medical Center campus	coverage on this unit. The
			("Hospital"), I submit the	Hospital disagreed with and
			Hospital's Clinical Staffing	did not adopt the non-
			Plan. This Staffing Plan	management committee
			encompasses in-patient	members' proposal for
			nursing care units at the	remaining staffing levels.
			Hospital. Over the last year	The Hospital believes the
			Hospital management has	adopted guidelines, which
			worked collaboratively with	include the staffing levels
	Nurse and support staff		the non-management	stated in the collective
f	float pools are available to		members of the Clinical	bargaining agreement
	supplement unit staffing.		Staffing Committee	between NYSNA and the
	Other support personnel		discussing with them the	Hospital dated 1/1/23, are
	that aid nursing services		working conditions, staffing,	safe and appropriate.
ir	nclude child life specialists,		physical environment,	Further, while the non-
	physical therapy aides,		available resources, census,	management members of
v	wound/ostomy care team,		acuity, and feedback	the clinical staffing
	respiratory therapists,		submitted to the Clinical	committee maintain that
	phlebotomists, clinical		Staffing Committee on each	the Hospital must utilize
	pharmacists, pharmacy		of these in-patient nursing	Nursing Attendants solely,
to	echnicians, social workers,		units. While the Clinical	the Hospital maintains that
	care managers, IV team,		Staffing Committee did not	utilizing unlicensed ancillary
	EKG techs, unit assistants,		reach consensus on a plan	personnel (including but not
	lactation consultants, and		for the Hospital, the	limited to Nursing
Neonatal	transport team.	No	discussions we had with our	Attendants) appropriately

			Presbyterian Hospital at its	Committee reached
			Columbia University Irving	consensus regarding nursing
			Medical Center campus	coverage, with the
			("Hospital"), I submit the	exception of the night shift
			Hospital's Clinical Staffing	RN staffing at census point
			Plan. This Staffing Plan	5. While the parties have
			encompasses in-patient	reached a consensus on the
			nursing care units at the	number of unlicensed
			Hospital. Over the last year	ancillary personnel to staff
			Hospital management has	the day shift at census
	Nurse and support staff		worked collaboratively with	points 3-7, the Hospital
	float pools are available to		the non-management	does not agree that all such
	supplement unit staffing.		members of the Clinical	personnel must be Nursing
	Other support personnel		Staffing Committee	Attendants and maintains
	that aid nursing services		discussing with them the	that utilizing unlicensed
	include child life specialists,		working conditions, staffing,	ancillary personnel
	physical therapy aides,		physical environment,	(including but not limited to
	wound/ostomy care team,		available resources, census,	Nursing Attendants)
	respiratory therapists,		acuity, and feedback	appropriately meets patient
	phlebotomists, IV team,		submitted to the Clinical	needs. The Hospital
	clinical pharmacists,		Staffing Committee on each	disagreed with and did not
	pharmacy technicians,		of these in-patient nursing	adopt the non-management
	ECMO program manager,		units. While the Clinical	committee members'
	VAD coordinator, social		Staffing Committee did not	proposal for remaining
	workers, care managers,		reach consensus on a plan	staffing levels. The Hospital
	EKG techs, unit assistants,		for the Hospital, the	believes the adopted
Pediatric	and transport team.	No	discussions we had with our	guidelines, which include

		Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing	committee reached consensus regarding nurse coverage for the Nursery in this unit. The Hospital
		Medical Center campus ("Hospital"), I submit the	coverage for the Nursery in this unit. The Hospital
		("Hospital"), I submit the	this unit. The Hospital
		• •	·
		Hospital's Clinical Staffing	
		Tiospitai s ciillicai statillig	disagreed with the non-
		Plan. This Staffing Plan	management committee
		encompasses in-patient	members' proposal for
		nursing care units at the	remaining staffing levels.
		Hospital. Over the last year	The Hospital believes the
		Hospital management has	adopted guidelines, which
		worked collaboratively with	include the staffing levels
rse and support staff		the non-management	stated in the collective
pools are available to		members of the Clinical	bargaining agreement
olement unit staffing.		Staffing Committee	between NYSNA and the
er support personnel		discussing with them the	Hospital dated 1/1/23, are
t aid nursing services		working conditions, staffing,	safe and appropriate.
ude physical therapy		physical environment,	Further, while the non-
s, wound/ostomy care		available resources, census,	management members of
team, respiratory		acuity, and feedback	the clinical staffing
apists, phlebotomists,		submitted to the Clinical	committee maintain that
armacy technicians,		Staffing Committee on each	the Hospital must utilize
ocial workers, care		of these in-patient nursing	Nursing Attendants solely,
nagers, IV team, EKG		units. While the Clinical	the Hospital maintains that
chs, unit assistants,		Staffing Committee did not	utilizing unlicensed ancillary
ctation consultants,		reach consensus on a plan	personnel (including but not
natal safety nurse, and		for the Hospital, the	limited to Nursing
transport team.	No	discussions we had with our	Attendants) appropriately
o e t u s, to a a o n	lement unit staffing. It support personnel aid nursing services ade physical therapy wound/ostomy care eam, respiratory pists, phlebotomists, armacy technicians, cial workers, care agers, IV team, EKG hs, unit assistants, tation consultants, atal safety nurse, and	cools are available to lement unit staffing. It support personnel aid nursing services ade physical therapy wound/ostomy care leam, respiratory pists, phlebotomists, armacy technicians, cial workers, care agers, IV team, EKG lhs, unit assistants, tation consultants, atal safety nurse, and	Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

