HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Queens
Council	New York City
Network	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
Reporting Organization	NewYork-Presbyterian- Queens
Reporting Organization Id	1637
Reporting Organization Type	Hospital (pfi)
Data Entity	NewYork-Presbyterian- Queens

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.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
205350 ENDO	4	8	25.5	1
205154 ASU Recovery	7	4	26.25	2
205151 ASU Holding	7	5	26.25	2
205152 OR Holding	7	4	28	2
205325 PACU 1 W	7	4	30	2
205320/205335 OR	20	8	33.75	1
205445 LEVEL III NEONATAL	4	4	7.91	1.98
205446 OP INFUSION UNIT	2.88	1	36.32	15
206912 PEDIATRIC ASTHMA CENTER	0.8	3	5.01	3
206911 PEDIATRIC CLINIC	1.46	2	36.45	5
206104 ELECTROPHYSIOLOGY	1.88	8	1.92	1
206101 CARDIAC CATHETERIZATION	6.88	5	3.57	1.5
206915 THERAPEUTIC MEDICINE CENTER	3.5	8	14	1
206260 NUCLEAR MEDICINE	1.3	8	6.62	1
206565 NON INVASIVE CARDIOLOGY	2	8	4.11	1
206211 RADIOLOGY	1.83	8	7.11	1

206246 RADIATION				
ONCOLOGY	1.8	8	15.79	1
205720 Hemodialysis	4	4	7.35	2
205485 EMERGENCY ROOM	20	2.16	69.4	6
205420 MEDICAL INTENSIVE				
CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-				
SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS				
INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-				
SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-				
SURGICAL	10	2	53.08	5.31
205117 3 SOUTH MEDICAL-				
SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73
205326 CARDIO RECOVERY				
UNIT	5	5	9	1.8
205430 SURGERY ICU 7W				
(CCU/MICU/SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST				
PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-				
SURGICAL	2	2	13.77	6.89
205128 6 NORTH				
ONCOLOGY	9	2	47.08	5.23
205350 ENDO	4	8	25.5	1
205154 ASU Recovery	7	4	26.25	2
205151 ASU Holding	7	5	26.25	2
205152 OR Holding	7	4	28	2
205325 PACU 1 W	7	4	30	2
205320/205335 OR	20	8	33.75	1

205446 OD INFLICION LINIT	2.00		26.22	45
205446 OP INFUSION UNIT	2.88	1	36.32	15
206912 PEDIATRIC ASTHMA	0.0		5.04	2
CENTER	0.8	3	5.01	3
206911 PEDIATRIC CLINIC	1.46	2	36.45	5
206104				
ELECTROPHYSIOLOGY	1.88	8	1.92	1
206101 CARDIAC				
CATHETERIZATION	6.88	5	3.57	1.5
206915 THERAPEUTIC				
MEDICINE CENTER	3.5	8	14	1
206260 NUCLEAR MEDICINE	1.3	8	6.62	1
206565 NON INVASIVE				
CARDIOLOGY	2	8	4.11	1
206211 RADIOLOGY	1.83	8	7.11	1
206246 RADIATION				
ONCOLOGY	1.8	8	15.79	1
205720 Hemodialysis	4	4	7.35	2
205485 EMERGENCY ROOM	20	2.16	69.4	6
205420 MEDICAL INTENSIVE				
CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-				
SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS				
INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-				
SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-				
SURGICAL	10	2	53.08	5.31
205117 3 SOUTH MEDICAL-				
SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73

205326 CARDIO RECOVERY				
UNIT	5	5	9	1.8
205430 SURGERY ICU 7W				
(SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST				
PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-				
SURGICAL	2	2	13.77	6.89
205128 6 NORTH				
ONCOLOGY	9	2	47.08	5.23

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)
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA	_	_
CENTER	0	0
206911 PEDIATRIC CLINIC	0	0

		1
206104		
ELECTROPHYSIOLOGY	0	0
206101 CARDIAC		
CATHETERIZATION	0	0
206915 THERAPEUTIC		
MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE		
CARE UNIT	0	0
205136 8 WEST MEDICAL-		
SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS	- -	
INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL-	<u> </u>	-
SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-		
SURGICAL	0	0
205117 3 SOUTH MEDICAL-		
SURGICAL	0	0
JONGICAL	<u> </u>	
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY	U	0
UNIT	0	0
205430 SURGERY ICU 7W	U	
(CCU/MICU/SICU/SISD)	0	0
	U	
205220 OBSTETRICS/POST	0	
PART	0	0

205134 8 SOUTH MEDICAL-		
SURGICAL	0	0
205128 6 NORTH		
ONCOLOGY	0	0
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA		
CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104		
ELECTROPHYSIOLOGY	0	0
206101 CARDIAC		
CATHETERIZATION	0	0
206915 THERAPEUTIC		
MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE		
CARE UNIT	0	0
205136 8 WEST MEDICAL-		
SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS		
INTERMEDIATE CARE	0	0
	-	-

205123 5 NORTH MEDICAL-		
SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-		
SURGICAL	0	0
205117 3 SOUTH MEDICAL-		
SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY		
UNIT	0	0
205430 SURGERY ICU 7W		
(SICU/SISD)	0	0
205220 OBSTETRICS/POST		
PART	0	0
205134 8 SOUTH MEDICAL-		
SURGICAL	0	0
205128 6 NORTH		
ONCOLOGY	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	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	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)
the hospital.	digits. Ex: 101.50)	digits. Lx. 101.50)
• •	·	0
the hospital.	·	,
the hospital. 205350 ENDO	digits. Ex: 101.50) 0	0
the hospital. 205350 ENDO 205154 ASU Recovery	digits. Ex: 101.50) 0 0	0 0

205220/205225 OB	0	
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
	_	_
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA		
CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104		
ELECTROPHYSIOLOGY	0	0
206101 CARDIAC		
CATHETERIZATION	0	0
206915 THERAPEUTIC		
MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE		
CARE UNIT	0	0
205136 8 WEST MEDICAL-		
SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS		-
INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL-		
SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-		
SURGICAL	0	0
205117 3 SOUTH MEDICAL-	<u> </u>	
SURGICAL	0	0
JUNUICAL	U	U

205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY		
UNIT	0	0
205430 SURGERY ICU 7W		
(CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST		
PART	0	0
205134 8 SOUTH MEDICAL-		
SURGICAL	0	0
205128 6 NORTH		
ONCOLOGY	0	0
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA		
CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104		
ELECTROPHYSIOLOGY	0	0
206101 CARDIAC		
CATHETERIZATION	0	0
206915 THERAPEUTIC		
MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0

205420 MEDICAL INTENSIVE		
CARE UNIT	0	0
205136 8 WEST MEDICAL-		
SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS		
INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL-		
SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-		
SURGICAL	0	0
205117 3 SOUTH MEDICAL-		
SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY		
UNIT	0	0
205430 SURGERY ICU 7W		
(SICU/SISD)	0	0
205220 OBSTETRICS/POST		
PART	0	0
205134 8 SOUTH MEDICAL-		
SURGICAL	0	0
205128 6 NORTH		
ONCOLOGY	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	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	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)
the hospital.	digits. Ex: 101.50)	2
205350 ENDO	4	8
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding 205325 PACU 1 W	2 1	2
	25	10
205320/205335 OR	25	10
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA		
CENTER	0.8	3
206911 PEDIATRIC CLINIC	2.2	2
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC	U	U
MEDICINE CENTER	1.43	3
WILDICHNE CENTER	1.43	<u> </u>
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	1	4
205720 Hemodialysis	0.63	1

		<u> </u>
205485 EMERGENCY ROOM	8	0.86
205420 MEDICAL INTENSIVE		0.00
CARE UNIT	0	0
205136 8 WEST MEDICAL-		-
SURGICAL	0	0
205250 DELIVERY ROOM	0.86	1
205210 PEDIATRICS	0	0
205328 PEDS		
INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL-		
SURGICAL	4	1
205115 5 WEST NEURO	4	1
205132 4 WEST ORTHO	4	1
205133 3 NORTH MEDICAL-		
SURGICAL	6	1
205117 3 SOUTH MEDICAL-		
SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY		
UNIT	0	0
205430 SURGERY ICU 7W		
(CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST		
PART	1	1
205134 8 SOUTH MEDICAL-		
SURGICAL	1	1
205128 6 NORTH		
ONCOLOGY	4	1
205350 ENDO	4	8
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	2	2
205325 PACU 1 W	1	1
205320/205335 OR	25	10
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA		
CENTER	0.8	3

206911 PEDIATRIC CLINIC	2.2	2
206104		-
ELECTROPHYSIOLOGY	0	0
206101 CARDIAC	•	·
CATHETERIZATION	0	0
206915 THERAPEUTIC		<u> </u>
MEDICINE CENTER	1.43	3
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	1	4
205720 Hemodialysis	0.63	1
205485 EMERGENCY ROOM	8	0.86
205420 MEDICAL INTENSIVE		
CARE UNIT	0	0
205136 8 WEST MEDICAL-		
SURGICAL	0	0
205250 DELIVERY ROOM	0.86	1
205210 PEDIATRICS	0	0
205328 PEDS		
INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL-		
SURGICAL	4	1
205115 5 WEST NEURO	4	1
205132 4 WEST ORTHO	4	1
205133 3 NORTH MEDICAL-		
SURGICAL	6	1
205117 3 SOUTH MEDICAL-		
SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY		
UNIT	0	0
205430 SURGERY ICU 7W		
(SICU/SISD)	0	0

205220 OBSTETRICS/POST		
PART	1	1
205134 8 SOUTH MEDICAL-		
SURGICAL	1	1
205128 6 NORTH		
ONCOLOGY	4	1

DAY SHIFT ADDITIONAL RESOURCES

DAY SHIFT ADDITIONAL RESC	JUNCES
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.
205350 ENDO	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.

205154 ASU Recovery	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
205151 ASU Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, Radiology, and transport. Each shift has a Charge RN supporting the team as well.
205152 OR Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.

205325 PACU 1 W	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.
205320/205335 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well.
205445 LEVEL III NEONATAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, and IV team.

	Other support personnel
	that aid nursing services
	include an Administrative
	Support Coordinator,
	Registrar, Nurse
	Practitioners, a Case
	Manager, Infectious Disease
	Fellows, Environmental
	Services, and the Hospital
205446 OP INFUSION UNIT	RRT/ CAT Team.
203440 01 110 031010 01011	Other support personnel
	that aid nursing services
	include a Respiratory
	Therapist, Registrar,
	Environmental Services, and
206912 PEDIATRIC ASTHMA	the Hospital RRT/ CAT
CENTER	Team.
CEITTEIN	. ca
	Other support personnel
	that aid nursing services
	include a Care Coordinator,
	Office Manager, Registrar,
	Environmental Services, and
	the Hospital RRT/ CAT
206911 PEDIATRIC CLINIC	Team.
	Other support personnel
	that aid nursing services
	include a respiratory
	technologist, a pharmacy
	technician, housekeepers, a
	cardiovascular technologist,
	nurse assistants, a unit
	clerk, physician assistants,
206104	nurse practitioners, and
ELECTROPHYSIOLOGY	transport team.

