HOSPITAL INFORMATION

| Region | Metropolitan Area Regional Office |
|-----------------------------|--------------------------------------|
| County | New York |
| Council | New York City |
| Network | MOUNT SINAI HEALTH SYSTEM |
| Reporting Organization | Mount Sinai West |
| Reporting Organization Id | 1466 |
| Reporting Organization Type | Hospital (pfi) |
| Data Entity | Mount Sinai West |

| IN DAT SHILL STALLING | | | | |
|---|---------------------|---|---|---|
| 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. | 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) ? |
| Endoscopy | 5 | 68 | 18 | 3.78 |
| Addictions Outpatient Treatment Program (AOTP)- Closing December 2023 | 3 | 24 | 73 | 0.33 |
| Comprehensive Psychiatric Emergency Program (CPEP) | 1 | 8 | 4 | 2 |
| ECHO LAB | 2 | 13 | 14.79 | 0.9 |
| MRI | 1 | 8 | 22.63 | 0.35 |
| Acute HemoDialysis | 2 | 117 | 5 | 2.4 |
| Radiation Oncology | 3 | 18 | 5 | 3.6 |
| Emergency Department | 19 | 116 | 0.68 | 171.5 |
| Cardio-Vascular Institute Institute for Advanced Medicine (IAM) /Samuel's | 1 | 6 | 5 | 1.2 |
| Clinic | 1 | 24 | 5 | 0.27 |
| OPD | 4 | 24 | 91 | 0.27 |
| ASU | 13 | 372 | 70 | 4.17 |
| OR | 19 | 319 | 73 | 3.58 |
| PACU | 15 | 314 | 75 | 3.52 |
| Interventional Radiology 14B MEDICAL SURGICAL | 9 | 706.5 | 11 | 7.92 |
| UNIT | 2 | 1.6 | 10 | 5 |

| 9C - ADDICTION INSTITUTE - | | | | |
|----------------------------|----|------|----|---|
| REHAB NURSING | 5 | 1.14 | 35 | 7 |
| 3G-ADULT REHAB UNIT | 4 | 1.6 | 20 | 5 |
| NURSING NEONATAL | | | | |
| INTENSIVE CARE UNIT | 14 | 4 | 28 | 2 |
| NURSING 11A MCH | 9 | 2.67 | 27 | 3 |
| NURSING 11B MCH | 8 | 2.78 | 23 | 3 |
| LABOR AND DELIVERY-WST | 19 | 4.86 | 28 | 3 |
| NURSING 10B MEDICAL | | | | |
| SURGICAL UNIT | 4 | 1.33 | 24 | 6 |
| NURSING 9A MEDICAL | | | | |
| SURGICAL UNIT | 5 | 1.25 | 32 | 6 |
| NURSING 8B MEDICAL | | | | |
| SURGICAL UNIT | 4 | 1.6 | 20 | 5 |
| 14A MEDICAL SURGICAL | | | | |
| UNIT | 4 | 1.28 | 25 | 6 |
| 10A MEDICAL SURGICAL | | | | |
| UNIT | 6 | 1.78 | 27 | 5 |
| 9B MEDICAL UNIT | 7 | 1.6 | 35 | 5 |
| NURSING 8AS CRITICAL | | | | |
| CARE STEPDOWN-Annex | 1 | 2 | 4 | 4 |
| NURSING 8A SOUTH | | | | |
| NEUROSURGICAL | 6 | 4.8 | 10 | 2 |
| 8AW-ADULT | | | | |
| MEDICAL/SURGICAL ICU | 2 | 4 | 4 | 2 |
| 8AE-NURSING INTENSIVE | | | | |
| CARE UNIT | 6 | 4.8 | 10 | 2 |
| 7G ADULT PSYCH UNIT | 5 | 1.14 | 35 | 7 |

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) |
|---|---|---|
| Endoscopy | 0 | 0 |
| Addictions Outpatient Treatment Program (AOTP)- Closing December 2023 | 0 | 0 |
| Comprehensive Psychiatric Emergency Program (CPEP) | 0 | 0 |
| ECHO LAB | 0 | 0 |
| MRI | 0 | 0 |
| Acute HemoDialysis | 0 | 0 |
| Radiation Oncology | 0 | 0 |
| Emergency Department | 1 | 0.05 |
| Cardio-Vascular Institute Institute for Advanced Medicine (IAM) /Samuel's | 0 | 0 |
| Clinic | 2 | 12 |
| OPD | 5 | 30 |
| ASU | 0 | 0 |
| OR | 0 | 0 |
| PACU | 0 | 0 |
| Interventional Radiology | 0 | 0 |
| 14B MEDICAL SURGICAL UNIT | 0 | 0 |

| 9C - ADDICTION INSTITUTE - | | |
|----------------------------|---|---|
| REHAB NURSING | 0 | 0 |
| 3G-ADULT REHAB UNIT | 0 | 0 |
| NURSING NEONATAL | | |
| INTENSIVE CARE UNIT | 0 | 0 |
| NURSING 11A MCH | 0 | 0 |
| NURSING 11B MCH | 0 | 0 |
| | | |
| LABOR AND DELIVERY-WST | 0 | 0 |
| NURSING 10B MEDICAL | | |
| SURGICAL UNIT | 0 | 0 |
| NURSING 9A MEDICAL | | |
| SURGICAL UNIT | 0 | 0 |
| NURSING 8B MEDICAL | | |
| SURGICAL UNIT | 0 | 0 |
| 14A MEDICAL SURGICAL | | |
| UNIT | 0 | 0 |
| 10A MEDICAL SURGICAL | | |
| UNIT | 0 | 0 |
| 9B MEDICAL UNIT | 0 | 0 |
| NURSING 8AS CRITICAL | | |
| CARE STEPDOWN-Annex | 0 | 0 |
| NURSING 8A SOUTH | | |
| NEUROSURGICAL | 0 | 0 |
| 8AW-ADULT | | |
| MEDICAL/SURGICAL ICU | 0 | 0 |
| 8AE-NURSING INTENSIVE | | |
| CARE UNIT | 0 | 0 |
| 7G ADULT PSYCH UNIT | 0 | 0 |

DAY SHIFT ANCILLARY STAFF

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in 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) |
|---|---|--|
| Endoscopy | 0 | 0 |
| Addictions Outpatient Treatment Program (AOTP)- Closing December 2023 | 0 | 0 |
| Comprehensive Psychiatric Emergency Program (CPEP) | 0 | 0 |
| ECHO LAB | 0 | 0 |
| MRI | 0 | 0 |
| Acute HemoDialysis | 0 | 0 |
| Radiation Oncology | 0 | 0 |
| Emergency Department | 0 | 0 |
| Cardio-Vascular Institute Institute for Advanced Medicine (IAM) /Samuel's | 0 | 0 |
| Clinic | 0 | 0 |
| OPD | 0 | 0 |
| ASU | 0 | 0 |
| OR | 0 | 0 |
| PACU | 0 | 0 |
| Interventional Radiology | 5 | 111 |
| 14B MEDICAL SURGICAL UNIT | 0 | 0 |
| 9C - ADDICTION INSTITUTE - | 0 | 0 |
| REHAB NURSING | 0 | 0 |
| 3G-ADULT REHAB UNIT | 0 | 0 |

| NURSING NEONATAL | | |
|------------------------|---|---|
| INTENSIVE CARE UNIT | 0 | 0 |
| NURSING 11A MCH | 0 | 0 |
| NURSING 11B MCH | 0 | 0 |
| | | |
| LABOR AND DELIVERY-WST | 0 | 0 |
| NURSING 10B MEDICAL | | |
| SURGICAL UNIT | 0 | 0 |
| NURSING 9A MEDICAL | | |
| SURGICAL UNIT | 0 | 0 |
| NURSING 8B MEDICAL | | |
| SURGICAL UNIT | 0 | 0 |
| 14A MEDICAL SURGICAL | | |
| UNIT | 0 | 0 |
| 10A MEDICAL SURGICAL | | |
| UNIT | 0 | 0 |
| 9B MEDICAL UNIT | 0 | 0 |
| NURSING 8AS CRITICAL | | |
| CARE STEPDOWN-Annex | 0 | 0 |
| NURSING 8A SOUTH | | |
| NEUROSURGICAL | 0 | 0 |
| 8AW-ADULT | | |
| MEDICAL/SURGICAL ICU | 0 | 0 |
| 8AE-NURSING INTENSIVE | | |
| CARE UNIT | 0 | 0 |
| 7G ADULT PSYCH UNIT | 0 | 0 |
| | | |