		Presbyterian Hospital at its	management staffing
		Columbia University Irving	committee members were
		Medical Center campus	unable to reach consensus
		("Hospital"), I submit the	on this unit's staffing plan.
		Hospital's Clinical Staffing	The Hospital believes the
		Plan. This Staffing Plan	adopted guidelines, which
		encompasses in-patient	include the staffing levels
		nursing care units at the	stated in the collective
		Hospital. Over the last year	bargaining agreement
		Hospital management has	between NYSNA and the
		worked collaboratively with	Hospital dated 1/1/23, are
Nurse and support staff		the non-management	safe and appropriate.
float pools are available to		members of the Clinical	Further, while the non-
supplement unit staffing.		Staffing Committee	management members of
Other support personnel		discussing with them the	the clinical staffing
that aid nursing services		working conditions, staffing,	committee maintain that
include physical therapy		physical environment,	the Hospital must utilize
aides, wound/ostomy care		available resources, census,	Nursing Attendants solely,
team, respiratory		acuity, and feedback	the Hospital maintains that
therapists, phlebotomists,		submitted to the Clinical	utilizing unlicensed ancillary
pharmacy technicians,		Staffing Committee on each	personnel (including but not
social workers, care		of these in-patient nursing	limited to Nursing
managers, IV team, EKG		units. While the Clinical	Attendants) appropriately
techs, unit assistants,		Staffing Committee did not	meets patient needs. The
lactation consultants,		reach consensus on a plan	Hospital also believes that it
perinatal safety nurse, and		for the Hospital, the	has appropriate 24/7 Unit
transport team.	No	discussions we had with our	Clerk coverage for infant
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and

		Presbyterian Hospital at its	reached consensus for RN
		•	staffing and Unit Clerk
		Medical Center campus	staffing on the day shift.
		("Hospital"), I submit the	The Hospital disagreed with
		Hospital's Clinical Staffing	and did not adopt the non-
		Plan. This Staffing Plan	management committee
		encompasses in-patient	members' proposal for
		nursing care units at the	remaining staffing levels.
		Hospital. Over the last year	The Hospital believes the
		Hospital management has	adopted guidelines, which
		worked collaboratively with	include the staffing levels
		the non-management	stated in the collective
Nurse and support staff		members of the Clinical	bargaining agreement
float pools are available to		Staffing Committee	between NYSNA and the
supplement unit staffing.		discussing with them the	Hospital dated 1/1/23, are
Other support personnel		working conditions, staffing,	safe and appropriate.
that aid nursing services		physical environment,	Further, while the non-
include physical therapy		available resources, census,	management members of
aides, occupational therapy		acuity, and feedback	the clinical staffing
aides, wound/ostomy care		submitted to the Clinical	committee maintain that
team, respiratory		Staffing Committee on each	the Hospital must utilize ICU
therapists, phlebotomists,		of these in-patient nursing	Technicians solely, the
pharmacy technicians,		units. While the Clinical	Hospital maintains that
social workers, care		Staffing Committee did not	utilizing unlicensed ancillary
managers, IV team, EKG		reach consensus on a plan	personnel (including but not
techs, unit assistants, and		for the Hospital, the	limited to ICU Technicians)
transport team.	No	discussions we had with our	appropriately meets patient
	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and	float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and	Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and

				1
			Presbyterian Hospital at its	reached consensus for RN
			Columbia University Irving	staffing at all census points
			Medical Center campus	except 19 and 22, and
			("Hospital"), I submit the	census point 31 on the night
			Hospital's Clinical Staffing	shift. Additionally, the
			Plan. This Staffing Plan	staffing committee reached
			encompasses in-patient	consensus on Unit Clerk
			nursing care units at the	staffing on the day shift.
			Hospital. Over the last year	While the parties have
			Hospital management has	reached a consensus on the
			worked collaboratively with	number of unlicensed
			the non-management	ancillary personnel to staff
	Nurse and support staff		members of the Clinical	the day shift at census
	float pools are available to		Staffing Committee	points 19, 22-25, 28-35, and
	supplement unit staffing.		discussing with them the	37-38; on the evening shift
	Other support personnel		working conditions, staffing,	at census points 19, 22-27,
	that aid nursing services		physical environment,	and 35-36; on the night shift
	include physical therapy		available resources, census,	at census points 19-21, 27,
	aides, occupational therapy		acuity, and feedback	and 35-36, the Hospital
	aides, wound/ostomy care		submitted to the Clinical	does not agree that all such
	team, respiratory		Staffing Committee on each	personnel must be ICU
	therapists, phlebotomists,		of these in-patient nursing	Technicians and maintains
	pharmacy technicians,		units. While the Clinical	that utilizing unlicensed
	social workers, care		Staffing Committee did not	ancillary personnel
	managers, IV team, EKG		reach consensus on a plan	(including but not limited to
	techs, unit assistants, and		for the Hospital, the	ICU Technicians)
Oncology	transport team.	No	discussions we had with our	appropriately meets patient

	ı	Ī		
			Presbyterian Hospital at its	reached consensus for RN
			Columbia University Irving	staffing at census points 16,
			Medical Center campus	19-20, 23-24, 27-28, and 31-
			("Hospital"), I submit the	32; and Unit Clerk staffing
			Hospital's Clinical Staffing	on the day shift. While the
			Plan. This Staffing Plan	parties have reached a
			encompasses in-patient	consensus on the number
			nursing care units at the	of unlicensed ancillary
			Hospital. Over the last year	personnel to staff the day
			Hospital management has	shift at census points 15, 22,
			worked collaboratively with	26, and 28-34, the Hospital
			the non-management	does not agree that all such
	Nurse and support staff		members of the Clinical	personnel must be ICU
	float pools are available to		Staffing Committee	Technicians and maintains
	supplement unit staffing.		discussing with them the	that utilizing unlicensed
	Other support personnel		working conditions, staffing,	ancillary personnel
	that aid nursing services		physical environment,	(including but not limited to
	include physical therapy		available resources, census,	ICU Technicians)
	aides, occupational therapy		acuity, and feedback	appropriately meets patient
	aides, wound/ostomy care		submitted to the Clinical	needs. The Hospital
	team, respiratory		Staffing Committee on each	disagreed with and did not
	therapists, phlebotomists,		of these in-patient nursing	adopt the non-management
	pharmacy technicians,		units. While the Clinical	committee members'
	social workers, care		Staffing Committee did not	proposal for remaining
	managers, IV team, EKG		reach consensus on a plan	staffing levels. The Hospital
	techs, unit assistants, and		for the Hospital, the	believes the adopted
Oncology	transport team.	No	discussions we had with our	guidelines, which include