	Other support personnel
	that aid nursing services
	include a respiratory
	technologist, a pharmacy
	technician, housekeepers, a
	cardiovascular technologist,
	nurse assistants, a unit
	clerk, physician assistants,
206101 CARDIAC	nurse practitioners, and
CATHETERIZATION	transport team.
	Other support personnel
	that aid nursing services
	include Volunteer Services,
	Environmental Services, and
206915 THERAPEUTIC	the Hospital RRT/ CAT
MEDICINE CENTER	Team.
	Other support personnel
	that aid nursing services
	include a radiology
	technologist, a physician
	assistant, a Radiologist
	present in the procedural
	area, respiratory therapists,
	transport team, and
	Anesthesia team assists as
206260 NUCLEAR MEDICINE	needed.
	Other support personnel
	that aid nursing services
	include a radiology
	technologist, a physician
	assistant, a Radiologist
	present in the procedural
	area, respiratory therapists,
	transport team, and
206565 NON INVASIVE	Anesthesia team assists as
CARDIOLOGY	needed.
5	

206211 RADIOLOGY 206246 RADIATION ONCOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed. Other support personnel that aid nursing services include patient care coordinators. Other support personnel that aid nursing services include RRT/ CAT Teams,
	EVS / Linen, Transport,
	Pharmacy, Materials
	Management, Security,
205720 Hemodialysis	Biomed, and a secretary.
205485 EMERGENCY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

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205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205136 8 WEST MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205250 DELIVERY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists,
	phlebotomists, pharmacy technicians, social workers,
	care managers,
205210 PEDIATRICS	transporters, and IV team.
205328 PEDS	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers,
INTERMEDIATE CARE	transporters, and IV team.

	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
205123 5 NORTH MEDICAL-	EKG techs, and transport
SURGICAL	team.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, and transport
205115 5 WEST NEURO	team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
205132 4 WEST ORTHO	EKG techs, and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers
	technicians, social workers, care managers, IV team,
205133 3 NORTH MEDICAL- SURGICAL	EKG techs, and transport team.

	1
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
205117 3 SOUTH MEDICAL-	EKG techs, and transport
SURGICAL	team.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	phlebotomists, pharmacy technicians, social workers,
	technicians, social workers, care managers, IV team,
205111 2 NORTH CARDIAC	technicians, social workers,

	
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
205326 CARDIO RECOVERY	EKG techs, and transport
UNIT	team.
CIVII	team.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
205430 SURGERY ICU 7W	EKG techs, and transport
(CCU/MICU/SICU/SISD)	team.

205220 OBSTETRICS/POST	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers,
PART	transporters, and IV team.
205134 8 SOUTH MEDICAL-	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport
SURGICAL	team.

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	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
205128 6 NORTH	EKG techs, and transport
ONCOLOGY	team.
0.1002001	tean
	Other support personnel
	that aid perioperative
	services include: Unit Clerk,
	Anesthesia, Pharmacy, and
	Child Life, radiology,
	biomed, IT, supply chain.
	Each shift has a Charge RN
205250 5ND0	supporting the team as
205350 ENDO	well.
	Other construct a construct
	Other support personnel
	that aid perioperative
	services include: Unit Clerk,
	Anesthesia, Perfusion,
	Pharmacy, and Child Life,
	radiology, biomed, IT,
	supply chain. Each shift has
	a Charge RN supporting the
205154 ASU Recovery	team as well.

	Other support personnel
	that aid nursing services
	include an Administrative
	Support Coordinator,
	Registrar, Nurse
	Practitioners, a Case
	Manager, Infectious Disease
	Fellows, Environmental
	Services, and the Hospital
205446 OP INFUSION UNIT	RRT/ CAT Team.
203440 01 110 031010 01011	Other support personnel
	that aid nursing services
	include a Respiratory
	Therapist, Registrar,
	Environmental Services, and
206912 PEDIATRIC ASTHMA	the Hospital RRT/ CAT
CENTER	Team.
CENTEN	. ca
	Other support personnel
	that aid nursing services
	include a Care Coordinator,
	Office Manager, Registrar,
	Environmental Services, and
	the Hospital RRT/ CAT
206911 PEDIATRIC CLINIC	Team.
	Other support personnel
	that aid nursing services
	include a respiratory
	technologist, a pharmacy
	technician, housekeepers, a
	cardiovascular technologist,
	nurse assistants, a unit
	clerk, physician assistants,
206104	nurse practitioners, and
ELECTROPHYSIOLOGY	transport team.

	Other support personnel
	that aid nursing services
	include a respiratory
	technologist, a pharmacy
	technician, housekeepers, a
	cardiovascular technologist,
	nurse assistants, a unit
	clerk, physician assistants,
206101 CARDIAC	nurse practitioners, and
CATHETERIZATION	transport team.
	Other support personnel
	that aid nursing services
	include Volunteer Services,
	Environmental Services, and
206915 THERAPEUTIC	the Hospital RRT/ CAT
MEDICINE CENTER	Team.
	Other support personnel
	that aid nursing services
	include a radiology
	technologist, a physician
	assistant, a Radiologist
	present in the procedural
	area, respiratory therapists,
	transport team, and
	Anesthesia team assists as
206260 NUCLEAR MEDICINE	needed.
	Other support personnel
	that aid nursing services
	include a radiology
	technologist, a physician
	assistant, a Radiologist
	present in the procedural
	area, respiratory therapists,
	transport team, and
206565 NON INVASIVE	Anesthesia team assists as
CARDIOLOGY	needed.
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206211 RADIOLOGY 206246 RADIATION ONCOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed. Other support personnel that aid nursing services include patient care coordinators. Other support personnel that aid nursing services include RRT/ CAT Teams,
	EVS / Linen, Transport,
	Pharmacy, Materials
	Management, Security,
205720 Hemodialysis	Biomed, and a secretary.
205485 EMERGENCY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

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205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205136 8 WEST MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205250 DELIVERY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

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	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy
	technicians, social workers,
	care managers,
205210 PEDIATRICS	transporters, and IV team.
205328 PEDS	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers,
INTERMEDIATE CARE	transporters, and IV team.

	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
205123 5 NORTH MEDICAL-	EKG techs, and transport
SURGICAL	team.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	_
	I FKG Techs, and transport I
205115 5 WEST NEURO	EKG techs, and transport team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
205132 4 WEST ORTHO	EKG techs, and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,
	care managers, IV team,
205133 3 NORTH MEDICAL- SURGICAL	EKG techs, and transport team.

	1
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
205117 3 SOUTH MEDICAL-	EKG techs, and transport
SURGICAL	team.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	phlebotomists, pharmacy technicians, social workers,
	technicians, social workers, care managers, IV team,
205111 2 NORTH CARDIAC	technicians, social workers,

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,
	care managers, IV team,
205326 CARDIO RECOVERY	EKG techs, and transport
UNIT	team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,
	care managers, IV team,
205430 SURGERY ICU 7W	EKG techs, and transport
(SICU/SISD)	team.

205220 OBSTETRICS/POST	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers,
PART	transporters, and IV team.
205134 8 SOUTH MEDICAL-	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport
SURGICAL	team.

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

DAY SHIFT CONSENSUS INFORMATION

205128 6 NORTH

ONCOLOGY

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.	Committee reached	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
205350 ENDO	Yes			
205154 ASU Recovery	Yes			
205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			
205445 LEVEL III NEONATAL	Yes			

very valuable service to our Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units The Hospital believes the at the Hospital. Over the adopted staffing and last year Hospital support are appropriate management has worked based upon unit volume collaboratively with the nonand acuity. The Hospital management members of believes patient volume the Clinical Staffing does not support scheduling Committee discussing with 4 RNs in this department on a daily basis. 3 RNs are them the working conditions, staffing, physical consistently scheduled to environment, available work on the unit and while resources, census, acuity, there may be a 4th RN and feedback submitted to scheduled to work in this the Clinical Staffing department, that is not Committee on each of these typical. The 4th RN is in-patient nursing units. brought in based on patient While the Clinical Staffing need and volume surge. The Hospital will continuously Committee did not reach monitor volume and consensus on a plan for the Hospital, the discussions we staffing to adjust staffing had with our nonwhen needed with per management partners were diem, agency, and overtime. and the RN to PT Ratio does 205446 OP INFUSION UNIT No

patients and help in preventing readmission and the completion of necessary treatment to the patients. Their services allow the hospital to decrease the Length of Stay (LOS) for patients. As per the Grid provided by management there are three staggered RN shifts staffed by 1 RN Mon thru Sunday (7days a week) totaling 3 RNs per day. As per our knowledge there are currently 4 RNs scheduled each day and this process should not be used to decrease the current staff already in place. Especially when it meets the needs of the patients. **The Committee is requesting that the grid reflect the 4RNs scheduled

		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This	The Hospital believes the	
		Staffing Plan encompasses	adopted staffing and	
		in-patient nursing care units	support are appropriate	
		at the Hospital. Over the	based upon unit volume	
		last year Hospital	and acuity. This position is	
		management has worked	filled with a full-time RN.	The pediatric Asthma Gran
		collaboratively with the non-	The Hospital agrees at least	portion of the Lang Peds
		management members of	one caregiver, practicing	clinic is currently being
		the Clinical Staffing	within their scope of	covered by a Traveler RN.
		Committee discussing with	practice, should be present	** The Committee would
		them the working	to provide care to patients	like to know if a Req# for
		conditions, staffing, physical	during normal hours of	that position has been
		environment, available	operation and in the event	requested and is in the
		resources, census, acuity,	of an absence other	process of being posted to
		and feedback submitted to	caregivers are able to step	be permanently filled by
		the Clinical Staffing	in and help, thereby	staff RN. **
		Committee on each of these	avoiding an instance where	** The Committee is also
		in-patient nursing units.	there are no caregivers	requesting that the Medic
		While the Clinical Staffing	available. The Hospital will	Assistant shifts are covere
		Committee did not reach	continuously monitor	by 1 MA at all times, and
		consensus on a plan for the	volume and staffing to	not on a 0-1 basis. O staff
		· ·	adjust staffing when needed	scheduled or coverage is
206912 PEDIATRIC ASTHMA		had with our non-	with per diem, agency, and	not acceptable. At any tim
CENTER	No	management partners were	overtime.	**

RNs that cover the Pediatric Presbyterian Queens adopted staffing and Hospital ("Hospital"), I support are appropriate Clinic As per the Grid provided by submit the Hospital's based upon unit volume Clinical Staffing Plan. This management there are 3 and acuity. The ranges that RNs staggered shift in the Staffing Plan encompasses appear on the grid reflect in-patient nursing care units the flexibility of the various Pediatric Clinic with 0-1 RN at the Hospital. Over the shifts, staggered throughout schedule on each shift Mon last year Hospital the day. The Hospital thru Fri. ** The committee is management has worked agrees at least one collaboratively with the noncaregiver, practicing within requesting that minimum 1 their scope of practice, management members of RN is scheduled per shift in should be present to the Clinical Staffing order to provide Committee discussing with provide care to patients appropriate care for the them the working during normal hours of patients. That will a total of 3 RNs per day there should conditions, staffing, physical operation and given the environment, available be at least 2 RNs per day nature of this department's resources, census, acuity, staggered shifts, in the after the clarification was made. ** and feedback submitted to event of an absence other ** O staff scheduled, or the Clinical Staffing caregivers are able to step coverage is not acceptable. Committee on each of these in and help, thereby At any time. ** in-patient nursing units. avoiding an instance where ** The committee would While the Clinical Staffing there are no caregivers available. The Hospital will Committee did not reach like to point out that last consensus on a plan for the continuously monitor Friday there was only 1 RN Hospital, the discussions we volume and staffing to covering the Clinic for the had with our nonadjust staffing when needed whole day and that was not 206911 PEDIATRIC CLINIC with per diem, agency, and appropriate staffing to No management partners were

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		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This		
		Staffing Plan encompasses		
		in-patient nursing care units		
		at the Hospital. Over the		
		last year Hospital		
		management has worked		
		collaboratively with the non-		
		management members of		
		the Clinical Staffing		
		Committee discussing with		
		them the working		
		conditions, staffing, physical		
		environment, available		
		resources, census, acuity,		
		and feedback submitted to		
		the Clinical Staffing		
		Committee on each of these		
		in-patient nursing units.		
		While the Clinical Staffing		
		Committee did not reach	The Hospital believes the	
		consensus on a plan for the	adopted staffing and	
		Hospital, the discussions we	support are appropriate	
206104		had with our non-	based upon unit volume	
ELECTROPHYSIOLOGY	No	management partners were	and acuity.	N/A

Т			Г	
		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This		
		Staffing Plan encompasses		
		in-patient nursing care units		
		at the Hospital. Over the		
		last year Hospital		
		management has worked		
		collaboratively with the non-		
		management members of		
		the Clinical Staffing		As stated above we did not
		Committee discussing with		receive the Average Volume
		them the working		for this area and could not
		conditions, staffing, physical	The Hospital believes the	get in contact with the RN
		environment, available	adopted staffing and	assigned to this area, to
		resources, census, acuity,	support are appropriate	confirm the information
		and feedback submitted to	based upon unit volume	provided. The committee
		the Clinical Staffing	and acuity. The hospital	cannot at this time provide
		Committee on each of these	· '	a comprehensive proposal
		in-patient nursing units.	lacked necessary	without the complete
		While the Clinical Staffing	information to provide a	information. The
		Committee did not reach	substantive response	Committee reserves the
		consensus on a plan for the	because they were provided	right to provide a proposal
		Hospital, the discussions we		once they either speak to
206101 CARDIAC		had with our non-	grid) that was provided for	the staff or receive the
CATHETERIZATION	No	management partners were	the other outpatient areas.	information requested.