DAY SHIFT UNLICENSED STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|---|---|--|
| Endoscopy | 1 | 0.44 |
| Addictions Outpatient Treatment Program (AOTP)- Closing December 2023 | 0 | 0 |
| | | |
| Comprehensive Psychiatric | | |
| Emergency Program (CPEP) | 1 | 0.11 |
| ECHO LAB | 21 | 0.24 |
| MRI | 5 | 40 |
| Acute HemoDialysis | 1 | 1.2 |
| Radiation Oncology | 1 | 6 |
| Emergency Department | 3 | 24 |
| Cardio-Vascular Institute | 8 48 | |
| Institute for Advanced Medicine (IAM) /Samuel's | | |
| Clinic | 6 | 36 |
| OPD | 6 | 0.4 |
| ASU | 5 | 18.5 |
| OR | 22 | 436 |
| PACU | 2 | 24 |
| Interventional Radiology | 2 | 0.48 |
| 14B MEDICAL SURGICAL | | |
| UNIT | 2.96 | 2.96 |
| 9C - ADDICTION INSTITUTE - REHAB NURSING | 2.96 | 0.68 |

| 3G-ADULT REHAB UNIT | 3.96 | 1.58 |
|------------------------|------|------|
| NURSING NEONATAL | | |
| INTENSIVE CARE UNIT | 2 | 0.57 |
| NURSING 11A MCH | 2 | 0.59 |
| NURSING 11B MCH | 3 | 1.04 |
| | | |
| LABOR AND DELIVERY-WST | 3 | 0.86 |
| NURSING 10B MEDICAL | | |
| SURGICAL UNIT | 4.96 | 1.65 |
| NURSING 9A MEDICAL | | |
| SURGICAL UNIT | 4.96 | 1.24 |
| NURSING 8B MEDICAL | | |
| SURGICAL UNIT | 4.96 | 1.98 |
| 14A MEDICAL SURGICAL | | |
| UNIT | 3.96 | 1.27 |
| 10A MEDICAL SURGICAL | | |
| UNIT | 4.96 | 1.47 |
| 9B MEDICAL UNIT | 4.96 | 1.13 |
| NURSING 8AS CRITICAL | | |
| CARE STEPDOWN-Annex | 1 | 2 |
| NURSING 8A SOUTH | | |
| NEUROSURGICAL | 1 | 0.8 |
| 8AW-ADULT | | |
| MEDICAL/SURGICAL ICU | 1 | 2 |
| 8AE-NURSING INTENSIVE | | |
| CARE UNIT | 2 | 1.6 |
| 7G ADULT PSYCH UNIT | 4.96 | 1.13 |
| | | |

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 licensed practical nurses, 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, and ancillary staff.

Endoscopy

Addictions Outpatient
Treatment Program (AOTP)Closing December 2023

etc...).

Comprehensive Psychiatric Emergency Program (CPEP)

ECHO LAB

MRI

Acute HemoDialysis

Unit Secretary: Performs clerical and receptionist duties also physicians and nurses. Insures correct patient care medical record forms, documents and requisitions. There are other members of the ancillary team that definitive (security, case managers, social workers, physical therapists,

essential to the operation of patient care as directed and receives instructions from identification on all patient are not easily attributed to work-hours whom support the unit on a regular basis **Radiation Oncology** etc...).

Emergency Department

Cardio-Vascular Institute

Institute for Advanced Medicine (IAM) /Samuel's Clinic

OPD

ASU

OR

Unit Secretary: Performs clerical and receptionist duties also receives instructions from physicians and nurses. Insures correct patient care medical record forms, documents and requisitions. There are other members of the ancillary team that definitive (security, case managers, social workers, physical therapists,

essential to the operation of patient care as directed and identification on all patient are not easily attributed to work-hours whom support the unit on a regular basis etc...).

PACU

Interventional Radiology

14B MEDICAL SURGICAL UNIT

9C - ADDICTION INSTITUTE -REHAB NURSING

3G-ADULT REHAB UNIT

NURSING NEONATAL INTENSIVE CARE UNIT

NURSING 11A MCH

NURSING 11B MCH

LABOR AND DELIVERY-WST

| NURSING 10B MEDICAL | Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and requisitions. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, |
|---------------------|---|
| SURGICAL UNIT | physical therapists, etc). |
| NURSING 9A MEDICAL | Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians and nurses. Insures correct patient identification on all patient care medical record forms, documents and |
| SURGICAL UNIT | requisitions. |

NURSING 8B MEDICAL SURGICAL UNIT

14A MEDICAL SURGICAL UNIT

10A MEDICAL SURGICAL UNIT

9B MEDICAL UNIT

NURSING 8AS CRITICAL CARE STEPDOWN-Annex

NURSING 8A SOUTH NEUROSURGICAL

8AW-ADULT MEDICAL/SURGICAL ICU

8AE-NURSING INTENSIVE CARE UNIT

7G ADULT PSYCH UNIT

DAY SHIFT CONSENSUS INFORMATION

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

| | | | | for motions and of the |
|-----------|----|--------------------------------|------------------------------|--------------------------------|
| | | | | for patient care and safety |
| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allows |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. It |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
| | | and alignment of fiscal | with the mission of the | it, and management must |
| Endoscopy | No | responsibility. | organization. | acknowledge the |

| | | | | for patient care and safety. |
|---------------------------|----|--------------------------------|------------------------------|-------------------------------|
| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allow |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improve |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. I |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| Addictions Outpatient | | nursing practice standards | each unit in accordance | Patient safety depends on |
| Treatment Program (AOTP)- | | and alignment of fiscal | with the mission of the | it, and management must |
| Closing December 2023 | No | responsibility. | organization. | acknowledge the |

| | | | | for patient care and safety. |
|---------------------------|----|--------------------------------|------------------------------|-------------------------------|
| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allows |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. I |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
| Comprehensive Psychiatric | | and alignment of fiscal | with the mission of the | it, and management must |
| Emergency Program (CPEP) | No | responsibility. | organization. | acknowledge the |

| | | | | for patient care and safety. |
|----------|----|--------------------------------|------------------------------|--------------------------------|
| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allows |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. It |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
| | | and alignment of fiscal | with the mission of the | it, and management must |
| ECHO LAB | No | responsibility. | organization. | acknowledge the |

| | | ī | | |
|-----|----|--------------------------------|------------------------------|--------------------------------|
| | | | | for patient care and safety. |
| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allows |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. It |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
| | | and alignment of fiscal | with the mission of the | it, and management must |
| MRI | No | responsibility. | organization. | acknowledge the |

| | | | | for patient care and safety |
|--------------------|----|--------------------------------|------------------------------|------------------------------|
| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive th |
| | | | | attention, expertise, and |
| | | | | support they need. It allow |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improve |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we mus |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. |
| | | for consideration in the | patients and families, | is essential for optimal car |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends or |
| | | and alignment of fiscal | with the mission of the | it, and management mus |
| Acute HemoDialysis | No | responsibility. | organization. | acknowledge the |

| | | | | for patient care and safety |
|--------------------|----|--------------------------------|------------------------------|------------------------------|
| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive th |
| | | | | attention, expertise, and |
| | | | | support they need. It allow |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improve |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we mus |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. |
| | | for consideration in the | patients and families, | is essential for optimal car |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends or |
| | | and alignment of fiscal | with the mission of the | it, and management mus |
| Radiation Oncology | No | responsibility. | organization. | acknowledge the |

| T | | | | |
|----------------------|----|--------------------------------|------------------------------|--------------------------------|
| | | | | for patient care and safety. |
| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allows |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. It |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
| | | and alignment of fiscal | with the mission of the | it, and management must |
| Emergency Department | No | responsibility. | organization. | acknowledge the |

| | | | | for patient care and safety. |
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| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allows |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. It |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
| | | and alignment of fiscal | with the mission of the | it, and management must |
| Cardio-Vascular Institute | No | responsibility. | organization. | acknowledge the |