	I			
			Presbyterian Hospital at its	reached consensus for RN
			Columbia University Irving	staffing at census points 10,
			Medical Center campus	13, 15-19, and 21-30 and
			("Hospital"), I submit the	with the exception of the
			Hospital's Clinical Staffing	addition of a midshift nurse.
			Plan. This Staffing Plan	The staffing committee also
			encompasses in-patient	reached consensus on Unit
			nursing care units at the	Clerk staffing for the day
			Hospital. Over the last year	and evening shifts. The
			Hospital management has	Hospital disagreed with and
			worked collaboratively with	did not adopt the non-
	Nurse and support staff		the non-management	management committee
	float pools are available to		members of the Clinical	members' proposal for
	supplement unit staffing.		Staffing Committee	remaining staffing levels.
	Other support personnel		discussing with them the	The Hospital believes the
	that aid nursing services		working conditions, staffing,	adopted guidelines, which
	include physical therapy		physical environment,	include the staffing levels
	aides, occupational therapy		available resources, census,	stated in the collective
	aides, wound/ostomy care		acuity, and feedback	bargaining agreement
	team, respiratory		submitted to the Clinical	between NYSNA and the
	therapists, phlebotomists,		Staffing Committee on each	Hospital dated 1/1/23, are
	pharmacy technicians,		of these in-patient nursing	safe and appropriate.
	social workers, care		units. While the Clinical	Further, while the non-
	managers, IV team, EKG		Staffing Committee did not	management members of
	techs, unit assistants,		reach consensus on a plan	the clinical staffing
	telemetry techs, and		for the Hospital, the	committee maintain that
Cardiovascular	transport team.	No	discussions we had with our	the Hospital must utilize ICU

		Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan	reached consensus for RN staffing and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management
		Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing	staffing on the day and evening shift. The Hospital disagreed with and did not
		("Hospital"), I submit the Hospital's Clinical Staffing	evening shift. The Hospital disagreed with and did not
		Hospital's Clinical Staffing	disagreed with and did not
			1 -
		Plan. This Staffing Plan	adopt the non-management
			1 '
		encompasses in-patient	committee members'
		nursing care units at the	proposal for remaining
		Hospital. Over the last year	staffing levels. The Hospital
		Hospital management has	believes the adopted
		worked collaboratively with	guidelines, which include
se and support staff		the non-management	the staffing levels stated in
pools are available to		members of the Clinical	the collective bargaining
olement unit staffing.		Staffing Committee	agreement between NYSNA
er support personnel		discussing with them the	and the Hospital dated
aid nursing services		working conditions, staffing,	1/1/23, are safe and
ude physical therapy		physical environment,	appropriate. Further, while
, occupational therapy		available resources, census,	the non-management
, wound/ostomy care		acuity, and feedback	members of the clinical
team, respiratory		submitted to the Clinical	staffing committee maintain
apists, phlebotomists,		Staffing Committee on each	_
armacy technicians,		of these in-patient nursing	utilize ICU Technicians
ocial workers, care		units. While the Clinical	solely, the Hospital
•		Staffing Committee did not	maintains that utilizing
•		-	unlicensed ancillary
		·	personnel (including but not
,	No		limited to ICU Technicians)
	pools are available to plement unit staffing. er support personnel aid nursing services ude physical therapy occupational therapy, wound/ostomy care team, respiratory apists, phlebotomists, armacy technicians,	se and support staff pools are available to plement unit staffing. er support personnel aid nursing services ude physical therapy occupational therapy , wound/ostomy care leam, respiratory upists, phlebotomists, armacy technicians, picial workers, care leagers, IV team, EKG chs, unit assistants, lemetry techs, and	Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical therapy occupational therapy available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

				
			Presbyterian Hospital at its	reached consensus for Unit
			Columbia University Irving	Clerk staffing on the day
			Medical Center campus	and evening shifts and RN
			("Hospital"), I submit the	staffing with the exception
			Hospital's Clinical Staffing	of the addition of a midshift
			Plan. This Staffing Plan	RN. The Hospital disagreed
			encompasses in-patient	with and did not adopt the
			nursing care units at the	non-management
			Hospital. Over the last year	committee members'
			Hospital management has	proposal for remaining
			worked collaboratively with	staffing levels. The Hospital
			the non-management	believes the adopted
	Nurse and support staff		members of the Clinical	guidelines, which include
	float pools are available to		Staffing Committee	the staffing levels stated in
	supplement unit staffing.		discussing with them the	the collective bargaining
	Other support personnel		working conditions, staffing,	agreement between NYSNA
	that aid nursing services		physical environment,	and the Hospital dated
	include physical therapy		available resources, census,	1/1/23, are safe and
	aides, occupational therapy		acuity, and feedback	appropriate. Further, while
	aides, wound/ostomy care		submitted to the Clinical	the non-management
	team, respiratory		Staffing Committee on each	members of the clinical
	therapists, phlebotomists,		of these in-patient nursing	staffing committee maintain
	pharmacy technicians,		units. While the Clinical	that the Hospital must
	social workers, care		Staffing Committee did not	utilize ICU Technicians
	managers, IV team, EKG		reach consensus on a plan	solely, the Hospital
	techs, unit assistants, and		for the Hospital, the	maintains that utilizing
Stepdown	transport team.	No	discussions we had with our	unlicensed ancillary
Stepdown		No	•	-

Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has	management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the
Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year	unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement
("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year	on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement
Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year	The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement
Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year	adopted guidelines, which include the staffing levels stated in the collective bargaining agreement
encompasses in-patient nursing care units at the Hospital. Over the last year	include the staffing levels stated in the collective bargaining agreement
nursing care units at the Hospital. Over the last year	stated in the collective bargaining agreement
Hospital. Over the last year	bargaining agreement
· ·	
Hospital management has	hotwoon NIVCNIA and the
	between in this and the
worked collaboratively with	Hospital dated 1/1/23, are
the non-management	safe and appropriate.
members of the Clinical	Further, while the non-
Staffing Committee	management members of
discussing with them the	the clinical staffing
working conditions, staffing,	committee maintain that
physical environment,	the Hospital must utilize ICU
available resources, census,	Technicians solely, the
acuity, and feedback	Hospital maintains that
submitted to the Clinical	utilizing unlicensed ancillary
Staffing Committee on each	personnel (including but not
of these in-patient nursing	limited to ICU Technicians)
units. While the Clinical	appropriately meets patient
Staffing Committee did not	needs. The Hospital believes
reach consensus on a plan	that for overnight shifts,
for the Hospital, the	there is cross-coverage of
discussions we had with our	units where an individual
A S	the non-management members of the Clinical Staffing Committee discussing with them the vorking conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

		ı		0
			Presbyterian Hospital at its	reached consensus for RN
			Columbia University Irving	staffing and Unit Clerk
			Medical Center campus	staffing on the day shift.
			("Hospital"), I submit the	While the parties have
			Hospital's Clinical Staffing	reached a consensus on the
			Plan. This Staffing Plan	number of unlicensed
			encompasses in-patient	ancillary personnel to staff
			nursing care units at the	the day and evening shifts
			Hospital. Over the last year	at census points 11 and 15-
			Hospital management has	16, the Hospital does not
			worked collaboratively with	agree that all such
	Nurse and support staff		the non-management	personnel must be ICU
	float pools are available to		members of the Clinical	Technicians and maintains
	supplement unit staffing.		Staffing Committee	that utilizing unlicensed
	Other support personnel		discussing with them the	ancillary personnel
	that aid nursing services		working conditions, staffing,	(including but not limited to
	include physical therapy		physical environment,	ICU Technicians)
	aides, occupational therapy		available resources, census,	appropriately meets patient
	aides, wound/ostomy care		acuity, and feedback	needs. The Hospital
	team, respiratory		submitted to the Clinical	disagreed with and did not
	therapists, phlebotomists,		Staffing Committee on each	adopt the non-management
	clinical pharmacists,		of these in-patient nursing	committee members'
	pharmacy technicians,		units. While the Clinical	proposal for remaining
	social workers, care		Staffing Committee did not	staffing levels. The Hospital
	managers, IV team, EKG		reach consensus on a plan	believes the adopted
	techs, unit assistants, and		for the Hospital, the	guidelines, which include
Intensive Care	transport team.	No	discussions we had with our	the staffing levels stated in

			Burgle to de la transfer de la	
			Presbyterian Hospital at its	reached consensus for Unit
			Columbia University Irving	Clerk staffing on the day
			Medical Center campus	and evening shifts. The
			("Hospital"), I submit the	Hospital disagreed with and
			Hospital's Clinical Staffing	did not adopt the non-
			Plan. This Staffing Plan	management committee
			encompasses in-patient	members' proposal for
			nursing care units at the	remaining staffing levels.
			Hospital. Over the last year	The Hospital believes the
			Hospital management has	adopted guidelines, which
	Nurse and support staff		worked collaboratively with	include the staffing levels
	float pools are available to		the non-management	stated in the collective
	supplement unit staffing.		members of the Clinical	bargaining agreement
	Other support personnel		Staffing Committee	between NYSNA and the
	that aid nursing services		discussing with them the	Hospital dated 1/1/23, are
	include physical therapy		working conditions, staffing,	safe and appropriate.
	aides, occupational therapy		physical environment,	Further, while the non-
	aides, wound/ostomy care		available resources, census,	management members of
	team, respiratory		acuity, and feedback	the clinical staffing
	therapists, phlebotomists,		submitted to the Clinical	committee maintain that
	pharmacy technicians,		Staffing Committee on each	the Hospital must utilize ICU
	social workers, care		of these in-patient nursing	Technicians solely, the
	managers, IV team, EKG		units. While the Clinical	Hospital maintains that
	techs, unit assistants,		Staffing Committee did not	utilizing unlicensed ancillary
	perfusionists, clinical		reach consensus on a plan	personnel (including but not
	pharmacists, and transport		for the Hospital, the	limited to ICU Technicians)
Intensive Care	team.	No	discussions we had with our	appropriately meets patient

			Presbyterian Hospital at its	reached consensus for RN
			Columbia University Irving	staffing at census points 27
			Medical Center campus	and 28 and for the new
			("Hospital"), I submit the	addition of a midshift RN.
			Hospital's Clinical Staffing	The staffing committee also
			Plan. This Staffing Plan	reached consensus for Unit
			encompasses in-patient	Clerk staffing during the day
			nursing care units at the	shift at census points 17-28.
			Hospital. Over the last year	The Hospital disagreed with
			Hospital management has	and did not adopt the non-
	Nurse and support staff		worked collaboratively with	management committee
	float pools are available to		the non-management	members' proposal for
	supplement unit staffing.		members of the Clinical	remaining staffing levels.
	Other support personnel		Staffing Committee	The Hospital believes the
	that aid nursing services		discussing with them the	adopted guidelines, which
	include physical therapy		working conditions, staffing,	include the staffing levels
	aides, occupational therapy		physical environment,	stated in the collective
	aides, wound/ostomy care		available resources, census,	bargaining agreement
	team, respiratory		acuity, and feedback	between NYSNA and the
	therapists, phlebotomists,		submitted to the Clinical	Hospital dated 1/1/23, are
	pharmacy technicians,		Staffing Committee on each	safe and appropriate.
	social workers, care		of these in-patient nursing	Further, while the non-
	managers, IV team, EKG		units. While the Clinical	management members of
	techs, unit assistants,		Staffing Committee did not	the clinical staffing
	perfusionists, clinical		reach consensus on a plan	committee maintain that
	pharmacists, and transport		for the Hospital, the	the Hospital must utilize ICL
Intensive Care	team.	No	discussions we had with our	Technicians solely, the