			1	
		Presbyterian Queens		West Building basement
		Hospital ("Hospital"), I		and provide an array of
		submit the Hospital's		services for Cancer patients.
		Clinical Staffing Plan. This		The Nurse Clinicians work a
		Staffing Plan encompasses		10-hr. shift. As per the grid
		in-patient nursing care units		provided by Management
		at the Hospital. Over the	The Hospital believes the	the are 3-4 Nurse Clinicians
		last year Hospital	adopted staffing and	per day.
		management has worked	support are appropriate	They currently work form
		collaboratively with the non-	based upon unit volume	745 am to 6pm, The staff
		management members of	and acuity. The ranges that	stated that there has been
		the Clinical Staffing	appear on the grid reflect	talk about switching 2 days
		Committee discussing with	the flexibility of the various	during the week to 8 am to
		them the working	shifts, staggered throughout	615pm.
		conditions, staffing, physical	the day. The Hospital	The center is very fast
		environment, available	agrees at least one	paced and busy center,
		resources, census, acuity,	caregiver, practicing within	while they work on an
		and feedback submitted to	their scope of practice,	appointment basis, thay do
		the Clinical Staffing	should be present to	take walk ins sometime, or
		Committee on each of these	provide care to patients	the providers add on
		in-patient nursing units.	during normal hours of	patients to the schedule for
		While the Clinical Staffing	operation. The Hospital will	emergent treatments.
		Committee did not reach	continuously monitor	The staff are currently
		consensus on a plan for the	volume and staffing to	having a challenge with
		Hospital, the discussions we	adjust staffing when needed	taking their entitled break
206915 THERAPEUTIC		had with our non-	with per diem, agency, and	because of the high number
MEDICINE CENTER	No	management partners were	overtime.	of patients each nurse is

Presbyterian Queens the staffing of the 730am to Hospital ("Hospital"), I 330pm shift and the 12p-4pm shift Mon thru submit the Hospital's Clinical Staffing Plan. This Thursday but is requesting Staffing Plan encompasses that the Friday shift should in-patient nursing care units begin at 8 am. The patients at the Hospital. Over the begin arriving at 8 am and last year Hospital the RN is needed to start management has worked prepping the patient for the The Hospital believes that collaboratively with the nonprocedures. adopted staffing and management members of The Committee is the Clinical Staffing support are appropriate requesting that the RN to Committee discussing with based upon unit volume Patient Ratio on this Grid and acuity. The staffing them the working reflects a 4 pts to 1RN ratios conditions, staffing, physical ratios reflected represent and not as their environment, available the direct patient care each management claims that is resources, census, acuity, patient receives while in a a 1:1 ratio. The reality is and feedback submitted to nuclear medicine room. In that the RNs are taking care of 4 pts at different stages the Clinical Staffing the event of an emergency, of the procedures at all Committee on each of these the hospital RRT team & in-patient nursing units. PAs provide additional times. The RNs are While the Clinical Staffing support. Currently this has responsible for those not been an issue, but the patients from admission to Committee did not reach consensus on a plan for the Hospital will assess the discharge, they are Hospital, the discussions we needs of the department assessing for any adverse had with our nonand if necessary, make reactions and are responsible for their care. 206260 NUCLEAR MEDICINE No management partners were adjustments as needed.

I				
		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This		
		Staffing Plan encompasses		
		in-patient nursing care units		
		at the Hospital. Over the		
		last year Hospital		
		management has worked		
		collaboratively with the non-		
		management members of		
		the Clinical Staffing		As stated above we did not
		Committee discussing with		receive the Average Volume
		them the working		for this area and could not
		conditions, staffing, physical	The Hospital believes the	get in contact with the RN
		environment, available	adopted staffing and	assigned to this area, to
		resources, census, acuity,	support are appropriate	confirm the information
		and feedback submitted to	based upon unit volume	provided. The committee
		the Clinical Staffing	and acuity. The hospital	cannot at this time provide
		Committee on each of these	· '	a comprehensive proposal
		in-patient nursing units.	lacked necessary	without the complete
		While the Clinical Staffing	information to provide a	information. The
		Committee did not reach	substantive response	Committee reserves the
		consensus on a plan for the	because they were provided	right to provide a proposal
		Hospital, the discussions we	the same data (i.e., staffing	once they either speak to
206565 NON INVASIVE		had with our non-	grid) that was provided for	the staff or receive the
CARDIOLOGY	No	management partners were	the other outpatient areas.	information requested.

Presbyterian Queens management there are two Hospital ("Hospital"), I shifts in the radiology department, submit the Hospital's Clinical Staffing Plan. This The 7am to 3pm shifts Staffing Plan encompasses correspond to IR and the in-patient nursing care units 8am to 4pm shift at the Hospital. Over the corresponds to Cat-Scan. last year Hospital management has worked The Hospital believes the IR ** The union is requesting collaboratively with the nonadopted staffing and for two nurses to be on management members of support are appropriate based upon unit volume the Clinical Staffing duty on the 7a to 3pm shift Committee discussing with and acuity. The committee at all times. (IR) and management agree, them the working There are 2 rooms that are conditions, staffing, physical CAT- scan services should run at the same time and environment, available have at least one RN one of the rooms the PA is resources, census, acuity, scheduled to provide care. performing the duties of the and feedback submitted to The Hospital believes RN. As mentioned earlier the Clinical Staffing current volume supports the union strongly objects Committee on each of these one RN for IR. Additional to non-union personnel in-patient nursing units. resources available to the performing the duties of a While the Clinical Staffing nursing team include Techs, union Title in this case the Committee did not reach PAs, and the hospital RRT RN duties team - all providing care to consensus on a plan for the CAT-Scan Hospital, the discussions we patients while working The union is in agreement had with our nonwithin their scope of with 1 RN being scheduled for the 8sm to 4 pm shift as 206211 RADIOLOGY No management partners were practice.

		Presbyterian Queens	adopted staffing and	Staff RN in the in the
		Hospital ("Hospital"), I	support are appropriate	Oncology Radiology
		submit the Hospital's	based upon unit volume	Department.
		Clinical Staffing Plan. This	and acuity. The committee	1 Per Diem RN. They have 1
		Staffing Plan encompasses	believes three shifts should	staff RN on Leave.
		in-patient nursing care units	be reflected on the grid, but	While the grid provided by
		at the Hospital. Over the	three RNs shifts do not	management only show 2
		last year Hospital	currently exist. There are	shifts, there are actually 3
		management has worked	currently two RN shifts and	shifts. The Manager is
		collaboratively with the non-	the manager on the unit	currently covering one shift.
		management members of	provides support to the RNs	The Union strongly objects
		the Clinical Staffing	who provide care to	to this practice as
		Committee discussing with	patients. The committee	management should not be
		them the working	also contends that three	performing the duties of a
		conditions, staffing, physical	RNs are needed to meet the	Union/Staff Position.
		environment, available	needs of the patients. The	While the Staff nurse is on
		resources, census, acuity,	Hospital disagrees and will	Med Leave the Hospital
		and feedback submitted to	ensure there is at least one	should use a
		the Clinical Staffing	RN scheduled to provide	traveler/agency/or per
		Committee on each of these	care to patients during	diem RN to cover the lack of
		in-patient nursing units.	operating hours, although	a 3rd RN
		While the Clinical Staffing	on most days, there will be	As per the grid there is a
		Committee did not reach	at least two RNs scheduled.	Medical Assistant on duty
		consensus on a plan for the	The committee believes one	only Mon thru Thursday.
		Hospital, the discussions we	medical assistant should	The union is requesting a
206246 RADIATION		had with our non-	always be on duty, including	Medical Assistant to be
ONCOLOGY	No	management partners were	on Fridays. The ranges that	schedule on Fridays as well.

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-205720 Hemodialysis management partners were diem, agency, and overtime. No

The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital maintains that the 4 RNs per shift is sufficient for the current volume, which includes patients being treated outside of the Hemodialysis unit. The current staffing of 1-2 Hemodialysis Technicians, daily, is sufficient to provide service to the dialysis machines and hemofiltration system. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per

scheduled on a Pilot 12 hours shift 9am to 915pm. As per the Grid provided by management there are 3-4 RNs schedule /shift. The RNS are responsible of not only the patients (inpatient and outpatients) in the unit located in the West Building basement. But also, for the patients receiving HD in the ICU units in the hospital, for starting and troubleshooting CVVH also in the ICU units and for the inpatients that needed peritoneal dialysis (PD) in different areas of the hospital. Currently sometimes they have a 1 RN to 3 Pts ratio, but the optimum Ratio should be 1RN to 2 Pts. ** The Committee is requesting 5-6 RNs to be scheduled in order to

Presbyterian Queens committee reached Hospital ("Hospital"), I consensus on midshift nurse submit the Hospital's staffing in the. The Hospital Clinical Staffing Plan. This disagreed with and did not Staffing Plan encompasses adopt the non-management in-patient nursing care units committee members' at the Hospital. Over the proposal for remaining last year Hospital staffing levels, as the management has worked Hospital believes the collaboratively with the nonadopted guidelines are safe and appropriate for this management members of **Emergency Department's** the Clinical Staffing Committee discussing with typical volume. Each staff them the working member at NYPQ is issued a conditions, staffing, physical mobile communication environment, available device for direct resources, census, acuity, communication. This unit and feedback submitted to has available to it nurse and support staff float pools to Employee members of the the Clinical Staffing clinical staffing committee Committee on each of these supplement unit staffing during times of surge. In submitted their position in a in-patient nursing units. addition to the staff float staffing guideline format; While the Clinical Staffing the Hospital did not receive Committee did not reach pools available to supplement unit staffing, anything additional from consensus on a plan for the Hospital, the discussions we nurses are assisted by the employee members of the Clinical Staffing had with our nonrespiratory therapists, phlebotomists, pharmacy Commitee. 205485 EMERGENCY ROOM No management partners were