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| | | | | for patient care and safety. |
| | | | | Management's |
| | | | | recommendation for |
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| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allows |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. It |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| Institute for Advanced | | nursing practice standards | each unit in accordance | Patient safety depends on |
| Medicine (IAM) /Samuel's | | and alignment of fiscal | with the mission of the | it, and management must |
| Clinic | No | responsibility. | organization. | acknowledge the |

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| | | | | for patient care and safety. |
| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
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| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allows |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. It |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
| | | and alignment of fiscal | with the mission of the | it, and management must |
| OPD | No | responsibility. | organization. | acknowledge the |

| | | | | for patient care and safety. |
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| | | | | Management's |
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| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
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| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. It |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
| | | and alignment of fiscal | with the mission of the | it, and management must |
| ASU | No | responsibility. | organization. | acknowledge the |

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| | | | | for patient care and safety. |
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| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
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| | | population served. These | under consideration and | achieve our goal, we must |
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| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
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| OR | No | responsibility. | organization. | acknowledge the |

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| | | | | for patient care and safety. |
| | | | | Management's |
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| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
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| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. It |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
| | | and alignment of fiscal | with the mission of the | it, and management must |
| PACU | No | responsibility. | organization. | acknowledge the |

| | | | | staffing is crucial for patient |
|--------------------------|----|--------------------------------|------------------------------|---------------------------------|
| | | | | care and safety. |
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| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allows |
| | | | | for swift responses to |
| | | Submitted staffing plans | | emergencies, reduces the |
| | | reflect knowledge, skills and | | risk of errors, and improves |
| | | experiences of | Nursing/Hospital | outcomes. Insufficient |
| | | hospital/nursing leadership | Management submitted | staffing jeopardizes lives |
| | | in addressing current clinical | plans which constitute safe | and compromises care |
| | | acuity, workflow and unique | staffing and address all | quality. Management's |
| | | needs of the patient | elements of the staffing law | suggestion prioritizes cost- |
| | | population served. These | under consideration and | cutting over patients. To |
| | | staffing plans are in | meets the clinical and | achieve our goal, we must |
| | | accordance with elements | emotional needs of our | recognize that adequate |
| | | for consideration in the | patients and families, | staffing is non-negotiable. It |
| | | staffing law, national | operational demands of | is essential for optimal care |
| | | nursing practice standards | each unit in accordance | and patient well-being. |
| | | and alignment of fiscal | with the mission of the | Patient safety depends on |
| Interventional Radiology | No | responsibility. | organization. | it, and management must |

| | | Submitted staffing plans | | |
|----------------------------|-----|--------------------------------|------------------------------|-----------------------------|
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 14B MEDICAL SURGICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| UNIT | No | responsibility. | mission of the organization. | assignment . |
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| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | - | |
| | | acuity, workflow and unique | · · | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 9C - ADDICTION INSTITUTE - | | and alignment of fiscal | accordance with the | staff to the patient |
| REHAB NURSING | No | responsibility. | mission of the organization. | assignment |
| TELLING HOUSING | 110 | responsibility. | mission of the organization. | assignificate |

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| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| | | and alignment of fiscal | accordance with the | staff to the patient |
| 3G-ADULT REHAB UNIT | No | responsibility. | mission of the organization. | assignment |
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| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
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| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING NEONATAL | | and alignment of fiscal | accordance with the | staff to the patient |
| INTENSIVE CARE UNIT | No | responsibility. | mission of the organization. | assignment |

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

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| | | Submitted staffing plans | | |
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| | | experiences of | Nursing/Hospital | |
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| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
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| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| | | and alignment of fiscal | accordance with the | staff to the patient |
| LABOR AND DELIVERY-WST | No | responsibility. | mission of the organization. | assignment |
| LABOR AND DELIVERT-W31 | NO | responsibility. | inission of the organization. | assigninent |
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| | | Submitted staffing plans | | |
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| | | reflect knowledge, skills and | | |
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| | | acuity, workflow and unique | _ | |
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| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING 10B MEDICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| SURGICAL UNIT | No | responsibility. | mission of the organization. | assignment |

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| | | Submitted staffing plans | | |
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| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING 9A MEDICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| SURGICAL UNIT | No | responsibility. | mission of the organization. | assignment . |
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| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | - | |
| | | acuity, workflow and unique | · · | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
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| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING 8B MEDICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| SURGICAL UNIT | No | responsibility. | mission of the organization. | assignment |
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| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 14A MEDICAL SURGICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| UNIT | No | responsibility. | mission of the organization. | assignment |
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| | | Submitted staffing plans | | |
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| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | - | |
| | | acuity, workflow and unique | · · | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 10A MEDICAL SURGICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| UNIT | No | responsibility. | mission of the organization. | assignment |
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| | | Submitted staffing plans | | |
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| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
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| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| | | and alignment of fiscal | accordance with the | staff to the patient |
| 9B MEDICAL UNIT | No | responsibility. | mission of the organization. | assignment |
| 35 WESTCAL STATE | 140 | responsibility. | inission of the organization. | assignificate |
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| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
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| | | in addressing current clinical | • | |
| | | acuity, workflow and unique | _ | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING 8AS CRITICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| CARE STEPDOWN-Annex | No | responsibility. | mission of the organization. | assignment |

| | | Submitted staffing plans | | |
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| | | reflect knowledge, skills and | _ | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING 8A SOUTH | | and alignment of fiscal | accordance with the | staff to the patient |
| NEUROSURGICAL | No | responsibility. | mission of the organization. | assignment |
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| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
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| | | hospital/nursing leadership | Management have | |
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| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 8AW-ADULT | | and alignment of fiscal | accordance with the | staff to the patient |
| MEDICAL/SURGICAL ICU | No | responsibility. | mission of the organization. | assignment |

| | | Submitted staffing plans | | |
|-----------------------|----|--------------------------------|------------------------------|-------------------------------|
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 8AE-NURSING INTENSIVE | | and alignment of fiscal | accordance with the | staff to the patient |
| CARE UNIT | No | responsibility. | mission of the organization. | assignment |
| | | | | |
| | | | | |
| | | Nursing/Hospital | | |
| | | Management have | | |
| | | submitted plans which | | Unit Secretary: Performs |
| | | constitute safe staffing and | | clerical and receptionist |
| | | address all elements of the | | duties essential to the |
| | | staffing law under | | operation of patient care as |
| | | consideration and meets | | directed and also receives |
| | | the clinical and emotional | | instructions from physicians |
| | | needs of our patients and | Union (Workforce) voted | and nurses. Insures correct |
| | | families, operational | for staff resulting in new, | patient identification on all |
| | | demands of each unit in | additional allocations of | patient care medical record |
| | | accordance with the | staff to the patient | forms, documents and |
| 7G ADULT PSYCH UNIT | No | mission of the organization. | assignment | requisitions. |

| RN 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 Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50) | Planned average number of patients on the unit per day on the Evening 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 Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)? |
| Emergency Department | 20 | 165.5 | 34.3 | 4.83 |
| 14B MEDICAL SURGICAL UNIT | 2 | 1.6 | 10 | 5 |
| 9C - ADDICTION INSTITUTE - REHAB NURSING (previously | | | | |
| 9G) | 5 | 1.14 | 35 | 7 |
| 3G-ADULT REHAB UNIT | 4 | 1.6 | 20 | 5 |
| NURSING NEONATAL INTENSIVE CARE UNIT | 14 | 4 | 28 | 2 |
| NURSING 11A MCH | 9 | 2.67 | 27 | 3 |
| NURSING 11B MCH | 8 | 2.78 | 23 | 3 |
| LABOR AND DELIVERY-WST | 17 | 4.86 | 28 | 3 |
| NURSING 10B MEDICAL SURGICAL UNIT | 4 | 1.33 | 24 | 6 |
| NURSING 9A MEDICAL | 7 | 1.33 | ۷4 | U |
| SURGICAL UNIT | 5 | 1.25 | 32 | 6 |
| NURSING 8B MEDICAL | | | | |
| SURGICAL UNIT | 4 | 1.6 | 20 | 5 |
| 14A MEDICAL SURGICAL UNIT | 4 | 1.28 | 25 | 6 |
| 10A MEDICAL SURGICAL | | | | |
| UNIT | 6 | 1.78 | 27 | 5 |
| 9B MEDICAL UNIT | 7 | 1.6 | 35 | 5 |

| NURSING 8AS CRITICAL | | | | |
|-----------------------|---|------|----|---|
| CARE STEPDOWN-Annex | 1 | 2 | 4 | 4 |
| NURSING 8A SOUTH | | | | |
| NEUROSURGICAL | 6 | 4.8 | 10 | 2 |
| 8AW-ADULT | | | | |
| MEDICAL/SURGICAL ICU | 2 | 4 | 4 | 2 |
| 8AE-NURSING INTENSIVE | | | | |
| CARE UNIT | 6 | 4.8 | 10 | 2 |
| 7G ADULT PSYCH UNIT | 5 | 1.14 | 35 | 7 |