	, · · · · · · · · · · · · · · · · · · ·			
			Presbyterian Hospital at its	reached consensus for RN
			Columbia University Irving	staffing and Unit Clerk
			Medical Center campus	staffing on the day shift.
			("Hospital"), I submit the	While the parties have
			Hospital's Clinical Staffing	reached a consensus on the
			Plan. This Staffing Plan	number of unlicensed
			encompasses in-patient	ancillary personnel to staff
			nursing care units at the	the day shift at census
			Hospital. Over the last year	points 20-24 and night shift
			Hospital management has	at census points 22-24, the
	Nurse and support staff		worked collaboratively with	Hospital does not agree that
	float pools are available to		the non-management	all such personnel must be
	supplement unit staffing.		members of the Clinical	ICU Technicians and
	Other support personnel		Staffing Committee	maintains that utilizing
	that aid nursing services		discussing with them the	unlicensed ancillary
	include physical therapy		working conditions, staffing,	personnel (including but not
	aides, occupational therapy		physical environment,	limited to ICU Technicians)
	aides, wound/ostomy care		available resources, census,	appropriately meets patient
	team, respiratory		acuity, and feedback	needs. The Hospital
	therapists, phlebotomists,		submitted to the Clinical	disagreed with and did not
	pharmacy technicians,		Staffing Committee on each	adopt the non-management
	social workers, care		of these in-patient nursing	committee members'
	managers, IV team, EKG		units. While the Clinical	proposal for remaining
	techs, unit assistants,		Staffing Committee did not	staffing levels. The Hospital
	perfusionists, clinical		reach consensus on a plan	believes the adopted
	pharmacists, and transport		for the Hospital, the	guidelines, which include
Intensive Care	team.	No	discussions we had with our	the staffing levels stated in

			Presbyterian Hospital at its	reached consensus on RN
			Columbia University Irving	staffing for the day shift and
			Medical Center campus	staffing for the night shift at
			("Hospital"), I submit the	census points 4-7, 10, 13,
			Hospital's Clinical Staffing	15, 16, and 18; and Unit
			Plan. This Staffing Plan	Clerk staffing on the day
			encompasses in-patient	and evening shifts. While
			nursing care units at the	the parties have reached a
			Hospital. Over the last year	consensus on the number
			Hospital management has	of unlicensed ancillary
			worked collaboratively with	personnel to staff the day
	Nurse and support staff		the non-management	shift at census points 8 and
	float pools are available to		members of the Clinical	10-18; evening shift at
	supplement unit staffing.		Staffing Committee	census points 11 and 13-18;
	Other support personnel		discussing with them the	and night shift at census
	that aid nursing services		working conditions, staffing,	points 15 and 17-18, the
	include physical therapy		physical environment,	Hospital does not agree that
	aides, occupational therapy		available resources, census,	all such personnel must be
	aides, wound/ostomy care		acuity, and feedback	ICU Technicians and
	team, respiratory		submitted to the Clinical	maintains that utilizing
	therapists, phlebotomists,		Staffing Committee on each	unlicensed ancillary
	clinical pharmacists,		of these in-patient nursing	personnel (including but not
	pharmacy technicians,		units. While the Clinical	limited to ICU Technicians)
	social workers, care		Staffing Committee did not	appropriately meets patient
	managers, IV team, EKG		reach consensus on a plan	needs. The Hospital
	techs, unit assistants, and		for the Hospital, the	disagreed with and did not
Intensive Care	transport team.	No	discussions we had with our	adopt the non-management

	•			
			Presbyterian Hospital at its	reached consensus on RN
			Columbia University Irving	staffing at census points 15
			Medical Center campus	and 16. While the parties
			("Hospital"), I submit the	have reached a consensus
			Hospital's Clinical Staffing	on the number of
			Plan. This Staffing Plan	unlicensed ancillary
			encompasses in-patient	personnel to staff census
			nursing care units at the	points 6-8 and the night
			Hospital. Over the last year	shift, the Hospital does not
			Hospital management has	agree that all such
			worked collaboratively with	personnel must be ICU
			the non-management	Technicians and maintains
	Nurse and support staff		members of the Clinical	that utilizing unlicensed
	float pools are available to		Staffing Committee	ancillary personnel
	supplement unit staffing.		discussing with them the	(including but not limited to
	Other support personnel		working conditions, staffing,	ICU Technicians)
	that aid nursing services		physical environment,	appropriately meets patient
	include physical therapy		available resources, census,	needs. The Hospital
	aides, occupational therapy		acuity, and feedback	disagreed with and did not
	aides, wound/ostomy care		submitted to the Clinical	adopt the non-management
	team, respiratory		Staffing Committee on each	committee members'
	therapists, phlebotomists,		of these in-patient nursing	proposal for remaining
	pharmacy technicians,		units. While the Clinical	staffing levels. The Hospital
	social workers, care		Staffing Committee did not	believes the adopted
	managers, IV team, EKG		reach consensus on a plan	guidelines are safe and
	techs, unit assistants, and		for the Hospital, the	appropriate. The Hospital
Infusion Services	transport team.	No	discussions we had with our	believes that for overnight