	Presbyterian Queens	reached consensus on nurse	
	Hospital ("Hospital"), I	staffing at all census points	
	submit the Hospital's	and Unit Clerk staffing on	
	Clinical Staffing Plan. This	the day and evening shifts.	
	Staffing Plan encompasses	The Hospital disagreed with	
	in-patient nursing care units	and did not adopt the non-	
	at the Hospital. Over the	management committee	"1- There was no image
	last year Hospital	members' proposal for	available on our last
	management has worked	remaining staffing levels, as	proposal, but we received
	collaboratively with the non-	the Hospital believes the	this grid from management.
	management members of	adopted guidelines are safe	2- The committee proposes
	the Clinical Staffing	and appropriate. This	the following numbers for
	Committee discussing with	critical care unit also	MICU, as long as those
	them the working	accomodates stepdown	numbers are met on a daily
	conditions, staffing, physical	patients and is budgeted	basis.
	environment, available	and staffed as such. On the	a- 1:1 to 2:1 ratio = 10 RNs
	resources, census, acuity,	night shift, Unit Clerks cross-	when at full capacity
	and feedback submitted to	cover units, which the	b- Staffing must Follow the
	the Clinical Staffing	Hospital believes is	Professional accreditation
	Committee on each of these	sufficient. During these	guidelines appropriate for
	in-patient nursing units.	hours, there is a significant	each case.
	While the Clinical Staffing	reduction of Unit Clerk	3- CNAs numbers increase
	Committee did not reach	duties including no visitors,	to 2 per shift or at a ratio of
	consensus on a plan for the	less phone calls, no	8-10 pts to 1 CNA. Safeties
	Hospital, the discussions we	discharges, and a decrease	or Max Observance
	had with our non-	in admissions and transfers	excluded.A. Safeties or Max
No	management partners were	as compared to other shifts.	Observance excluded"
	No	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

Presbyterian Queens reached consensus on Unit Hospital ("Hospital"), I Clerk staffing on the day and evening shift. The submit the Hospital's Clinical Staffing Plan. This Hospital disagreed with and Staffing Plan encompasses did not adopt the nonin-patient nursing care units management committee at the Hospital. Over the members' proposal for last year Hospital remaining staffing levels, as management has worked the Hospital believes the collaboratively with the nonadopted guidelines are safe management members of and appropriate. On the the Clinical Staffing night shift, Unit Clerks cross-Committee discussing with "As per the Grid the cover units, which the them the working Hospital believes is Committee proposes the following: ** 1st line 13-18 conditions, staffing, physical sufficient. During these environment, available hours, there is a significant pts 3RNs minimum. resources, census, acuity, reduction of Unit Clerk ** the committee agrees and feedback submitted to duties including no visitors, with the RN numbers in the the Clinical Staffing less phone calls, no other 2 lines. ** maintaining a 1RN:6pts Committee on each of these discharges, and a decrease in admissions and transfers in-patient nursing units. ratio at all times. While the Clinical Staffing as compared to other shifts. CNAs** 13-18 pts 2 CNAs -7-12 pts 2CNAs—1-6 pts Committee did not reach Each staff member at NYPQ 1CNA Safeties or Max consensus on a plan for the is issued a mobile Hospital, the discussions we communication device for Observance excluded. Ward Clerk 1 per shift No sharing 205136 8 WEST MEDICALhad with our nondirect communication. This management partners were unit has available to it nurse with other units." **SURGICAL** No

Presbyterian Queens reached consensus on Hospital ("Hospital"), I OR/OB Tech staffing Monday - Friday on all shifts submit the Hospital's Clinical Staffing Plan. This and on Saturday's day shift. Additionally, the staffing Staffing Plan encompasses in-patient nursing care units committee reached at the Hospital. Over the consensus on Monday last year Hospital Friday Unit Clerk staffing. "The Staffing committee management has worked The Hospital disagreed with proposes our original ask collaboratively with the nonand did not adopt the nonfrom last year staffing plan. Seen Above on the rightmanagement members of management committee members' proposal for hand side. the Clinical Staffing Committee discussing with remaining staffing levels, as For RNs, WC. ** When a patient needs to them the working the Hospital believes the conditions, staffing, physical adopted guidelines are safe go into the OR the RN environment, available and appropriate for this assigned follows the Patient resources, census, acuity, Labor and Delivery unit's leaving her other pts and feedback submitted to typical volume and acuity. assigned to among the The Hospital believes that the Clinical Staffing remaining nurses. TECHS: The committee Committee on each of these for overnight shifts, there is in-patient nursing units. cross-On the night shift, proposes 1 tech per shift including weekends. The While the Clinical Staffing Unit Clerks cross-cover Committee did not reach units, which the Hospital techs provide vital consensus on a plan for the believes is sufficient.age of assistance to the unit, and Hospital, the discussions we units where an individual they scrub-in when they OR is had with our non-Unit Clerks may not be 205250 DELIVERY ROOM present. During these needed." No management partners were

Presbyterian Queens reached consensus on Unit Hospital ("Hospital"), I Clerk staffing. The Hospital submit the Hospital's disagreed with and did not Clinical Staffing Plan. This adopt the non-management Staffing Plan encompasses committee members' in-patient nursing care units proposal for remaining at the Hospital. Over the staffing levels, as the last year Hospital Hospital believes the management has worked adopted guidelines are safe collaboratively with the nonand appropriate. Each staff member at NYPQ is issued a management members of the Clinical Staffing mobile communication Committee discussing with "As per feedback from the device for direct staff: them the working communication. This unit conditions, staffing, physical **if there is any vacancies, has available to it nurse and environment, available support staff float pools to they should be filled ASAP resources, census, acuity, supplement unit staffing. in order to alleviate staffing, and feedback submitted to Other support personnel especially on days. **Both PEDS and PIMU are that aid nursing services the Clinical Staffing include unit clerks, physical budgeted separately but Committee on each of these currently the same staffing in-patient nursing units. therapy aides, wound/ostomy care team, is used to staff both units While the Clinical Staffing Committee did not reach respiratory therapists, creating a staffing deficit and increasing the consensus on a plan for the phlebotomists, pharmacy Hospital, the discussions we technicians, social workers, needs to float an RN from MB or NICU to help with the had with our noncare managers, IV team, 205210 PEDIATRICS EKG techs, and transport staffing." No management partners were

				
		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	and Unit Clerk staffing at all	
	1	submit the Hospital's	census points and shifts,	
		Clinical Staffing Plan. This	and Nursing Attendant	
		Staffing Plan encompasses	staffing at census points 1-	
		in-patient nursing care units	3. The Hospital disagreed	
		at the Hospital. Over the	with and did not adopt the	
		last year Hospital	non-management	
		management has worked	committee members'	
		collaboratively with the non-	proposal for remaining	
		management members of	staffing levels, as the	
		the Clinical Staffing	Hospital believes the	
		Committee discussing with	adopted guidelines are safe	
		them the working	and appropriate. Each staff	
		conditions, staffing, physical	member at NYPQ is issued a	
	1	environment, available	mobile communication	
		resources, census, acuity,	device for direct	
	1	and feedback submitted to	communication. This unit	
		the Clinical Staffing	has available to it nurse and	"The Staffing committee
		Committee on each of these	support staff float pools to	proposes our original ask
	1	in-patient nursing units.	supplement unit staffing.	from last year staffing plan.
		While the Clinical Staffing	Other support personnel	Seen Above on the right-
	1	Committee did not reach	that aid nursing services	hand side.
		consensus on a plan for the	include unit clerks, physical	For RNs, CNAS & WC.
		Hospital, the discussions we	therapy aides,	Safeties or Max Observance
205328 PEDS		had with our non-	wound/ostomy care team,	to be excluded from the
INTERMEDIATE CARE	No	management partners were	respiratory therapists,	CNA numbers proposed."

		Presbyterian Queens	reached consensus on Unit	
		Hospital ("Hospital"), I	Clerk staffing on the day	
		submit the Hospital's	and evening shift. The	"1- WE ARE PROPOSING A
		Clinical Staffing Plan. This	Hospital disagreed with and	STEP-DOWN MODEL FOR
		Staffing Plan encompasses	did not adopt the non-	THE AREA OF 15 VENTED
		in-patient nursing care units	management committee	PATIENTS IN THE BACK OF
		at the Hospital. Over the	members' proposal for	5N.
		last year Hospital	remaining staffing levels, as	2- A RATIO OF 1RN:
		management has worked	the Hospital believes the	3VENTED PTS = 5RN'S
		collaboratively with the non-	adopted guidelines are safe	2CNA'S IN THIS AREA AT ALL
		management members of	and appropriate. The	TIMES. a. ROLE OF THE LPN
		the Clinical Staffing	Hospital did increase	NEEDS TO BE DISCUSSED
		Committee discussing with	Nursing Attendant staffing	AND CLARIFIED
		them the working	at census points 7-12. On	3- FOR THE MIXED
		conditions, staffing, physical	the night shift, Unit Clerks	ASSIGNMENTS {VENTED
		environment, available	cross-cover units, which the	(V)/NON-VENTED (NV)} RN
		resources, census, acuity,	Hospital believes is	1:5 RATIO
		and feedback submitted to	sufficient. During these	WITH ASSIGNMENTS AS
		the Clinical Staffing	hours, there is a significant	FOLLOW:
		Committee on each of these	reduction of Unit Clerk	a. 3NV/2V OR 4NV/1V/ RN
		in-patient nursing units.	duties including no visitors,	1:5 RATIO
		While the Clinical Staffing	less phone calls, no	b. CNA- 1:8 RATIO
		Committee did not reach	discharges, and a decrease	c. 4 CNA'S IN THE FRONT AT
		consensus on a plan for the	in admissions and transfers	ALL TIMES. Safety &
		Hospital, the discussions we	as compared to other shifts.	Maximum observances to
205123 5 NORTH MEDICAL-		had with our non-	Each staff member at NYPQ	be excluded from CNA
SURGICAL	No	management partners were	is issued a mobile	numbers.t"

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 37submit the Hospital's 40 and Unit Clerk staffing on Clinical Staffing Plan. This the day and evening shift. "** Vents are admitted Staffing Plan encompasses The Hospital disagreed with when 5N has an overflow. and did not adopt the nonin-patient nursing care units at the Hospital. Over the management committee ** Post-Surgical Patients: last year Hospital members' proposal for Pain Management/ Early management has worked remaining staffing levels, as Ambulation/ High Turnover of patients daily** collaboratively with the nonthe Hospital believes the management members of adopted guidelines are safe 1- The committee agrees that the RN staffing the Clinical Staffing and appropriate. The Committee discussing with Hospital did increase numbers are appropriate. **Nursing Attendant staffing** As long as the staffing plan them the working conditions, staffing, physical at census points 7-12. On numbers are met on a daily environment, available the night shift, Unit Clerks basis. resources, census, acuity, cross-cover units, which the a. RN ratio 5:1 and feedback submitted to Hospital believes is 2- The committee agrees sufficient. During these that the CNA numbers are the Clinical Staffing Committee on each of these hours, there is a significant appropriate as long as the in-patient nursing units. reduction of Unit Clerk staffing plan numbers are met on a daily basis. While the Clinical Staffing duties including no visitors, Committee did not reach less phone calls, no a. Safety & Max observations to be excluded consensus on a plan for the discharges, and a decrease Hospital, the discussions we in admissions and transfers from the above CNA had with our nonas compared to other shifts. numbers. Each staff member at NYPQ 3- Ward clerk 1 per shift." No management partners were

205115 5 WEST NEURO

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 31-40, Nursing Attendant submit the Hospital's Clinical Staffing Plan. This staffing at census points 31-Staffing Plan encompasses 36, and Unit Clerk staffing in-patient nursing care units on the day and evening at the Hospital. Over the shift. The Hospital disagreed last year Hospital with and did not adopt the management has worked non-management collaboratively with the noncommittee members' proposal for remaining management members of "1- The committee agrees staffing levels, as the the Clinical Staffing that the RN staffing Committee discussing with Hospital believes the numbers are appropriate. adopted guidelines are safe As long as the staffing plan them the working and appropriate. The conditions, staffing, physical numbers are met on a daily environment, available Hospital did increase basis. resources, census, acuity, **Nursing Attendant staffing** a. RN ratio 5:1 and feedback submitted to at census points 7-12. On 2- The committee agrees that the CNA numbers are the Clinical Staffing the night shift, Unit Clerks Committee on each of these cross-cover units, which the appropriate as long as the in-patient nursing units. Hospital believes is staffing plan numbers are met on a daily basis. While the Clinical Staffing sufficient. During these hours, there is a significant Committee did not reach a. Safety & Max observations to be excluded consensus on a plan for the reduction of Unit Clerk Hospital, the discussions we duties including no visitors, from the above CNA had with our nonless phone calls, no numbers. 205132 4 WEST ORTHO discharges, and a decrease 3- Ward clerk 1 per shift." No management partners were