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 | 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 | Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with |
|---|---|---|
| the hospital. | up to 5 digits. Ex: 101.50) | up to 5 digits. Ex: 101.50) |
| Emergency Department | 0 | 0 |
| 14B MEDICAL SURGICAL | 0 | |
| UNIT | 0 | 0 |
| 9C - ADDICTION INSTITUTE - REHAB NURSING (previously | | |
| 9G) | 0 | 0 |
| 3G-ADULT REHAB UNIT | 0 | 0 |
| NURSING NEONATAL INTENSIVE CARE UNIT | 0 | 0 |
| NURSING 11A MCH | 0 | 0 |
| NURSING 11B MCH | 0 | 0 |
| LABOR AND DELIVERY-WST | 0 | 0 |
| NURSING 10B MEDICAL SURGICAL UNIT | 0 | 0 |
| NURSING 9A MEDICAL SURGICAL UNIT | 0 | 0 |

| NURSING 8B MEDICAL | | |
|--|---|---|
| SURGICAL UNIT | 0 | 0 |
| 14A MEDICAL SURGICAL | | |
| UNIT | 0 | 0 |
| 10A MEDICAL SURGICAL | | |
| UNIT | 0 | 0 |
| 9B MEDICAL UNIT | 0 | 0 |
| NURSING 8AS CRITICAL | | |
| CARE STEPDOWN-Annex | 0 | 0 |
| NURSING 8A SOUTH | | |
| NEUROSURGICAL | 0 | 0 |
| 8AW-ADULT | | |
| MEDICAL/SURGICAL ICU | 0 | 0 |
| 8AE-NURSING INTENSIVE | | |
| CARE UNIT | 0 | 0 |
| 7G ADULT PSYCH UNIT | 0 | 0 |
| 8AW-ADULT MEDICAL/SURGICAL ICU 8AE-NURSING INTENSIVE CARE UNIT | 0 | 0 |

EVENING SHIFT ANCILLARY STAFF

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|---|---|--|
| Emergency Department | 0 | 0 |
| 14B MEDICAL SURGICAL UNIT | 0 | 0 |
| 9C - ADDICTION INSTITUTE - REHAB NURSING (previously 9G) | 0 | 0 |
| 3G-ADULT REHAB UNIT | 0 | 0 |
| NURSING NEONATAL INTENSIVE CARE UNIT | 0 | 0 |
| NURSING 11A MCH | 0 | 0 |

| NURSING 11B MCH | 0 | 0 |
|------------------------|---|---|
| | - | |
| LABOR AND DELIVERY-WST | 0 | 0 |
| NURSING 10B MEDICAL | | |
| SURGICAL UNIT | 0 | 0 |
| NURSING 9A MEDICAL | | |
| SURGICAL UNIT | 0 | 0 |
| NURSING 8B MEDICAL | | |
| SURGICAL UNIT | 0 | 0 |
| 14A MEDICAL SURGICAL | | |
| UNIT | 0 | 0 |
| 10A MEDICAL SURGICAL | | |
| UNIT | 0 | 0 |
| 9B MEDICAL UNIT | 0 | 0 |
| NURSING 8AS CRITICAL | | |
| CARE STEPDOWN-Annex | 0 | 0 |
| NURSING 8A SOUTH | | |
| NEUROSURGICAL | 0 | 0 |
| 8AW-ADULT | | |
| MEDICAL/SURGICAL ICU | 0 | 0 |
| 8AE-NURSING INTENSIVE | | |
| CARE UNIT | 0 | 0 |
| 7G ADULT PSYCH UNIT | 0 | 0 |

EVENING SHIFT UNLICENSED STAFFING

| | Planned average number | Planned total hours of |
|----------------------------|---------------------------|-----------------------------|
| Provide a description of | of unlicensed personnel | unlicensed personnel |
| Clinical Unit, including a | on the unit providing | care per patient |
| description of typical | direct patient care per | including adjustment for |
| patient services provided | day on the Evening Shift? | case mix and acuity on |
| on the unit and the | (Please provide a | the Evening Shift (Please |
| unit's location in | number with up to 5 | provide a number with |
| the hospital. | digits. Ex: 101.50) | up to 5 digits. Ex: 101.50) |
| Emergency Department | 3 | 30 |
| 14B MEDICAL SURGICAL | | |
| UNIT | 2.96 | 2.96 |

| 9C - ADDICTION INSTITUTE - | | |
|----------------------------|------|------|
| | | |
| REHAB NURSING (previously | 2.00 | 0.60 |
| 9G) | 2.96 | 0.68 |
| 3G-ADULT REHAB UNIT | 3.96 | 1.58 |
| NURSING NEONATAL | | |
| INTENSIVE CARE UNIT | 2 | 0.57 |
| NURSING 11A MCH | 2 | 0.59 |
| NURSING 11B MCH | 3 | 1.04 |
| | | |
| LABOR AND DELIVERY-WST | 3 | 0.86 |
| NURSING 10B MEDICAL | | |
| SURGICAL UNIT | 4.96 | 1.65 |
| NURSING 9A MEDICAL | | |
| SURGICAL UNIT | 4.96 | 1.24 |
| NURSING 8B MEDICAL | | |
| SURGICAL UNIT | 4.96 | 1.98 |
| 14A MEDICAL SURGICAL | | |
| UNIT | 3.96 | 1.27 |
| 10A MEDICAL SURGICAL | | |
| UNIT | 4.96 | 1.47 |
| 9B MEDICAL UNIT | 4.96 | 1.13 |
| NURSING 8AS CRITICAL | · | |
| CARE STEPDOWN-Annex | 1 | 2 |
| NURSING 8A SOUTH | - | _ |
| NEUROSURGICAL | 1 | 0.8 |
| 8AW-ADULT | - | 0.0 |
| MEDICAL/SURGICAL ICU | 1 | 2 |
| 8AE-NURSING INTENSIVE | 1 | 2 |
| CARE UNIT | 2 | 1.6 |
| 7G ADULT PSYCH UNIT | 4.96 | 1.13 |
| 7G ADULT PSYCH UNIT | 4.90 | 1.15 |

EVENING SHIFT ADDITIONAL RESOURCES

patient care on the **Evening Shift. These** resources include but are not limited to unit clerical staff, admission/discharge description of typical nurse, and other patient services provided coverage provided to on the unit and the registered nurses, unit's location in licensed practical nurses, and ancillary staff.

Description of additional resources available to support unit level

Provide a description of Clinical Unit, including a the hospital.