	1			
			Presbyterian Hospital at its	reached consensus on RN
			Columbia University Irving	staffing at census points 22-
			Medical Center campus	24, 26-28, and 30-26 and
			("Hospital"), I submit the	Unit Clerk staffing on the
			Hospital's Clinical Staffing	day shift. While the parties
			Plan. This Staffing Plan	have reached a consensus
			encompasses in-patient	on the number of
			nursing care units at the	unlicensed ancillary
			Hospital. Over the last year	personnel to staff the day
			Hospital management has	shift at census points 23, 25,
			worked collaboratively with	and 27-29 and the evening
			the non-management	shift at census points 23 and
	Nurse and support staff		members of the Clinical	29, the Hospital does not
	float pools are available to		Staffing Committee	agree that all such
	supplement unit staffing.		discussing with them the	personnel must be ICU
	Other support personnel		working conditions, staffing,	Technicians and maintains
	that aid nursing services		physical environment,	that utilizing unlicensed
	include physical therapy		available resources, census,	ancillary personnel
	aides, occupational therapy		acuity, and feedback	(including but not limited to
	aides, wound/ostomy care		submitted to the Clinical	ICU Technicians)
	team, respiratory		Staffing Committee on each	appropriately meets patient
	therapists, phlebotomists,		of these in-patient nursing	needs. The Hospital
	pharmacy technicians,		units. While the Clinical	disagreed with and did not
	social workers, care		Staffing Committee did not	adopt the non-management
	managers, IV team, EKG		reach consensus on a plan	committee members'
	techs, unit assistants, and		for the Hospital, the	proposal for remaining
Medical/Surgical	transport team.	No	discussions we had with our	staffing levels. The Hospital
Medical/Surgical	transport team.	No	discussions we had with our	staffing levels. The Hospital

		Presbyterian Hospital at its	reached consensus on Unit
		Columbia University Irving	Clerk staffing on the day
		Medical Center campus	shift and RN staffing at
		("Hospital"), I submit the	census points 24, 28, 31,
		Hospital's Clinical Staffing	and 32. While the parties
		Plan. This Staffing Plan	have reached a consensus
		encompasses in-patient	on the number of
		nursing care units at the	unlicensed ancillary
		Hospital. Over the last year	personnel to staff the day
		Hospital management has	shift at census points 22-23,
		worked collaboratively with	26-27, and 29; the evening
		the non-management	shift at census points 22-23
urse and support staff		members of the Clinical	and 27; and the night shift
at pools are available to		Staffing Committee	at census point 23, the
pplement unit staffing.		discussing with them the	Hospital does not agree that
ther support personnel		working conditions, staffing,	all such personnel must be
nat aid nursing services		physical environment,	ICU Technicians and
clude physical therapy		available resources, census,	maintains that utilizing
es, occupational therapy		acuity, and feedback	unlicensed ancillary
es, wound/ostomy care		submitted to the Clinical	personnel (including but not
team, respiratory		Staffing Committee on each	limited to ICU Technicians)
erapists, phlebotomists,		of these in-patient nursing	appropriately meets patient
pharmacy technicians,		units. While the Clinical	needs. The Hospital
social workers, care		Staffing Committee did not	disagreed with and did not
nanagers, IV team, EKG		reach consensus on a plan	adopt the non-management
chs, unit assistants, and		for the Hospital, the	committee members'
transport team.	No	discussions we had with our	proposal for remaining
a retinance	t pools are available to oplement unit staffing. her support personnel at aid nursing services clude physical therapy s, occupational therapy es, wound/ostomy care team, respiratory rapists, phlebotomists, harmacy technicians, social workers, care anagers, IV team, EKG hs, unit assistants, and	t pools are available to oplement unit staffing. Ther support personnel at aid nursing services clude physical therapy as, occupational therapy as, wound/ostomy care team, respiratory rapists, phlebotomists, tharmacy technicians, social workers, care anagers, IV team, EKG this, unit assistants, and	Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the

	1			
			Presbyterian Hospital at its	reached consensus on
			Columbia University Irving	staffing levels for Unit
			Medical Center campus	Clerks on the day shift. The
			("Hospital"), I submit the	Hospital disagreed with and
			Hospital's Clinical Staffing	did not adopt the non-
			Plan. This Staffing Plan	management committee
			encompasses in-patient	members' proposal for
			nursing care units at the	remaining staffing levels.
			Hospital. Over the last year	The Hospital believes the
			Hospital management has	adopted guidelines, which
			worked collaboratively with	include the staffing levels
			the non-management	stated in the collective
	Nurse and support staff		members of the Clinical	bargaining agreement
	float pools are available to		Staffing Committee	between NYSNA and the
	supplement unit staffing.		discussing with them the	Hospital dated 1/1/23, are
	Other support personnel		working conditions, staffing,	safe and appropriate.
	that aid nursing services		physical environment,	Further, while the non-
	include physical therapy		available resources, census,	management members of
	aides, occupational therapy		acuity, and feedback	the clinical staffing
	aides, wound/ostomy care		submitted to the Clinical	committee maintain that
	team, respiratory		Staffing Committee on each	the Hospital must utilize ICU
	therapists, phlebotomists,		of these in-patient nursing	Technicians solely, the
	pharmacy technicians,		units. While the Clinical	Hospital maintains that
	social workers, care		Staffing Committee did not	utilizing unlicensed ancillary
	managers, IV team, EKG		reach consensus on a plan	personnel (including but not
	techs, unit assistants, and		for the Hospital, the	limited to ICU Technicians)
Medical/Surgical	transport team.	No	discussions we had with our	appropriately meets patient