	Presbyterian Queens	reached consensus on nurse	
		reactied consensus on hurse	
	Hospital ("Hospital"), I	staffing at census points 13-	
	submit the Hospital's	18 and 31-54 and Unit Clerk	
	Clinical Staffing Plan. This	staffing on the day and	
	Staffing Plan encompasses	evening shift. The Hospital	
	in-patient nursing care units	disagreed with and did not	
	at the Hospital. Over the	adopt the non-management	
	last year Hospital	committee members'	
	management has worked	proposal for remaining	"** The Pts in 3N are mostly
	collaboratively with the non-	staffing levels, as the	Complete Care patients
	management members of	Hospital believes the	** The rooms in 3N are very
	the Clinical Staffing	adopted guidelines, as well	small; at times is a
	Committee discussing with	as the unit configuration,	challenge to have all
	them the working	are safe and appropriate.	medical equipment
	conditions, staffing, physical	The Hospital did increase	necessary for the Pts, such
	environment, available	Nursing Attendant staffing	as Bi-Pap, & High Flow.
	resources, census, acuity,	at census points 7-12. On	** There has been talk of
	and feedback submitted to	the night shift, Unit Clerks	remodeling 3N but has not
	the Clinical Staffing	cross-cover units, which the	come to fruition.
	Committee on each of these	Hospital believes is	1- The committee proposes:
	in-patient nursing units.	sufficient. During these	a. 11 RNs/ shift 5:1 Ratio,
	While the Clinical Staffing	hours, there is a significant	the numbers must be met
	Committee did not reach	reduction of Unit Clerk	on a daily basis.
	consensus on a plan for the	duties including no visitors,	b. CNAs 8 per shift. Safety &
	Hospital, the discussions we	less phone calls, no	Max Observances to be
	had with our non-	discharges, and a decrease	excluded from this count.
No	management partners were	in admissions and transfers	2- 1 Ward Clerk 1 per shift."
		Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non- management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non- management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non- staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease

		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	staffing at census points 13-	
		submit the Hospital's	21 and Unit Clerk staffing on	
		Clinical Staffing Plan. This	the day and evening shift.	
		Staffing Plan encompasses	The Hospital disagreed with	
		in-patient nursing care units	and did not adopt the non-	
		at the Hospital. Over the	management committee	
		last year Hospital	members' proposal for	
		management has worked	remaining staffing levels, as	
		collaboratively with the non-	the Hospital believes the	
		management members of	adopted guidelines are safe	
		the Clinical Staffing	and appropriate. The	"1- **The Committee agree
		Committee discussing with	Hospital did increase	that the RN numbers are
		them the working	Nursing Attendant staffing	appropriate as long as the
		conditions, staffing, physical	at census points 7-12. On	numbers are met on a daily
		environment, available	the night shift, Unit Clerks	basis.
		resources, census, acuity,	cross-cover units, which the	Meeting the 1:5 ratio
		and feedback submitted to	Hospital believes is	agreed during last year
		the Clinical Staffing	sufficient. During these	staffing legislation process.
		Committee on each of these	hours, there is a significant	2- ** CNA's number
		in-patient nursing units.	reduction of Unit Clerk	increased to 3 as per our
		While the Clinical Staffing	duties including no visitors,	original proposal. 1 of those
		Committee did not reach	less phone calls, no	CNAs must be assigned to
		consensus on a plan for the	discharges, and a decrease	the CDU area and 2 CNAs to
		Hospital, the discussions we	in admissions and transfers	the regular floor. Safeties or
205117 3 SOUTH MEDICAL-		had with our non-	as compared to other shifts.	Max Observance excluded.
SURGICAL	No	management partners were	Each staff member at NYPQ	3- **1 WC per shift."

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 7-12 and 31-36 and Nursing submit the Hospital's Clinical Staffing Plan. This Attendant staffing at census Staffing Plan encompasses points 13-24. The Hospital in-patient nursing care units disagreed with and did not at the Hospital. Over the adopt the non-management last year Hospital committee members' management has worked proposal for remaining collaboratively with the nonstaffing levels, as the Hospital believes the management members of the Clinical Staffing adopted guidelines are safe Committee discussing with and appropriate. On the night shift, Unit Clerks crossthem the working conditions, staffing, physical cover units, which the environment, available Hospital believes is "1- The committee agrees resources, census, acuity, sufficient. During these that the RN staffing and feedback submitted to hours, there is a significant numbers are appropriate. reduction of Unit Clerk As long as the numbers are the Clinical Staffing Committee on each of these duties including no visitors, met on a daily basis. in-patient nursing units. less phone calls, no a. RN ratio 5:1 While the Clinical Staffing discharges, and a decrease 2- CNA 4 per shift for a ratio Committee did not reach in admissions and transfers of 8:1. Safeties or Max Observance excluded. consensus on a plan for the as compared to other shifts. Each staff member at NYPQ Hospital, the discussions we 3- Ward clerk 1 per shift, when sharing with CVRU had with our nonis issued a mobile 205111 2 NORTH CARDIAC not to cover another unit." No management partners were communication device for

Presbyterian Queens reached consensus on nurse that the staffing plan RN numbers is adequate as Hospital ("Hospital"), I staffing at census points 5long as those numbers are submit the Hospital's 14. The Hospital disagreed Clinical Staffing Plan. This with and did not adopt the met on a daily basis, when bed capacity returns to 14 Staffing Plan encompasses non-management in-patient nursing care units committee members' beds. at the Hospital. Over the proposal for remaining a. Staffing must Follow the last year Hospital staffing levels, as the **Professional CTICU** management has worked Hospital believes the accreditation guidelines collaboratively with the non-adopted guidelines are safe appropriate for each case. and appropriate. This management members of IG a Fresh Open Heart Case critical care unit also the Clinical Staffing post-surgery should be a 1:1 Committee discussing with accomodates stepdown ratio. them the working patients and is budgeted b. ICU ratios: 1:1 or 1:2 conditions, staffing, physical and staffed as such. On the depending on acuity. environment, available night shift, Unit Clerks crossc. Stepdown PTs should not resources, census, acuity, cover units, which the exceed a 1RN:3pts. ratio. and feedback submitted to Hospital believes is 2- CNAs numbers increase sufficient. During these to 1 per shift. Safeties or the Clinical Staffing Committee on each of these hours, there is a significant Max Observance excluded.2in-patient nursing units. reduction of Unit Clerk CNAs numbers increase to 1 While the Clinical Staffing duties including no visitors, per shift. Safeties or Max Committee did not reach less phone calls, no Observance excludedshift consensus on a plan for the discharges, and a decrease without sharing with other Hospital, the discussions we in admissions and transfers units. WC could share duties 205326 CARDIO RECOVERY had with our nonas compared to other shifts. with 2N when the WC staffing is critically Low not UNIT No management partners were This unit is contiguous with

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		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	staffing at census points 7-	
		submit the Hospital's	10 and Unit Clerk staffing on	
		Clinical Staffing Plan. This	the day and evening shift.	"1- The Committee agrees
		Staffing Plan encompasses	The Hospital disagreed with	that the staffing plan RN
		in-patient nursing care units	and did not adopt the non-	numbers is adequate as
		at the Hospital. Over the	management committee	long as those numbers are
		last year Hospital	members' proposal for	met on a daily basis.
		management has worked	remaining staffing levels, as	a. Staffing must Follow the
		collaboratively with the non-	the Hospital believes the	Professional Trauma
		management members of	adopted guidelines are safe	accreditation guidelines
		the Clinical Staffing	and appropriate. This	appropriate for each case.
		Committee discussing with	critical care unit also	IG a Fresh Trauma Alpha
		them the working	accomodates stepdown	fresh post-surgery should
		conditions, staffing, physical	patients and is budgeted	be a 1:1 ratio.
		environment, available	and staffed as such. On the	b. 1:1 to 2:1 ratio = 10 RNs
		resources, census, acuity,	night shift, Unit Clerks cross-	when at full capacity
		and feedback submitted to	cover units, which the	c. Stepdown PTs should not
		the Clinical Staffing	Hospital believes is	exceed a 3:1 ratio.
		Committee on each of these	sufficient. During these	2- CNAs numbers increase
		in-patient nursing units.	hours, there is a significant	to 2 per shift or at a ratio of
		While the Clinical Staffing	reduction of Unit Clerk	8-10 pts to 1 CNA. Safety &
		Committee did not reach	duties including no visitors,	Max Observances to be
		consensus on a plan for the	less phone calls, no	excluded from this count.
		Hospital, the discussions we	discharges, and a decrease	3- Ward Clerks- 1 per shift
205430 SURGERY ICU 7W		had with our non-	in admissions and transfers	without sharing with other
(CCU/MICU/SICU/SISD)	No	management partners were	as compared to other shifts.	units."

		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	staffing at census points 9-	
		submit the Hospital's	62 and Unit Clerk staffing.	
		Clinical Staffing Plan. This	The Hospital disagreed with	
		Staffing Plan encompasses	and did not adopt the non-	
		in-patient nursing care units	management committee	
		at the Hospital. Over the	members' proposal for	"As per our feedback there
		last year Hospital	remaining staffing levels, as	are 6 antepartum beds, 37
		management has worked	the Hospital believes the	couplets beds bringing
		collaboratively with the non-	adopted guidelines are safe	capacity to 64 pts.
		management members of	and appropriate, including	The Committee proposal is
		the Clinical Staffing	24/7 Unit Clerk coverage for	as follows:
		Committee discussing with	infant security. Each staff	RNS: The committee agree
		them the working	member at NYPQ is issued a	to the RN numbers as long
		conditions, staffing, physical	mobile communication	as the numbers are met at
		environment, available	device for direct	all times.
		resources, census, acuity,	communication. This unit	Ratios: 1RN: 3 to 4 Couplets
		and feedback submitted to	has available to it nurse and	1- CNAs: 5 couplets per CNA
		the Clinical Staffing	support staff float pools to	giving them 10 patients
		Committee on each of these	''	each. Safeties or Max
		in-patient nursing units.	Other support personnel	Observance excluded.
		While the Clinical Staffing	that aid nursing services	WC: 1 per shift/ NO
		Committee did not reach	include unit clerks, physical	SHARING ** HIGH Security
		consensus on a plan for the	· ' ' /	** Visitors must be let in by
		Hospital, the discussions we	' '	Clerk is clerk has been
205220 OBSTETRICS/POST		had with our non-	respiratory therapists,	shared it jeopardizes the
PART	No	management partners were	phlebotomists, pharmacy	safety of the unit."