Emergency Department

14B MEDICAL SURGICAL UNIT

9C - ADDICTION INSTITUTE -REHAB NURSING (previously 9G)

3G-ADULT REHAB UNIT

NURSING NEONATAL INTENSIVE CARE UNIT

NURSING 11A MCH

NURSING 11B MCH

LABOR AND DELIVERY-WST

NURSING 10B MEDICAL SURGICAL UNIT

NURSING 9A MEDICAL SURGICAL UNIT

NURSING 8B MEDICAL SURGICAL UNIT

14A MEDICAL SURGICAL UNIT

10A MEDICAL SURGICAL UNIT

9B MEDICAL UNIT

NURSING 8AS CRITICAL CARE STEPDOWN-Annex

NURSING 8A SOUTH NEUROSURGICAL

8AW-ADULT MEDICAL/SURGICAL ICU

8AE-NURSING INTENSIVE CARE UNIT

7G ADULT PSYCH UNIT

EVENING SHIFT CONSENSUS INFORMATION

| Duraido o description of | | | | Statement by members |
|----------------------------|---------------------------------|----------------------------|-----------------------|-------------------------------|
| Provide a description of | | | | of clinical staffing |
| Clinical Unit, including a | | | Statement by members | committee that were |
| description of typical | | If no, | of clinical staffing | registered nurses, |
| patient services provided | Our Clinical Staffing | Chief Executive Officer | committee selected by | licensed practical nurses, |
| on the unit and the | Committee reached | Statement in support of | the general hospital | and ancillary members of |
| unit's location in | consensus on the clinical | clinical staffing plan for | administration | the frontline team |
| the hospital. | staffing plan for this unit: | this unit: | (management members): | (employee members): |
| | granning priorition time crimer | cons control | (| (cilipio y co ilicilia ciloy) |

| | | | | for patient care and safety. |
|----------------------|----|--------------------------------|------------------------------|--------------------------------|
| | | | | Management's |
| | | | | recommendation for |
| | | | | minimal staffing is not |
| | | | | consistent with the |
| | | | | legislation NYSHCSC Law |
| | | | | 2805-t. Sufficient staffing |
| | | | | ensures patients receive the |
| | | | | attention, expertise, and |
| | | | | support they need. It allows |
| | | | | for swift responses to |
| | | | | emergencies, reduces the |
| | | Submitted staffing plans | | risk of errors, and improves |
| | | reflect knowledge, skills and | | outcomes. Insufficient |
| | | experiences of | Nursing/Hospital | staffing jeopardizes lives |
| | | hospital/nursing leadership | Management submitted | and compromises care |
| | | in addressing current clinical | plans which constitute safe | quality. Management's |
| | | acuity, workflow and unique | staffing and address all | suggestion prioritizes cost- |
| | | needs of the patient | elements of the staffing law | cutting over patients. To |
| | | population served. These | under consideration and | achieve our goal, we must |
| | | staffing plans are in | meets the clinical and | recognize that adequate |
| | | accordance with elements | emotional needs of our | staffing is non-negotiable. It |
| | | for consideration in the | patients and families, | is essential for optimal care |
| | | staffing law, national | operational demands of | and patient well-being. |
| | | nursing practice standards | each unit in accordance | Patient safety depends on |
| | | and alignment of fiscal | with the mission of the | it, and management must |
| Emergency Department | No | responsibility. | organization. | acknowledge the |

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| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 14B MEDICAL SURGICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| UNIT | No | responsibility. | mission of the organization. | assignment |
| 0 | | Соронования | e.e.e.g. | aco.Be |
| | | | | |
| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | · · | |
| | | in addressing current clinical | _ | |
| | | acuity, workflow and unique | · · · · · · · · · · · · · · · · · · · | |
| | | | address all elements of the | |
| | | needs of the patient | | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | 11.2. (14/2.15 |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| 9C - ADDICTION INSTITUTE - | | nursing practice standards | demands of each unit in | additional allocations of |
| REHAB NURSING (previously | | and alignment of fiscal | accordance with the | staff to the patient |
| 9G) | No | responsibility. | mission of the organization. | assignment |

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| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| | | and alignment of fiscal | accordance with the | staff to the patient |
| 3G-ADULT REHAB UNIT | No | responsibility. | mission of the organization. | assignment |
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| | | | | |
| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING NEONATAL | | and alignment of fiscal | accordance with the | staff to the patient |
| INTENSIVE CARE UNIT | No | responsibility. | mission of the organization. | assignment |

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

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| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| | | and alignment of fiscal | accordance with the | staff to the patient |
| LABOR AND DELIVERY-WST | No | responsibility. | mission of the organization. | assignment |
| LABOR AND DELIVERT-W31 | NO | responsibility. | inission of the organization. | assigninent |
| | | | | |
| | | Submitted staffing plans | | |
| | | - ' | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | _ | |
| | | in addressing current clinical | · · · · · · · · · · · · · · · · · · · | |
| | | acuity, workflow and unique | _ | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING 10B MEDICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| SURGICAL UNIT | No | responsibility. | mission of the organization. | assignment |

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| | | | | |
| | | | | |
| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING 9A MEDICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| SURGICAL UNIT | No | responsibility. | mission of the organization. | assignment . |
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| | | | | |
| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | - | |
| | | acuity, workflow and unique | · · | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING 8B MEDICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| SURGICAL UNIT | No | responsibility. | mission of the organization. | assignment |
| JUNGICAL UNIT | INU | responsibility. | illission of the organization. | assigninent |

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| | | | | |
| | | | | |
| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 14A MEDICAL SURGICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| UNIT | No | responsibility. | mission of the organization. | assignment |
| | | | | |
| | | | | |
| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 10A MEDICAL SURGICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| UNIT | No | responsibility. | mission of the organization. | assignment |

| | | Submitted staffing plans | | |
|----------------------|-----|--------------------------------|---------------------------------------|-----------------------------|
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| | | and alignment of fiscal | accordance with the | staff to the patient |
| 9B MEDICAL UNIT | No | responsibility. | mission of the organization. | assignment |
| 35 WESTERE STATE | 140 | responsibility. | inission of the organization. | assignificate |
| | | | | |
| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | | | |
| | | in addressing current clinical | · · · · · · · · · · · · · · · · · · · | |
| | | acuity, workflow and unique | _ | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING 8AS CRITICAL | | and alignment of fiscal | accordance with the | staff to the patient |
| CARE STEPDOWN-Annex | No | responsibility. | mission of the organization. | assignment |

| | | Submitted staffing plans | | |
|----------------------|----|--------------------------------|------------------------------|-----------------------------|
| | | reflect knowledge, skills and | _ | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| NURSING 8A SOUTH | | and alignment of fiscal | accordance with the | staff to the patient |
| NEUROSURGICAL | No | responsibility. | mission of the organization. | assignment |
| | | | | |
| | | | | |
| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 8AW-ADULT | | and alignment of fiscal | accordance with the | staff to the patient |
| MEDICAL/SURGICAL ICU | No | responsibility. | mission of the organization. | assignment |

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| | | | | |
| | | 6 1 1 | | |
| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | submitted plans which | |
| | | acuity, workflow and unique | constitute safe staffing and | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| 8AE-NURSING INTENSIVE | | and alignment of fiscal | accordance with the | staff to the patient |
| CARE UNIT | No | responsibility. | mission of the organization. | assignment |
| | | | - | - |
| | | | | |
| | | Submitted staffing plans | | |
| | | reflect knowledge, skills and | | |
| | | experiences of | Nursing/Hospital | |
| | | hospital/nursing leadership | Management have | |
| | | in addressing current clinical | - | |
| | | acuity, workflow and unique | · · | |
| | | needs of the patient | address all elements of the | |
| | | population served. These | staffing law under | |
| | | staffing plans are in | consideration and meets | |
| | | accordance with elements | the clinical and emotional | |
| | | for consideration in the | needs of our patients and | Union (Workforce) voted |
| | | staffing law, national | families, operational | for staff resulting in new, |
| | | nursing practice standards | demands of each unit in | additional allocations of |
| | | and alignment of fiscal | accordance with the | staff to the patient |
| 7G ADULT PSYCH UNIT | No | responsibility. | mission of the organization. | assignment |
| , G / ID OLT I STOTI OTAL | 140 | responsibility. | imposion of the organization. | assignificate |

| 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) |
|------------------------|---|--|--|--|
| | Comprehensive Psychiatric | | | |
| Psychiatry | Emergency Program (CPEP) | 1 | 8 | 4 |
| Other | PACU | 2 | 16 | 3.75 |
| Emergency Department | Emergency Department | 11 | 77 | 34.3 |
| <u> </u> | 14B MEDICAL SURGICAL | | | |
| Medical/Surgical | UNIT | 2 | 1.6 | 10 |
| Rehabilitaion | 9C - ADDICTION INSTITUTE - REHAB NURSING | 5 | 1.14 | 35 |
| Rehabilitaion | 3G-ADULT REHAB UNIT | 4 | 1.6 | 20 |
| Neonatal | NURSING NEONATAL INTENSIVE CARE UNIT | 14 | 4 | 28 |
| Obstetrics/Gynecology | NURSING 11A MCH | 9 | 2.67 | 27 |
| Obstetrics/Gynecology | NURSING 11B MCH | 8 | 2.78 | 21 |
| Obstetrics/Gynecology | LABOR AND DELIVERY-WST | 18 | 4.86 | 28 |
| Medical/Surgical | NURSING 10B MEDICAL SURGICAL UNIT | 6 | 1.33 | 24 |
| Medical/Surgical | NURSING 9A MEDICAL SURGICAL UNIT | 5 | 1.25 | 32 |
| Medical/Surgical | NURSING 8B MEDICAL SURGICAL UNIT | 4 | 1.6 | 20 |
| Telemetry | 14A MEDICAL SURGICAL UNIT | 4 | 1.28 | 25 |
| Medical/Surgical | 10A MEDICAL SURGICAL UNIT | 7 | 1.78 | 27 |
| Medical/Surgical | 9B MEDICAL UNIT | 7 | 1.6 | 35 |