				· · · · · · · · · · · · · · · · · · ·
			Presbyterian Hospital at its	reached consensus for RN
			Columbia University Irving	staffing and unit clerk
			Medical Center campus	staffing on the day shift.
			("Hospital"), I submit the	The Hospital disagreed with
			Hospital's Clinical Staffing	and did not adopt the non-
			Plan. This Staffing Plan	management committee
			encompasses in-patient	members' proposal for
			nursing care units at the	remaining staffing levels.
			Hospital. Over the last year	The Hospital believes the
			Hospital management has	adopted guidelines, which
			worked collaboratively with	include the staffing levels
			the non-management	stated in the collective
	Nurse and support staff		members of the Clinical	bargaining agreement
	float pools are available to		Staffing Committee	between NYSNA and the
	supplement unit staffing.		discussing with them the	Hospital dated 1/1/23, are
	Other support personnel		working conditions, staffing,	safe and appropriate.
	that aid nursing services		physical environment,	Further, while the non-
	include physical therapy		available resources, census,	management members of
	aides, occupational therapy		acuity, and feedback	the clinical staffing
	aides, wound/ostomy care		submitted to the Clinical	committee maintain that
	team, respiratory		Staffing Committee on each	the Hospital must utilize ICU
	therapists, phlebotomists,		of these in-patient nursing	Technicians solely, the
	pharmacy technicians,		units. While the Clinical	Hospital maintains that
	social workers, care		Staffing Committee did not	utilizing unlicensed ancillary
	managers, IV team, EKG		reach consensus on a plan	personnel (including but not
	techs, unit assistants, and		for the Hospital, the	limited to ICU Technicians)
Stepdown	transport team.	No	discussions we had with our	appropriately meets patient

				
			Presbyterian Hospital at its	reached consensus on Unit
			Columbia University Irving	Clerk staffing during the day
			Medical Center campus	shift. While the parties have
			("Hospital"), I submit the	reached a consensus on the
			Hospital's Clinical Staffing	number of unlicensed
			Plan. This Staffing Plan	ancillary personnel to staff
			encompasses in-patient	the day shift at census
			nursing care units at the	points 22-26, 29-33, and 35-
			Hospital. Over the last year	36; evening shift at census
			Hospital management has	points 23, 25-27, 30-33, and
			worked collaboratively with	35-36; and night shift at
	Nurse and support staff		the non-management	census points 26-28, 31-33,
	float pools are available to		members of the Clinical	and 36, the Hospital does
	supplement unit staffing.		Staffing Committee	not agree that all such
	Other support personnel		discussing with them the	personnel must be ICU
	that aid nursing services		working conditions, staffing,	Technicians and maintains
	include physical therapy		physical environment,	that utilizing unlicensed
	aides, occupational therapy		available resources, census,	ancillary personnel
	aides, wound/ostomy care		acuity, and feedback	(including but not limited to
	team, respiratory		submitted to the Clinical	ICU Technicians)
	therapists, phlebotomists,		Staffing Committee on each	appropriately meets patient
	pharmacy technicians,		of these in-patient nursing	needs. The Hospital
	social workers, care		units. While the Clinical	disagreed with and did not
	managers, IV team, EKG		Staffing Committee did not	adopt the non-management
	techs, EEG techs, unit		reach consensus on a plan	committee members'
	assistants, and transport		for the Hospital, the	proposal for remaining
Neurology	team.	No	discussions we had with our	staffing levels. The Hospital

		I		0
			Presbyterian Hospital at its	reached consensus on Unit
			Columbia University Irving	Clerk day shift staffing.
			Medical Center campus	While the parties have
			("Hospital"), I submit the	reached a consensus on the
			Hospital's Clinical Staffing	number of unlicensed
			Plan. This Staffing Plan	ancillary personnel to staff
			encompasses in-patient	the day shift at census point
			nursing care units at the	24, the Hospital does not
			Hospital. Over the last year	agree that all such
			Hospital management has	personnel must be ICU
			worked collaboratively with	Technicians and maintains
	Nurse and support staff		the non-management	that utilizing unlicensed
	float pools are available to		members of the Clinical	ancillary personnel
	supplement unit staffing.		Staffing Committee	(including but not limited to
	Other support personnel		discussing with them the	ICU Technicians)
	that aid nursing services		working conditions, staffing,	appropriately meets patient
	include physical therapy		physical environment,	needs. The Hospital
	aides, occupational therapy		available resources, census,	disagreed with and did not
	aides, wound/ostomy care		acuity, and feedback	adopt the non-management
	team, respiratory		submitted to the Clinical	committee members'
	therapists, phlebotomists,		Staffing Committee on each	proposal for remaining
	pharmacy technicians,		of these in-patient nursing	staffing levels. The Hospital
	social workers, care		units. While the Clinical	believes the adopted
	managers, IV team, EKG		Staffing Committee did not	guidelines, which include
	techs, EEG techs, unit		reach consensus on a plan	the staffing levels stated in
	assistants, and transport		for the Hospital, the	the collective bargaining
Neurology	team.	No	discussions we had with our	agreement between NYSNA

	,			
			Presbyterian Hospital at its	reached consensus on nurse
			Columbia University Irving	staffing at census points 5 -
			Medical Center campus	8. While the parties have
			("Hospital"), I submit the	reached a consensus on the
			Hospital's Clinical Staffing	number of unlicensed
			Plan. This Staffing Plan	ancillary personnel to staff
			encompasses in-patient	the evening shift at census
			nursing care units at the	points 7-10 and night shift
			Hospital. Over the last year	at census points 9 and 10,
			Hospital management has	the Hospital does not agree
			worked collaboratively with	that all such personnel must
			the non-management	be ICU Technicians and
	Nurse and support staff		members of the Clinical	maintains that utilizing
	float pools are available to		Staffing Committee	unlicensed ancillary
	supplement unit staffing.		discussing with them the	personnel (including but not
	Other support personnel		working conditions, staffing,	limited to ICU Technicians)
	that aid nursing services		physical environment,	appropriately meets patient
	include physical therapy		available resources, census,	needs. The Hospital
	aides, occupational therapy		acuity, and feedback	disagreed with and did not
	aides, wound/ostomy care		submitted to the Clinical	adopt the non-management
	team, respiratory		Staffing Committee on each	committee members'
	therapists, phlebotomists,		of these in-patient nursing	proposal for remaining
	pharmacy technicians,		units. While the Clinical	staffing levels. The Hospital
	social workers, care		Staffing Committee did not	believes the adopted
	managers, IV team, EKG		reach consensus on a plan	guidelines, which include
	techs, unit assistants, and		for the Hospital, the	the staffing levels stated in
Medical/Surgical	transport team.	No	discussions we had with our	the collective bargaining