		Presbyterian Queens	reached consensus on Unit	
		Hospital ("Hospital"), I	Clerk staffing on the day	
		submit the Hospital's	and evening shift. The	
		Clinical Staffing Plan. This	Hospital disagreed with and	
		Staffing Plan encompasses	did not adopt the non-	
		in-patient nursing care units	management committee	
		at the Hospital. Over the	members' proposal for	"1- The committee
		last year Hospital	remaining staffing levels, as	proposes our Original
		management has worked	the Hospital believes the	proposal of 3 nurses per
		collaboratively with the non-	adopted guidelines are safe	shift
		management members of	and appropriate. It is	a. There should never be
		the Clinical Staffing	important to note that	only 2 RN on the unit.
		Committee discussing with	when, based on census, the	i. Appropriate break
		them the working	staffing plan calls for two	coverage is not possible
		conditions, staffing, physical	RNs, a given RN is never	with only two RNs
		environment, available	alone on the unit; another	ii. CNA can not cover the
		resources, census, acuity,	team member is always	Tele Breaks
		and feedback submitted to	present to assist or call for	iii. In case of a CAT or RRT
		the Clinical Staffing	assistance in an emergency.	when RNs are on break will
		Committee on each of these	On the night shift, Unit	create an unsafe situation.
		in-patient nursing units.	Clerks cross-cover units,	b. Safety and Maximum
		While the Clinical Staffing	which the Hospital believes	observations numbers to be
		Committee did not reach	is sufficient. During these	excluded from the CNA
		consensus on a plan for the	hours, there is a significant	numbers above.
		Hospital, the discussions we	reduction of Unit Clerk	*** The staffing plan
205134 8 SOUTH MEDICAL-		had with our non-	duties including no visitors,	numbers must be met on a
SURGICAL	No	management partners were	less phone calls, no	daily basis."
	No		-	

		Presbyterian Queens	medical-surgical unit. The	
		Hospital ("Hospital"), I	clinical staffing committee	
		submit the Hospital's	reached consensus on the	
		Clinical Staffing Plan. This	proposal of the non-	
		Staffing Plan encompasses	management staffing	
		in-patient nursing care units	committee members to add	
		at the Hospital. Over the	one RN around the clock.	
		last year Hospital	The staffing committee	"*** DEDICATED CHEMO
		management has worked	reached consensus on nurse	RN
		collaboratively with the non-	staffing at census points 31-	*** Keep Chemo patients in
		management members of	48 and Unit Clerk staffing on	the same geographical
		the Clinical Staffing	the day and evening shift.	location
		Committee discussing with	The Hospital disagreed with	1- The committee agrees
		them the working	and did not adopt the non-	that the RN staffing
		conditions, staffing, physical	management committee	numbers are appropriate.
		environment, available	members' proposal for	As long as the staffing plan
		resources, census, acuity,	remaining staffing levels, as	numbers are met on a daily
		and feedback submitted to	the Hospital believes the	basis.
		the Clinical Staffing	adopted guidelines are safe	a. RN ratio 5:1
		Committee on each of these	and appropriate. The	2- The committee proposes
		in-patient nursing units.	Hospital did increase	the original ask of 6 CNAs
		While the Clinical Staffing	Nursing Attendant staffing	per shifts.
		Committee did not reach	at census points 7-12. On	a. Safety & Max
		consensus on a plan for the	the night shift, Unit Clerks	observations to be excluded
		Hospital, the discussions we	cross-cover units, which the	from the above CNA
205128 6 NORTH		had with our non-	Hospital believes is	numbers.the above CNA
ONCOLOGY	No	management partners were	sufficient. During these	numbers."
205350 ENDO	Yes			
205154 ASU Recovery	Yes			
205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			

Presbyterian Queens Hospital Hospital I submit the Hospitals Clinical Staffing Plan. This Staffing Plan encompasses inpatient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical **Staffing Committee** discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical reach consensus on a plan for the Hospital, the discussions we had with our non-management partners 205446 OP INFUSION UNIT were insightful and No

The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The Hospital believes patient volume does not support scheduling 4 RNs in this department on a daily basis. 3 RNs are consistently scheduled to work on the unit and while there may be a 4th RN scheduled to work in this department, that is not typical. The 4th RN is brought in based on patient Staffing Committee did not Ineed and volume surge. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.

very valuable service to our patients and help in preventing readmission and the completion of necessary treatment to the patients. Their services allow the hospital to decrease the Length of Stay (LOS) for patients. As per the Grid provided by management there are three staggered RN shifts staffed by 1 RN Mon thru Sunday (7days a week) totaling 3 RNs per day. As per our knowledge there are currently 4 RNs scheduled each day and this process should not be used to decrease the current staff already in place. Especially when it meets the needs of the patients.**The Committee is requesting that the grid reflect the 4RNs scheduled and the RN to PT Ratio does not exceed a 12:1 ratio. **

		Presbyterian Queens		
		Hospital Hospital I submit		
		the Hospitals Clinical		
		Staffing Plan. This Staffing	The Hospital believes the	
		Plan encompasses inpatient	adopted staffing and	
		nursing care units at the	support are appropriate	
		Hospital. Over the last year	based upon unit volume	
		Hospital management has	and acuity. This position is	
		worked collaboratively with	filled with a full-time RN.	
		the nonmanagement	The Hospital agrees at least	The pediatric Asthma Grant
		members of the Clinical	one caregiver, practicing	portion of the Lang Peds
		Staffing Committee	within their scope of	clinic is currently being
		discussing with them the	practice, should be present	covered by a Traveler RN.
		working conditions staffing	to provide care to patients	The Committee would like
		physical environment	during normal hours of	to know if a Req Num for
		available resources census	operation and in the event	that position has been
		acuity and feedback	of an absence other	requested and is in the
		submitted to the Clinical	caregivers are able to step	process of being posted to
		Staffing Committee on each	in and help, thereby	be permanently filled by a
		of these inpatient nursing	avoiding an instance where	staff RN. The Committee is
		units. While the Clinical	there are no caregivers	also requesting that the
		Staffing Committee did not	available. The Hospital will	Medical Assistant shifts are
		reach consensus on a plan	continuously monitor	covered by 1 MA at all
		for the Hospital the	volume and staffing to	times and not on a 0-1
		discussions we had with our	adjust staffing when needed	basis. O staff scheduled or
06912 PEDIATRIC ASTHMA		nonmanagement partners	with per diem, agency, and	coverage is not acceptable.
CENTER	No	were insightful and	overtime.	At any time.
	No	acuity and feedback submitted to the Clinical Staffing Committee on each of these inpatient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our nonmanagement partners	of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and	requested and is in process of being post be permanently filled staff RN. The Commit also requesting that Medical Assistant shift covered by 1 MA atimes and not on a basis. O staff schedul coverage is not accept

Presbyterian Queens Hospital Hospital, I submit the Hospitals Clinical Staffing Plan. This Staffing Plan encompasses inpatient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical **Staffing Committee** discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners adjust staffing when needed were insightful and

206911 PEDIATRIC CLINIC

No

adopted staffing and support are appropriate based upon unit volume and acuity. The ranges that appear on the grid reflect the flexibility of the various shifts, staggered throughout the day. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation and given the nature of this department's staggered shifts, in the event of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to

with per diem, agency, and

RNs that cover the Pediatric Clinic - As per the Grid provided by management there are 3 RNs staggered shift in the Pediatric Clinic with 0-1 RN schedule on each shift Mon thru Fri. ** The committee is requesting that minimum 1 RN is scheduled per shift in order to provide appropriate care for the patients. That will a total of 3 RNs per day there should be at least 2 RNs per day after the clarification was made. ** ** O staff scheduled, or coverage is not acceptable. At any time. ** ** The committee would like to point out that last Friday there was only 1 RN covering the Clinic for the

whole day and that was not

appropriate staffing to

provide safe care for the patients. **** The

				1
		Presbyterian Queens		
		Hospital (Hospital), I submit		
		the Hospitals Clinical		
		Staffing Plan. This Staffing		
		Plan encompasses in-		
		patient nursing care units at		
		the Hospital. Over the last		
		year Hospital management		
		has worked collaboratively		
		with the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		
		submitted to the Clinical		
		Staffing Committee on each		
		of these in-patient nursing		
		units. While the Clinical		
		Staffing Committee did not		
		reach consensus on a plan	The Hospital believes the	
		for the Hospital, the	adopted staffing and	
		discussions we had with our	support are appropriate	
206104		non-management partners	based upon unit volume	
ELECTROPHYSIOLOGY	No	were insightful and	and acuity.	N/A

		Presbyterian Queens		
		Hospital (Hospital), I submit		
		the Hospitals Clinical		
		Staffing Plan. This Staffing		
		Plan encompasses in-		
		patient nursing care units at		
		the Hospital. Over the last		
		year Hospital management		
		has worked collaboratively		
		with the non-management		
		members of the Clinical		
		Staffing Committee		As stated above we did not
		discussing with them the		receive the Average Volume
		working conditions, staffing,		for this area and could not
		physical environment,	The Hospital believes the	get in contact with the RN
		available resources, census,	adopted staffing and	assigned to this area, to
		acuity, and feedback	support are appropriate	confirm the information
		submitted to the Clinical	based upon unit volume	provided. The committee
		Staffing Committee on each	and acuity. The hospital	cannot at this time provide
		of these in-patient nursing	does not agree that CSC	a comprehensive proposal
		units. While the Clinical	lacked necessary	without the complete
		Staffing Committee did not	information to provide a	information. The
		reach consensus on a plan	substantive response	Committee reserves the
		for the Hospital, the	because they were provided	right to provide a proposal
		discussions we had with our	the same data (i.e., staffing	once they either speak to
206101 CARDIAC		non-management partners	grid) that was provided for	the staff or receive the
CATHETERIZATION	No	were insightful and	the other outpatient areas.	information requested.

		Presbyterian Queens		West Building basement
		Hospital ("Hospital"), I		and provide an array of
		submit the Hospitals Clinical		services for Cancer
		Staffing Plan. This Staffing		patients.The Nurse
		Plan encompasses in-		Clinicians work a 10-hr.
		patient nursing care units at		shift. As per the grid
		the Hospital. Over the last	The Hospital believes the	provided by Management
		year Hospital management	adopted staffing and	the are 3-4 Nurse Clinicians
		has worked collaboratively	support are appropriate	per day. They currently work
		with the non-management	based upon unit volume	form 745 am to 6pm, The
		members of the Clinical	and acuity. The ranges that	staff stated that there has
		Staffing Committee	appear on the grid reflect	been talk about switching 2
		discussing with them the	the flexibility of the various	days during the week to 8
		working conditions, staffing,	shifts, staggered throughout	am to 615pm.The center is
		physical environment,	the day. The Hospital	very fast paced and busy
		available resources, census,	agrees at least one	center, while they work on
		acuity, and feedback	caregiver, practicing within	an appointment basis, thay
		submitted to the Clinical	their scope of practice,	do take walk ins sometime,
		Staffing Committee on each	should be present to	or the providers add on
		of these in-patient nursing	provide care to patients	patients to the schedule for
		units. While the Clinical	during normal hours of	emergent treatments.The
		Staffing Committee did not	operation. The Hospital will	staff are currently having a
		reach consensus on a plan	continuously monitor	challenge with taking their
		for the Hospital, the	volume and staffing to	entitled break because of
		discussions we had with our	adjust staffing when needed	the high number of patients
206915 THERAPEUTIC		non-management partners	with per diem, agency, and	each nurse is receiving and
MEDICINE CENTER	No	were insightful and	overtime.	providing care for on a daily

Presbyterian Queens The Committee agrees with the staffing of the 730am to Hospital ("Hospital"), I submit the Hospital's 330pm shift and the 12p-Clinical Staffing Plan. This 4pm shift Mon thru Thursday but is requesting Staffing Plan encompasses in-patient nursing care units that the Friday shift should begin at 8 am. The patients at the Hospital. Over the last year, Hospital begin arriving at 8 am and management has worked the RN is needed to start The Hospital believes that collaboratively with the nonprepping the patient for the adopted staffing and management members of procedures. The Committee the Clinical Staffing support are appropriate is requesting that the RN to Committee discussing with based upon unit volume Patient Ratio on this Grid and acuity. The staffing them the working reflects a 4 pts to 1RN ratios conditions, staffing, physical ratios reflected represent and not as their environment, available the direct patient care each management claims that is resources, census, acuity, patient receives while in a a 1:1 ratio. The reality is and feedback submitted to nuclear medicine room. In that the RNs are taking care of 4 pts at different stages the Clinical Staffing the event of an emergency, of the procedures at all Committee on each of these the hospital RRT team & PAs provide additional in-patient nursing units. times.The RNs are While the Clinical Staffing support. Currently this has responsible for those not been an issue, but the patients from admission to Committee did not reach consensus on a plan for the Hospital will assess the discharge, they are Hospital, the discussions we needs of the department assessing for any adverse had with our nonand if necessary, make reactions and are responsible for their care. 206260 NUCLEAR MEDICINE No management partners were adjustments as needed.