| | NURSING 8AS CRITICAL | | | |
|------------------|-----------------------|---|------|----|
| Critical Care | CARE STEPDOWN-Annex | 1 | 2 | 4 |
| | NURSING 8A SOUTH | | | |
| Critical Care | NEUROSURGICAL | 6 | 4.8 | 10 |
| | 8AW-ADULT | | | |
| Medical/Surgical | MEDICAL/SURGICAL ICU | 2 | 4 | 4 |
| | 8AE-NURSING INTENSIVE | | | |
| Intensive Care | CARE UNIT | 6 | 4.8 | 10 |
| Psychiatry | 7G ADULT PSYCH UNIT | 5 | 1.14 | 35 |

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) |
|------------------------|--|---|
| Psychiatry | 2 | 0 |
| Other | 4.27 | 0 |
| Emergency Department | 2.24 | 0 |
| Medical/Surgical | 5 | 0 |
| Rehabilitaion | 7 | 0 |
| Rehabilitaion | 5 | 0 |
| Neonatal | 2 | 0 |
| Obstetrics/Gynecology | 3 | 0 |
| Obstetrics/Gynecology | 3 | 0 |
| Obstetrics/Gynecology | 3 | 0 |
| Medical/Surgical | 6 | 0 |
| Medical/Surgical | 6 | 0 |
| Medical/Surgical | 5 | 0 |
| Telemetry | 6 | 0 |
| Medical/Surgical | 5 | 0 |
| Medical/Surgical | 5 | 0 |
| Critical Care | 4 | 0 |
| Critical Care | 2 | 0 |

| Medical/Surgical | 2 | 0 |
|------------------|---|---|
| Intensive Care | 2 | 0 |
| Psychiatry | 7 | 0 |

NIGHT SHIFT ANCILLARY STAFF

| Name of Clinical Unit: | Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50) | Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) |
|------------------------|---|---|
| Psychiatry | 0 | 0 |
| Other | 0 | 0 |
| Emergency Department | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Rehabilitaion | 0 | 0 |
| Rehabilitaion | 0 | 0 |
| Neonatal | 0 | 0 |
| Obstetrics/Gynecology | 0 | 0 |
| Obstetrics/Gynecology | 0 | 0 |
| Obstetrics/Gynecology | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Telemetry | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Critical Care | 0 | 0 |
| Critical Care | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Intensive Care | 0 | 0 |
| | | |

| Name of Clinical Unit: | Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50) | Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) |
|------------------------|--|---|
| Psychiatry | 0 | 1 |
| Other | 0 | 0 |
| Emergency Department | 0 | 2 |
| Medical/Surgical | 0 | 2.96 |
| Rehabilitaion | 0 | 2.96 |
| Rehabilitaion | 0 | 3.96 |
| Neonatal | 0 | 2 |
| Obstetrics/Gynecology | 0 | 2 |
| Obstetrics/Gynecology | 0 | 3 |
| Obstetrics/Gynecology | 0 | 3 |
| Medical/Surgical | 0 | 4.96 |
| Medical/Surgical | 0 | 4.96 |
| Medical/Surgical | 0 | 4.96 |
| Telemetry | 0 | 3.96 |
| Medical/Surgical | 0 | 4.96 |
| Medical/Surgical | 0 | 4.96 |
| Critical Care | 0 | 1 |
| Critical Care | 0 | 1 |
| Medical/Surgical | 0 | 1 |
| Intensive Care | 0 | 2 |
| Psychiatry | 0 | 4.96 |

NIGHT SHIFT ADDITIONAL RESOURCES

| Name of Clinical Unit: | Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|------------------------|--|
| Psychiatry | 8 |
| Other | 0 |
| Emergency Department | 16 |
| Medical/Surgical | 2.96 |
| Rehabilitaion | 0.68 |
| Rehabilitaion | 1.58 |
| Neonatal | 0.57 |
| Obstetrics/Gynecology | 0.59 |
| Obstetrics/Gynecology | 1.04 |
| Obstetrics/Gynecology | 0.86 |
| Medical/Surgical | 1.65 |
| Medical/Surgical | 1.24 |
| Medical/Surgical | 1.98 |
| Telemetry | 1.27 |
| Medical/Surgical | 1.47 |
| Medical/Surgical | 1.13 |
| Critical Care | 2 |
| Critical Care | 0.8 |
| Medical/Surgical | 2 |
| Intensive Care | 1.6 |
| Psychiatry | 1.13 |

NIGHT SHIFT CONSENSUS INFORMATION

| | Description of additional resources available to | | | |
|------------------------|---|--|---|---|
| | support unit level patient care on the Night Shift. These resources | | | |
| | include but are not limited to unit clerical staff, | | | |
| | admission/discharge nurse, and other coverage provided to | Our Clinical Staffing | If no, Chief Executive Officer | Statement by members of clinical staffing committee selected by |
| Name of Clinical Unit: | registered nurses, licensed practical nurses, and ancillary staff. | Committee reached consensus on the clinical staffing plan for this unit: | Statement in support of clinical staffing plan for this unit: | the general hospital administration (management members): |

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| | Unit Secretary: Performs | | | |
| | clerical and receptionist | | | |
| | duties | | | |
| | essential to the operation of | | | |
| | patient care as directed and | | | |
| | also | | | |
| | receives instructions from | | | |
| | physicians and nurses. | | | |
| | Insures | | | |
| | correct patient | | Submitted staffing plans | |
| | identification on all patient | | reflect knowledge, skills and | |
| | care medical record | | experiences of | Nursing/Hospital |
| | forms, documents and | | hospital/nursing leadership | Management submitted |
| | requisitions. There are | | in addressing current clinical | plans which constitute safe |
| | other members | | acuity, workflow and unique | staffing and address all |
| | of the ancillary team that | | needs of the patient | elements of the staffing law |
| | are not easily attributed to | | population served. These | under consideration and |
| | definitive | | staffing plans are in | meets the clinical and |
| | work-hours whom support | | accordance with elements | emotional needs of our |
| | the unit on a regular basis | | for consideration in the | patients and families, |
| | (security, case managers, | | staffing law, national | operational demands of |
| | social workers, physical | | nursing practice standards | each unit in accordance |
| | therapists, | | and alignment of fiscal | with the mission of the |
| Psychiatry | etc). | No | responsibility. | organization. |