	, , , , , , , , , , , , , , , , , , , 			
			Presbyterian Hospital at its	management staffing
			Columbia University Irving	committee members were
			Medical Center campus	unable to reach consensus
			("Hospital"), I submit the	on this unit's staffing plan.
			Hospital's Clinical Staffing	The Hospital believes the
			Plan. This Staffing Plan	adopted guidelines, which
			encompasses in-patient	include the staffing levels
			nursing care units at the	stated in the collective
			Hospital. Over the last year	bargaining agreement
			Hospital management has	between NYSNA and the
			worked collaboratively with	Hospital dated 1/1/23, are
			the non-management	safe and appropriate.
	Nurse and support staff		members of the Clinical	Further, while the non-
	float pools are available to		Staffing Committee	management members of
	supplement unit staffing.		discussing with them the	the clinical staffing
	Other support personnel		working conditions, staffing,	committee maintain that
	that aid nursing services		physical environment,	the Hospital must utilize ICU
	include physical therapy		available resources, census,	Technicians solely, the
	aides, occupational therapy		acuity, and feedback	Hospital maintains that
	aides, wound/ostomy care		submitted to the Clinical	utilizing unlicensed ancillary
	team, respiratory		Staffing Committee on each	personnel (including but not
	therapists, phlebotomists,		of these in-patient nursing	limited to ICU Technicians)
	pharmacy technicians,		units. While the Clinical	appropriately meets patient
	social workers, care		Staffing Committee did not	needs. The Hospital believes
	managers, IV team, EKG		reach consensus on a plan	that for overnight shifts,
	techs, unit assistants, and		for the Hospital, the	there is cross-coverage of
Rehabilitaion	transport team.	No	discussions we had with our	units where an individual
Rehabilitaion	transport team.	No	discussions we had with our	units where an individual

			Presbyterian Hospital at its	Unit Clerk staffing for the
			Columbia University Irving	day shift. The Hospital
			Medical Center campus	disagreed with and did not
			("Hospital"), I submit the	adopt the non-management
			Hospital's Clinical Staffing	committee members'
			Plan. This Staffing Plan	proposal for remaining
			encompasses in-patient	staffing levels. The Hospital
			nursing care units at the	believes the adopted
			Hospital. Over the last year	guidelines, which include
			Hospital management has	the staffing levels stated in
			worked collaboratively with	the collective bargaining
			the non-management	agreement between NYSNA
	Nurse and support staff		members of the Clinical	and the Hospital dated
	float pools are available to		Staffing Committee	1/1/23, are safe and
	supplement unit staffing.		discussing with them the	appropriate. Further, while
	Other support personnel		working conditions, staffing,	the non-management
	that aid nursing services		physical environment,	members of the clinical
	include physical therapy		available resources, census,	staffing committee maintain
	aides, occupational therapy		acuity, and feedback	that the Hospital must
	aides, wound/ostomy care		submitted to the Clinical	utilize ICU Technicians
	team, respiratory		Staffing Committee on each	solely, the Hospital
	therapists, phlebotomists,		of these in-patient nursing	maintains that utilizing
	pharmacy technicians,		units. While the Clinical	unlicensed ancillary
	social workers, care		Staffing Committee did not	personnel (including but not
	managers, IV team, EKG		reach consensus on a plan	limited to ICU Technicians)
	techs, unit assistants, and		for the Hospital, the	appropriately meets patient
Orthopedics	transport team.	No	discussions we had with our	needs. The Hospital believes
			-	

	1			0 1
			Presbyterian Hospital at its	reached consensus on RN
			Columbia University Irving	staffing for all census levels
			Medical Center campus	and shifts and Unit Clerk
			("Hospital"), I submit the	staffing for the day shift.
			Hospital's Clinical Staffing	The Hospital disagreed with
			Plan. This Staffing Plan	and did not adopt the non-
			encompasses in-patient	management committee
			nursing care units at the	members' proposal for
			Hospital. Over the last year	remaining staffing levels.
			Hospital management has	The Hospital believes that
			worked collaboratively with	current staffing and support
	Nurse and support staff		the non-management	are appropriate based upon
	float pools are available to		members of the Clinical	unit census and acuity, and
	supplement unit staffing.		Staffing Committee	that it is consistent with the
	Other support personnel		discussing with them the	requirements set forth in
	that aid nursing services		working conditions, staffing,	the collective bargaining
	include physical therapy		physical environment,	agreement between the
	aides, occupational therapy		available resources, census,	Hospital and NYSNA dated
	aides, wound/ostomy care		acuity, and feedback	1/1/23. Further, while the
	team, respiratory		submitted to the Clinical	non-management members
	therapists, phlebotomists,		Staffing Committee on each	of the clinical staffing
	pharmacy technicians,		of these in-patient nursing	committee maintain that
	social workers, care		units. While the Clinical	the Hospital must utilize ICU
	managers, IV team, EKG		Staffing Committee did not	Technicians solely, the
	techs, unit assistants,		reach consensus on a plan	Hospital maintains that
	mental health workers, and		for the Hospital, the	utilizing unlicensed ancillary
Psychiatry	transport team.	No	discussions we had with our	personnel (including but not

Association is: 3588
Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date: O9/30/20 26 12:00 AM
The number of hospital employees
represented by SEIU 1199 is: 4257