		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This		
		Staffing Plan encompasses		
		in-patient nursing care units		
		at the Hospital. Over the		
		last year, Hospital		
		management has worked		
		collaboratively with the non-		
		management members of		
		the Clinical Staffing		As stated above we did not
		Committee discussing with		receive the Average Volume
		them the working		for this area and could not
		conditions, staffing, physical	The Hospital believes the	get in contact with the RN
		environment, available	adopted staffing and	assigned to this area, to
		resources, census, acuity,	support are appropriate	confirm the information
		and feedback submitted to	based upon unit volume	provided. The committee
		the Clinical Staffing	and acuity. The hospital	cannot at this time provide
		Committee on each of these	does not agree that CSC	a comprehensive proposal
		in-patient nursing units.	lacked necessary	without the complete
		While the Clinical Staffing	information to provide a	information. The
		Committee did not reach	substantive response	Committee reserves the
		consensus on a plan for the	because they were provided	right to provide a proposal
		Hospital, the discussions we	the same data (i.e., staffing	once they either speak to
206565 NON INVASIVE		had with our non-	grid) that was provided for	the staff or receive the
CARDIOLOGY	No	management partners were	the other outpatient areas.	information requested.

Presbyterian Queens management there are two Hospital ("Hospital"), I shifts in the radiology submit the Hospital's department. The 7am to Clinical Staffing Plan. This 3pm shifts correspond to IR Staffing Plan encompasses and the 8am to 4pm shift in-patient nursing care units corresponds to Cat-Scan. IR** The union is requesting at the Hospital. Over the last year, Hospital for two nurses to be on management has worked The Hospital believes the duty on the 7a to 3pm shift collaboratively with the nonadopted staffing and at all times. (IR)There are 2 management members of support are appropriate rooms that are run at the based upon unit volume the Clinical Staffing same time and one of the Committee discussing with and acuity. The committee rooms the PA is performing them the working and management agree, the duties of the RN. As conditions, staffing, physical CAT- scan services should mentioned earlier the union environment, available strongly objects to nonhave at least one RN resources, census, acuity, scheduled to provide care. union personnel performing and feedback submitted to The Hospital believes the duties of a union Title in the Clinical Staffing current volume supports this case the RN duties CAT-Committee on each of these one RN for IR. Additional Scan The union is in in-patient nursing units. resources available to the agreement with 1 RN being While the Clinical Staffing nursing team include Techs, scheduled for the 8sm to 4 Committee did not reach PAs, and the hospital RRT pm shift as long as is done team - all providing care to consensus on a plan for the on an everyday basis to Hospital, the discussions we patients while working meet the needs of the had with our nonwithin their scope of patients. The Committee is requesting that the RN to 206211 RADIOLOGY No management partners were practice.

		Presbyterian Queens	adopted staffing and	Staff RN in the in the
		Hospital ("Hospital"), I	support are appropriate	Oncology Radiology
		submit the Hospital's	based upon unit volume	Department.1 Per Diem RN
		Clinical Staffing Plan. This	and acuity. The committee	They have 1 staff RN on
		Staffing Plan encompasses	believes three shifts should	Leave.While the grid
		in-patient nursing care units	be reflected on the grid, but	provided by management
		at the Hospital. Over the	three RNs shifts do not	only show 2 shifts, there are
		last year, Hospital	currently exist. There are	actually 3 shifts. The
		management has worked	currently two RN shifts and	Manager is currently
		collaboratively with the non-	the manager on the unit	covering one shift. The
		management members of	provides support to the RNs	Union strongly objects to
		the Clinical Staffing	who provide care to	this practice as
		Committee discussing with	patients. The committee	management should not be
		them the working	also contends that three	performing the duties of a
		conditions, staffing, physical	RNs are needed to meet the	Union/Staff Position.While
		environment, available	needs of the patients. The	the Staff nurse is on Med
		resources, census, acuity,	Hospital disagrees and will	Leave the Hospital should
		and feedback submitted to	ensure there is at least one	use a traveler/agency/or
		the Clinical Staffing	RN scheduled to provide	per diem RN to cover the
		Committee on each of these	care to patients during	lack of a 3rd RN.As per the
		in-patient nursing units.	operating hours, although	grid there is a Medical
		While the Clinical Staffing	on most days, there will be	Assistant on duty only Mor
		Committee did not reach	at least two RNs scheduled.	thru Thursday. The union is
		consensus on a plan for the	The committee believes one	•
		Hospital, the discussions we		Assistant to be schedule or
206246 RADIATION		had with our non-	always be on duty, including	Fridays as well.** There
ONCOLOGY	No	management partners were	on Fridays. The ranges that	·

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-205720 Hemodialysis management partners were diem, agency, and overtime. order to provide the proper No

The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital maintains that the 4 RNs per shift is sufficient for the current volume, which includes patients being treated outside of the Hemodialysis unit. The current staffing of 1-2 Hemodialysis Technicians, daily, is sufficient to provide service to the dialysis machines and hemofiltration system. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per

scheduled on a Pilot 12 hours shift 9am to 915pm. As per the Grid provided by management there are 3-4 RNs schedule /shift.The RNS are responsible of not only the patients (inpatient and outpatients) in the unit located in the West Building basement. But also, for the patients receiving HD in the ICU units in the hospital, for starting and troubleshooting CVVH also in the ICU units and for the inpatients that needed peritoneal dialysis (PD) in different areas of the hospital.Currently sometimes they have a 1 RN to 3 Pts ratio, but the optimum Ratio should be 1RN to 2 Pts.** The Committee is requesting 5-6 RNs to be scheduled in

Presbyterian Queens committee reached Hospital ("Hospital"), I consensus on midshift nurse submit the Hospital's staffing in the. The Hospital Clinical Staffing Plan. This disagreed with and did not Staffing Plan encompasses adopt the non-management in-patient nursing care units committee members at the Hospital. Over the proposal for remaining last year, Hospital staffing levels, as the management has worked Hospital believes the collaboratively with the nonadopted guidelines are safe and appropriate for this management members of the Clinical Staffing **Emergency Departments** Committee discussing with typical volume. Each staff them the working member at NYPQ is issued a conditions, staffing, physical mobile communication environment, available device for direct resources, census, acuity, communication. This unit and feedback submitted to has available to it nurse and support staff float pools to Employee members of the the Clinical Staffing clinical staffing committee Committee on each of these supplement unit staffing during times of surge. In submitted their position in a in-patient nursing units. addition to the staff float staffing guideline format; While the Clinical Staffing the Hospital did not receive Committee did not reach pools available to supplement unit staffing, anything additional from consensus on a plan for the Hospital, the discussions we nurses are assisted by the employee members of the Clinical Staffing had with our nonrespiratory therapists, phlebotomists, pharmacy Commitee. 205485 EMERGENCY ROOM No management partners were

	Presbyterian Queens	reached consensus on nurse	
	Hospital ("Hospital"), I	staffing at all census points	
	submit the Hospital's	and Unit Clerk staffing on	
	Clinical Staffing Plan. This	the day and evening shifts.	
	Staffing Plan encompasses	The Hospital disagreed with	
	in-patient nursing care units	and did not adopt the non-	
	at the Hospital. Over the	management committee	
	last year, Hospital	members proposal for	1- There was no image
	management has worked	remaining staffing levels, as	available on our last
	collaboratively with the non-	the Hospital believes the	proposal, but we received
	management members of	adopted guidelines are safe	this grid from
	the Clinical Staffing	and appropriate. This	management.2- The
	Committee discussing with	critical care unit also	committee proposes the
	them the working	accomodates stepdown	following numbers for
	conditions, staffing, physical	patients and is budgeted	MICU, as long as those
	environment, available	and staffed as such. On the	numbers are met on a daily
	resources, census, acuity,	night shift, Unit Clerks cross-	basis. a- 1:1 to 2:1 ratio = 10
	and feedback submitted to	cover units, which the	RNs when at full capacity b-
	the Clinical Staffing	Hospital believes is	Staffing must Follow the
	Committee on each of these	sufficient. During these	Professional accreditation
	in-patient nursing units.	hours, there is a significant	guidelines appropriate for
	While the Clinical Staffing	reduction of Unit Clerk	each case. 3- CNAs numbers
	Committee did not reach	duties including no visitors,	increase to 2 per shift or at
	consensus on a plan for the	less phone calls, no	a ratio of 8-10 pts to 1 CNA.
	Hospital, the discussions we	discharges, and a decrease	Safeties or Max Observance
	had with our non-	in admissions and transfers	excluded.A. Safeties or Max
No	management partners were	as compared to other shifts.	Observance excluded"
	No	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

Presbyterian Queens reached consensus on Unit Hospital ("Hospital"), I Clerk staffing on the day and evening shift. The submit the Hospital's Clinical Staffing Plan. This Hospital disagreed with and Staffing Plan encompasses did not adopt the nonin-patient nursing care units management committee at the Hospital. Over the members proposal for remaining staffing levels, as last year, Hospital management has worked the Hospital believes the collaboratively with the nonadopted guidelines are safe management members of and appropriate. On the the Clinical Staffing night shift, Unit Clerks cross-Committee discussing with cover units, which the "As per the Grid the them the working Hospital believes is conditions, staffing, physical sufficient. During these Committee proposes the environment, available hours, there is a significant following: ** 1st line 13-18 pts 3RNs minimum. ** the resources, census, acuity, reduction of Unit Clerk and feedback submitted to duties including no visitors, committee agrees with the the Clinical Staffing less phone calls, no RN numbers in the other 2 lines. ** maintaining a discharges, and a decrease Committee on each of these in-patient nursing units. in admissions and transfers 1RN:6pts ratio at all times. CNAs** 13-18 pts 2 CNAs -While the Clinical Staffing as compared to other shifts. 7-12 pts 2CNA - 1-6 pts Committee did not reach Each staff member at NYPQ 1CNA Safeties or Max consensus on a plan for the is issued a mobile Hospital, the discussions we communication device for Observance excluded. Ward Clerk 1 per shift No sharing 205136 8 WEST MEDICALhad with our nondirect communication. This management partners were unit has available to it nurse with other units." **SURGICAL** No

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical adopted guidelines are safe environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these for overnight shifts, there is in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-No management partners were

205250 DELIVERY ROOM

OR/OB Tech staffing Monday - Friday on all shifts and on Saturdays day shift. Additionally, the staffing committee reached consensus on Monday -Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the nonmanagement committee members proposal for remaining staffing levels, as the Hospital believes the and appropriate for this Labor and Delivery units typical volume and acuity. The Hospital believes that cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient.age of units where an individual Unit Clerks may not be present. During these

reached consensus on

"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the righthand side. For RNs, WC. ** When a patient needs to go into the OR the RN assigned follows the Patient leaving her other pts assigned to among the remaining nurses. TECHS: The committee proposes 1 tech per shift including weekends. The techs provide vital assistance to the unit, and they scrub-in when they OR is needed."

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-205210 PEDIATRICS No management partners were

Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport

reached consensus on Unit

As per feedback from the staff:**if there is any vacancies, they should be filled ASAP in order to alleviate staffing, especially on days.**Both PEDS and PIMU are budgeted separately but currently the same staffing is used to staff both units creating a staffing deficit and increasing the needs to float an RN from MB or NICU to help with the staffing.