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| | | | | |
| | Unit Secretary: Performs | | | |
| | clerical and receptionist | | | |
| | duties | | | |
| | essential to the operation of | | | |
| | patient care as directed and | | | |
| | also | | | |
| | receives instructions from | | | |
| | physicians and nurses. | | | |
| | Insures | | | |
| | correct patient | | Submitted staffing plans | |
| | identification on all patient | | reflect knowledge, skills and | |
| | care medical record | | experiences of | Nursing/Hospital |
| | forms, documents and | | hospital/nursing leadership | Management submitted |
| | requisitions. There are | | in addressing current clinical | plans which constitute safe |
| | other members | | acuity, workflow and unique | staffing and address all |
| | of the ancillary team that | | needs of the patient | elements of the staffing law |
| | are not easily attributed to | | population served. These | under consideration and |
| | definitive | | staffing plans are in | meets the clinical and |
| | work-hours whom support | | accordance with elements | emotional needs of our |
| | the unit on a regular basis | | for consideration in the | patients and families, |
| | (security, case managers, | | staffing law, national | operational demands of |
| | social workers, physical | | nursing practice standards | each unit in accordance |
| | therapists, | | and alignment of fiscal | with the mission of the |
| Other | etc). | No | responsibility. | organization. |

| | Unit Secretary: Performs | | | |
|----------------------|-------------------------------|----|--------------------------------|------------------------------|
| | clerical and receptionist | | | |
| | duties | | | |
| | essential to the operation of | | | |
| | patient care as directed and | | | |
| | also | | | |
| | receives instructions from | | | |
| | physicians and nurses. | | | |
| | Insures | | | |
| | correct patient | | Submitted staffing plans | |
| | identification on all patient | | reflect knowledge, skills and | |
| | care medical record | | experiences of | Nursing/Hospital |
| | forms, documents and | | hospital/nursing leadership | Management submitted |
| | requisitions. There are | | in addressing current clinical | plans which constitute safe |
| | other members | | acuity, workflow and unique | staffing and address all |
| | of the ancillary team that | | needs of the patient | elements of the staffing law |
| | are not easily attributed to | | population served. These | under consideration and |
| | definitive | | staffing plans are in | meets the clinical and |
| | work-hours whom support | | accordance with elements | emotional needs of our |
| | the unit on a regular basis | | for consideration in the | patients and families, |
| | (security, case managers, | | staffing law, national | operational demands of |
| | social workers, physical | | nursing practice standards | each unit in accordance |
| | therapists, | | and alignment of fiscal | with the mission of the |
| Emergency Department | etc). | No | responsibility. | organization. |

| | Unit Secretary: Performs | | | |
|------------------|-------------------------------|----|--------------------------------|------------------------------|
| | clerical and receptionist | | | |
| | duties essential to the | | | |
| | operation of patient care as | | | |
| | directed and also receives | | Submitted staffing plans | |
| | instructions from physicians | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | experiences of | Nursing/Hospital |
| | patient identification on all | | hospital/nursing leadership | Management have |
| | patient care medical record | | in addressing current clinical | submitted plans which |
| | forms, documents and | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | needs of the patient | address all elements of the |
| | other members of the | | population served. These | staffing law under |
| | ancillary team that are not | | staffing plans are in | consideration and meets |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Medical/Surgical | physical therapists, etc). | No | - | mission of the organization. |

| | Unit Secretary: Performs | | | |
|---------------|-------------------------------|----|--------------------------------|------------------------------|
| | clerical and receptionist | | | |
| | duties essential to the | | | |
| | | | | |
| | operation of patient care as | | | |
| | directed and also receives | | Submitted staffing plans | |
| | instructions from physicians | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | experiences of | Nursing/Hospital |
| | patient identification on all | | hospital/nursing leadership | Management have |
| | patient care medical record | | in addressing current clinical | submitted plans which |
| | forms, documents and | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | needs of the patient | address all elements of the |
| | other members of the | | population served. These | staffing law under |
| | ancillary team that are not | | staffing plans are in | consideration and meets |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Rehabilitaion | physical therapists, etc). | No | responsibility. | mission of the organization. |

| | Unit Secretary: Performs | | | |
|---------------|-------------------------------|----|--------------------------------|------------------------------|
| | clerical and receptionist | | | |
| | duties essential to the | | | |
| | | | | |
| | operation of patient care as | | | |
| | directed and also receives | | Submitted staffing plans | |
| | instructions from physicians | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | experiences of | Nursing/Hospital |
| | patient identification on all | | hospital/nursing leadership | Management have |
| | patient care medical record | | in addressing current clinical | submitted plans which |
| | forms, documents and | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | needs of the patient | address all elements of the |
| | other members of the | | population served. These | staffing law under |
| | ancillary team that are not | | staffing plans are in | consideration and meets |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Rehabilitaion | physical therapists, etc). | No | responsibility. | mission of the organization. |

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| | Unit Secretary: Performs clerical and receptionist | | | | |
| | duties essential to the | | | | |
| | operation of patient care as | | | | |
| | directed and also receives | | | Submitted staffing plans | |
| | instructions from physicians | | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | | experiences of | Nursing/Hospital |
| | patient identification on all | | | hospital/nursing leadership | Management have |
| | patient care medical record | | | in addressing current clinical | submitted plans which |
| | forms, documents and | | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | | needs of the patient | address all elements of the |
| | other members of the | | | population served. These | staffing law under |
| | ancillary team that are not | | | staffing plans are in | consideration and meets |
| | easily attributed to | | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | | for consideration in the | needs of our patients and |
| | support the unit on a | | | staffing law, national | families, operational |
| | regular basis (security, case | | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | | and alignment of fiscal | accordance with the |
| Neonatal | physical therapists, etc). | l | No | responsibility. | mission of the organization. |

| | Unit Secretary: Performs | | | | |
|-----------------------|-------------------------------|----|---|--------------------------------|------------------------------|
| | clerical and receptionist | | | | |
| | duties essential to the | | | | |
| | operation of patient care as | | | | |
| | directed and also receives | | | Submitted staffing plans | |
| | instructions from physicians | | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | | experiences of | Nursing/Hospital |
| | patient identification on all | | | hospital/nursing leadership | Management have |
| | patient care medical record | | | in addressing current clinical | submitted plans which |
| | forms, documents and | | | acuity, workflow and unique | · |
| | requisitions. There are | | | needs of the patient | address all elements of the |
| | other members of the | | | population served. These | staffing law under |
| | ancillary team that are not | | | staffing plans are in | consideration and meets |
| | easily attributed to | | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | | for consideration in the | needs of our patients and |
| | support the unit on a | | | staffing law, national | families, operational |
| | regular basis (security, case | | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | | and alignment of fiscal | accordance with the |
| Obstetrics/Gynecology | physical therapists, etc). | No |) | responsibility. | mission of the organization. |

| | Unit Secretary: Performs | | | | |
|-----------------------|-------------------------------|----|---|--------------------------------|------------------------------|
| | clerical and receptionist | | | | |
| | duties essential to the | | | | |
| | operation of patient care as | | | | |
| | directed and also receives | | | Submitted staffing plans | |
| | instructions from physicians | | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | | experiences of | Nursing/Hospital |
| | patient identification on all | | | hospital/nursing leadership | Management have |
| | patient care medical record | | | in addressing current clinical | submitted plans which |
| | forms, documents and | | | acuity, workflow and unique | · |
| | requisitions. There are | | | needs of the patient | address all elements of the |
| | other members of the | | | population served. These | staffing law under |
| | ancillary team that are not | | | staffing plans are in | consideration and meets |
| | easily attributed to | | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | | for consideration in the | needs of our patients and |
| | support the unit on a | | | staffing law, national | families, operational |
| | regular basis (security, case | | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | | and alignment of fiscal | accordance with the |
| Obstetrics/Gynecology | physical therapists, etc). | No |) | responsibility. | mission of the organization. |

| | Unit Secretary: Performs | | | | |
|-----------------------|-------------------------------|----|---|--------------------------------|------------------------------|
| | clerical and receptionist | | | | |
| | duties essential to the | | | | |
| | operation of patient care as | | | | |
| | directed and also receives | | | Submitted staffing plans | |
| | instructions from physicians | | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | | experiences of | Nursing/Hospital |
| | patient identification on all | | | hospital/nursing leadership | Management have |
| | patient care medical record | | | in addressing current clinical | submitted plans which |
| | forms, documents and | | | acuity, workflow and unique | · |
| | requisitions. There are | | | needs of the patient | address all elements of the |
| | other members of the | | | population served. These | staffing law under |
| | ancillary team that are not | | | staffing plans are in | consideration and meets |
| | easily attributed to | | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | | for consideration in the | needs of our patients and |
| | support the unit on a | | | staffing law, national | families, operational |
| | regular basis (security, case | | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | | and alignment of fiscal | accordance with the |
| Obstetrics/Gynecology | physical therapists, etc). | No |) | responsibility. | mission of the organization. |

| | Unit Secretary: Performs | | | |
|------------------|-------------------------------|----|--------------------------------|------------------------------|
| | clerical and receptionist | | | |
| | duties essential to the | | | |
| | operation of patient care as | | | |
| | directed and also receives | | Submitted staffing plans | |
| | instructions from physicians | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | experiences of | Nursing/Hospital |
| | patient identification on all | | hospital/nursing leadership | Management have |
| | patient care medical record | | in addressing current clinical | submitted plans which |
| | forms, documents and | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | needs of the patient | address all elements of the |
| | other members of the | | population served. These | staffing law under |
| | ancillary team that are not | | staffing plans are in | consideration and meets |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Medical/Surgical | physical therapists, etc). | No | - | mission of the organization. |

| | Unit Secretary: Performs | | | |
|------------------|-------------------------------|----|--------------------------------|------------------------------|
| | clerical and receptionist | | | |
| | duties essential to the | | | |
| | operation of patient care as | | | |
| | directed and also receives | | Submitted staffing plans | |
| | instructions from physicians | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | experiences of | Nursing/Hospital |
| | patient identification on all | | hospital/nursing leadership | Management have |
| | patient care medical record | | in addressing current clinical | submitted plans which |
| | forms, documents and | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | needs of the patient | address all elements of the |
| | other members of the | | population served. These | staffing law under |
| | ancillary team that are not | | staffing plans are in | consideration and meets |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Medical/Surgical | physical therapists, etc). | No | - | mission of the organization. |

| | Unit Secretary: Performs | | | | |
|------------------|-------------------------------|---|----|-------------------------------|--------------------------------|
| | clerical and receptionist | | | | |
| | duties essential to the | | | | |
| | operation of patient care as | | | | |
| | directed and also receives | | | Submitted staffing plans | Submitted staffing plans |
| | instructions from physicians | | | reflect knowledge, skills and | reflect knowledge, skills and |
| | and nurses. Insures correct | | | experiences of | experiences of |
| | patient identification on all | | | | hospital/nursing leadership |
| | patient care medical record | | | _ | in addressing current clinical |
| | forms, documents and | | | • | acuity, workflow and unique |
| | requisitions. There are | | | needs of the patient | needs of the patient |
| | other members of the | | | population served. These | population served. These |
| | ancillary team that are not | | | staffing plans are in | staffing plans are in |
| | easily attributed to | | | accordance with elements | accordance with elements |
| | definitive work-hours whom | | | for consideration in the | for consideration in the |
| | support the unit on a | | | staffing law, national | staffing law, national |
| | regular basis (security, case | | | nursing practice standards | nursing practice standards |
| | managers, social workers, | | | and alignment of fiscal | and alignment of fiscal |
| Medical/Surgical | physical therapists, etc). | N | No | responsibility. | responsibility. |

| | Unit Secretary: Performs | | | |
|-----------|-------------------------------|----|--------------------------------|------------------------------|
| | clerical and receptionist | | | |
| | duties essential to the | | | |
| | operation of patient care as | | | |
| | directed and also receives | | Submitted staffing plans | |
| | instructions from physicians | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | experiences of | Nursing/Hospital |
| | patient identification on all | | hospital/nursing leadership | Management have |
| | patient care medical record | | in addressing current clinical | submitted plans which |
| | forms, documents and | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | needs of the patient | address all elements of the |
| | other members of the | | population served. These | staffing law under |
| | ancillary team that are not | | staffing plans are in | consideration and meets |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Telemetry | physical therapists, etc). | No | responsibility. | mission of the organization. |

| | Unit Secretary: Performs | | | |
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| | clerical and receptionist | | | |
| | duties essential to the | | | |
| | operation of patient care as | | | |
| | directed and also receives | | Submitted staffing plans | |
| | instructions from physicians | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | experiences of | Nursing/Hospital |
| | patient identification on all | | hospital/nursing leadership | Management have |
| | patient care medical record | | in addressing current clinical | submitted plans which |
| | forms, documents and | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | needs of the patient | address all elements of the |
| | other members of the | | population served. These | staffing law under |
| | ancillary team that are not | | staffing plans are in | consideration and meets |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Medical/Surgical | physical therapists, etc). | No | _ | mission of the organization. |

| | Unit Secretary: Performs | | | |
|------------------|-------------------------------|----|--------------------------------|------------------------------|
| | clerical and receptionist | | | |
| | duties essential to the | | | |
| | operation of patient care as | | | |
| | directed and also receives | | Submitted staffing plans | |
| | instructions from physicians | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | experiences of | Nursing/Hospital |
| | patient identification on all | | hospital/nursing leadership | Management have |
| | patient care medical record | | in addressing current clinical | submitted plans which |
| | forms, documents and | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | needs of the patient | address all elements of the |
| | other members of the | | population served. These | staffing law under |
| | ancillary team that are not | | staffing plans are in | consideration and meets |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Medical/Surgical | physical therapists, etc). | No | _ | mission of the organization. |

| | Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians | | Submitted staffing plans reflect knowledge, skills and | |
|---------------|---|----|---|------------------------------|
| | clerical and receptionist duties essential to the operation of patient care as directed and also receives | | _ · | submitted plans which |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Critical Care | physical therapists, etc). | No | responsibility. | mission of the organization. |

| | Unit Secretary: Performs clerical and receptionist duties essential to the operation of patient care as directed and also receives instructions from physicians | | Submitted staffing plans reflect knowledge, skills and | |
|---------------|---|----|---|------------------------------|
| | clerical and receptionist duties essential to the operation of patient care as directed and also receives | | _ · | submitted plans which |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Critical Care | physical therapists, etc). | No | responsibility. | mission of the organization. |

| | Unit Secretary: Performs | | | |
|------------------|-------------------------------|----|--------------------------------|------------------------------|
| | clerical and receptionist | | | |
| | duties essential to the | | | |
| | operation of patient care as | | | |
| | directed and also receives | | Submitted staffing plans | |
| | instructions from physicians | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | experiences of | Nursing/Hospital |
| | patient identification on all | | hospital/nursing leadership | Management have |
| | patient care medical record | | in addressing current clinical | submitted plans which |
| | forms, documents and | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | needs of the patient | address all elements of the |
| | other members of the | | population served. These | staffing law under |
| | ancillary team that are not | | staffing plans are in | consideration and meets |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Medical/Surgical | physical therapists, etc). | No | _ | mission of the organization. |

| | Unit Secretary: Performs | | | | |
|----------------|-------------------------------|----|---|--------------------------------|------------------------------|
| | clerical and receptionist | | | | |
| | duties essential to the | | | | |
| | operation of patient care as | | | | |
| | directed and also receives | | | Submitted staffing plans | |
| | instructions from physicians | | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | | experiences of | Nursing/Hospital |
| | patient identification on all | | | hospital/nursing leadership | Management have |
| | patient care medical record | | | in addressing current clinical | submitted plans which |
| | forms, documents and | | | acuity, workflow and unique | constitute safe staffing and |
| | requisitions. There are | | | needs of the patient | address all elements of the |
| | other members of the | | | population served. These | staffing law under |
| | ancillary team that are not | | | staffing plans are in | consideration and meets |
| | easily attributed to | | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | | for consideration in the | needs of our patients and |
| | support the unit on a | | | staffing law, national | families, operational |
| | regular basis (security, case | | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | | and alignment of fiscal | accordance with the |
| Intensive Care | physical therapists, etc). | No |) | responsibility. | mission of the organization. |

| | Unit Secretary: Performs | | | |
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| | clerical and receptionist | | | |
| | duties essential to the | | | |
| | operation of patient care as | | | |
| | directed and also receives | | Submitted staffing plans | |
| | instructions from physicians | | reflect knowledge, skills and | |
| | and nurses. Insures correct | | experiences of | Nursing/Hospital |
| | patient identification on all | | hospital/nursing leadership | |
| | patient care medical record | | in addressing current clinical | · ' |
| | forms, documents and | | acuity, workflow and unique | _ |
| | requisitions. There are | | needs of the patient | address all elements of the |
| | other members of the | | population served. These | staffing law under |
| | ancillary team that are not | | staffing plans are in | consideration and meets |
| | easily attributed to | | accordance with elements | the clinical and emotional |
| | definitive work-hours whom | | for consideration in the | needs of our patients and |
| | support the unit on a | | staffing law, national | families, operational |
| | regular basis (security, case | | nursing practice standards | demands of each unit in |
| | managers, social workers, | | and alignment of fiscal | accordance with the |
| Psychiatry | physical therapists, etc). | No | responsibility. | mission of the organization. |

| The number of hospital employees represented by New York State Nurses Association is: | 955 |
|--|----------------------------|
| Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date: | 09/30/20 26 12:00 AM |
| The number of hospital employees represented by SEIU 1199 is: | 1798 |