				
		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	and Unit Clerk staffing at all	
		submit the Hospital's	census points and shifts,	
		Clinical Staffing Plan. This	and Nursing Attendant	
		Staffing Plan encompasses	staffing at census points 1-	
		in-patient nursing care units	3. The Hospital disagreed	
		at the Hospital. Over the	with and did not adopt the	
		last year, Hospital	non-management	
		management has worked	committee members	
		collaboratively with the non-	proposal for remaining	
		management members of	staffing levels, as the	
		the Clinical Staffing	Hospital believes the	
		Committee discussing with	adopted guidelines are safe	
		them the working	and appropriate. Each staff	
		conditions, staffing, physical	member at NYPQ is issued a	
		environment, available	mobile communication	
		resources, census, acuity,	device for direct	
		and feedback submitted to	communication. This unit	
		the Clinical Staffing	has available to it nurse and	The Staffing committee
		Committee on each of these	support staff float pools to	proposes our original ask
		in-patient nursing units.	supplement unit staffing.	from last year staffing plan.
		While the Clinical Staffing	Other support personnel	Seen Above on the right-
		Committee did not reach	that aid nursing services	hand side.For RNs, CNAS &
		consensus on a plan for the	include unit clerks, physical	WC. Safeties or Max
		Hospital, the discussions we	therapy aides,	Observance to be excluded
205328 PEDS		had with our non-	wound/ostomy care team,	from the CNA numbers
INTERMEDIATE CARE	No	management partners were	respiratory therapists,	proposed.

		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	and Unit Clerk staffing at all	
		submit the Hospital's	census points and shifts,	
		Clinical Staffing Plan. This	and Nursing Attendant	
		Staffing Plan encompasses	staffing at census points 1-	
		in-patient nursing care units	3. The Hospital disagreed	
		at the Hospital. Over the	with and did not adopt the	"1- WE ARE PROPOSING A
		last year, Hospital	non-management	STEP-DOWN MODEL FOR
		management has worked	committee members	THE AREA OF 15 VENTED
		collaboratively with the non-	proposal for remaining	PATIENTS IN THE BACK OF
		management members of	staffing levels, as the	5N. 2- A RATIO OF 1RN:
		the Clinical Staffing	Hospital believes the	3VENTED PTS = 5RNs 2CNAs
		Committee discussing with	adopted guidelines are safe	IN THIS AREA AT ALL TIMES.
		them the working	and appropriate. Each staff	a. ROLE OF THE LPN NEEDS
		conditions, staffing, physical	member at NYPQ is issued a	TO BE DISCUSSED AND
		environment, available	mobile communication	CLARIFIED 3- FOR THE
		resources, census, acuity,	device for direct	MIXED ASSIGNMENTS
		and feedback submitted to	communication. This unit	{VENTED (V)/NON-VENTED
		the Clinical Staffing	has available to it nurse and	(NV)} RN 1:5 RATIO WITH
		Committee on each of these	support staff float pools to	ASSIGNMENTS AS FOLLOW:
		in-patient nursing units.	supplement unit staffing.	a. 3NV/2V OR 4NV/1V/ RN
		While the Clinical Staffing	Other support personnel	1:5 RATIO b. CNA- 1:8
		Committee did not reach	that aid nursing services	RATIO c. 4 CNAs IN THE
		consensus on a plan for the	include unit clerks, physical	FRONT AT ALL TIMES. Safety
		Hospital, the discussions we	therapy aides,	& Maximum observances to
205123 5 NORTH MEDICAL-		had with our non-	wound/ostomy care team,	be excluded from CNA
SURGICAL	No	management partners were	respiratory therapists,	numbers."
SURGICAL	No	management partners were	respiratory therapists,	numbers."

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-205115 5 WEST NEURO No management partners were

staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the nonmanagement committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase **Nursing Attendant staffing** at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ

reached consensus on nurse

"** Vents are admitted when 5N has an overflow. **** Post-Surgical Patients: Pain Management/ Early Ambulation/ High Turnover of patients daily**1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis.a. RN ratio 5:1.2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis.a. Safety & Max observations to be excluded from the above CNA numbers.3- Ward clerk 1 per shift."

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 31-40, Nursing Attendant submit the Hospital's Clinical Staffing Plan. This staffing at census points 31-Staffing Plan encompasses 36, and Unit Clerk staffing in-patient nursing care units on the day and evening at the Hospital. Over the shift. The Hospital disagreed last year, Hospital with and did not adopt the management has worked non-management collaboratively with the noncommittee members proposal for remaining management members of the Clinical Staffing staffing levels, as the Committee discussing with Hospital believes the 1- The committee agrees adopted guidelines are safe them the working that the RN staffing conditions, staffing, physical and appropriate. The numbers are appropriate. environment, available As long as the staffing plan Hospital did increase resources, census, acuity, **Nursing Attendant staffing** numbers are met on a daily and feedback submitted to at census points 7-12. On basis.a. RN ratio 5:1.2- The the Clinical Staffing the night shift, Unit Clerks committee agrees that the Committee on each of these cross-cover units, which the CNA numbers are in-patient nursing units. Hospital believes is appropriate as long as the staffing plan numbers are While the Clinical Staffing sufficient. During these hours, there is a significant Committee did not reach met on a daily basis.a. consensus on a plan for the reduction of Unit Clerk Safety & Max observations Hospital, the discussions we duties including no visitors, to be excluded from the had with our nonless phone calls, no above CNA numbers.3-205132 4 WEST ORTHO discharges, and a decrease Ward clerk 1 per shift. No management partners were

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 13-18 and 31-54 and Unit Clerk submit the Hospital's Clinical Staffing Plan. This staffing on the day and Staffing Plan encompasses evening shift. The Hospital in-patient nursing care units disagreed with and did not at the Hospital. Over the adopt the non-management last year, Hospital committee members management has worked proposal for remaining '** The Pts in 3N are mostly Complete Care patients** collaboratively with the nonstaffing levels, as the Hospital believes the The rooms in 3N are very management members of adopted guidelines, as well the Clinical Staffing small; at times is a Committee discussing with as the unit configuration, challenge to have all are safe and appropriate. them the working medical equipment conditions, staffing, physical The Hospital did increase necessary for the Pts, such environment, available **Nursing Attendant staffing** as Bi-Pap, & High Flow.** resources, census, acuity, at census points 7-12. On There has been talk of and feedback submitted to the night shift, Unit Clerks remodeling 3N but has not the Clinical Staffing cross-cover units, which the come to fruition.1- The Committee on each of these Hospital believes is committee proposes:a. 11 in-patient nursing units. sufficient. During these RNs/ shift 5:1 Ratio, the While the Clinical Staffing hours, there is a significant numbers must be met on a Committee did not reach reduction of Unit Clerk daily basis.b. CNAs 8 per consensus on a plan for the duties including no visitors, shift. Safety & Max Hospital, the discussions we less phone calls, no Observances to be excluded from this count.2- 1 Ward 205133 3 NORTH MEDICALhad with our nondischarges, and a decrease Clerk 1 per shift. **SURGICAL** No management partners were in admissions and transfers

	Presbyterian Queens	reached consensus on nurse	
	Hospital ("Hospital"), I	staffing at census points 13-	
	submit the Hospital's	21 and Unit Clerk staffing on	
	Clinical Staffing Plan. This	the day and evening shift.	
	Staffing Plan encompasses	The Hospital disagreed with	
	in-patient nursing care units	and did not adopt the non-	
	at the Hospital. Over the	management committee	
	last year, Hospital	members proposal for	
	management has worked	remaining staffing levels, as	
	collaboratively with the non-	the Hospital believes the	
	management members of	adopted guidelines are safe	
	the Clinical Staffing	and appropriate. The	
	Committee discussing with	' ' '	"1- **The Committee agree
	them the working	·	that the RN numbers are
	conditions, staffing, physical	-	appropriate as long as the
		i i	numbers are met on a daily
	•	,	basis. Meeting the 1:5 ratio
	and feedback submitted to	Hospital believes is	agreed during last year
		'	staffing legislation process.
			2- ** CNAs number
	in-patient nursing units.	reduction of Unit Clerk	increased to 3 as per our
		duties including no visitors,	original proposal. 1 of those
	Committee did not reach	· · · ·	CNAs must be assigned to
	consensus on a plan for the	discharges, and a decrease	the CDU area and 2 CNAs to
	Hospital, the discussions we	in admissions and transfers	the regular floor. Safeties or
	had with our non-	as compared to other shifts.	Max Observance excluded.
No	management partners were	Each staff member at NYPQ	3- **1 WC per shift."
	No	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 7submit the Hospital's 12 and 31-36 and Nursing Clinical Staffing Plan. This Attendant staffing at census Staffing Plan encompasses points 13-24. The Hospital in-patient nursing care units disagreed with and did not at the Hospital. Over the adopt the non-management last year, Hospital committee members management has worked proposal for remaining collaboratively with the nonstaffing levels, as the Hospital believes the management members of adopted guidelines are safe the Clinical Staffing Committee discussing with and appropriate. On the night shift, Unit Clerks crossthem the working conditions, staffing, physical cover units, which the environment, available Hospital believes is resources, census, acuity, sufficient. During these 1- The committee agrees and feedback submitted to hours, there is a significant that the RN staffing reduction of Unit Clerk the Clinical Staffing numbers are appropriate. Committee on each of these duties including no visitors, As long as the numbers are met on a daily basis.a. RN in-patient nursing units. less phone calls, no While the Clinical Staffing discharges, and a decrease ratio 5:1.2- CNA 4 per shift Committee did not reach for a ratio of 8:1. Safeties or in admissions and transfers consensus on a plan for the as compared to other shifts. Max Observance excluded.3-Each staff member at NYPQ Ward clerk 1 per shift, when Hospital, the discussions we had with our nonis issued a mobile sharing with CVRU not to 205111 2 NORTH CARDIAC No management partners were communication device for cover another unit.

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-adopted guidelines are safe management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we 205326 CARDIO RECOVERY had with our non-UNIT No management partners were

reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks crosscover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers

that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis, when bed capacity returns to 14 beds.a. Staffing must Follow the Professional CTICU accreditation guidelines appropriate for each case.IG a Fresh Open Heart Case post-surgery should be a 1:1 ratio.b. ICU ratios: 1:1 or 1:2 depending on acuity.c. Stepdown PTs should not exceed a 1RN:3pts. ratio.2-CNAs numbers increase to 1 per shift. Safeties or Max Observance excluded.2-CNAs numbers increase to 1 per shift. Safeties or Max Observance excludedshift without sharing with other units. WC could share duties with 2N when the WC staffing is critically Low not as compared to other shifts. to exceed more than 2 units This unit is contiguous with (CVRU/2N)3- Ward Clerks- 1

reached consensus on nurse Presbyterian Queens Hospital ("Hospital"), I staffing at census points 7-10 and Unit Clerk staffing on submit the Hospital's Clinical Staffing Plan. This the day and evening shift. Staffing Plan encompasses The Hospital disagreed with 1- The Committee agrees in-patient nursing care units and did not adopt the nonthat the staffing plan RN at the Hospital. Over the management committee numbers is adequate as last year, Hospital members proposal for long as those numbers are management has worked remaining staffing levels, as met on a daily collaboratively with the nonthe Hospital believes the basis.a.Staffing must Follow the Professional Trauma management members of adopted guidelines are safe the Clinical Staffing and appropriate. This accreditation guidelines Committee discussing with appropriate for each case. critical care unit also them the working accomodates stepdown IG a Fresh Trauma Alpha conditions, staffing, physical patients and is budgeted fresh post-surgery should environment, available and staffed as such. On the be a 1:1 ratio.b. 1:1 to 2:1 resources, census, acuity, night shift, Unit Clerks crossratio = 10 RNs when at full and feedback submitted to cover units, which the capacityc. Stepdown PTs should not exceed a 3:1 the Clinical Staffing Hospital believes is sufficient. During these Committee on each of these ratio.2- CNAs numbers in-patient nursing units. hours, there is a significant increase to 2 per shift or at a ratio of 8-10 pts to 1 While the Clinical Staffing reduction of Unit Clerk Committee did not reach duties including no visitors, CNA.Safety & Max Observances to be excluded consensus on a plan for the less phone calls, no Hospital, the discussions we discharges, and a decrease from this count.3- Ward 205430 SURGERY ICU 7W had with our nonin admissions and transfers Clerks- 1 per shift without (SICU/SISD) management partners were as compared to other shifts. sharing with other units. No

				
		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	staffing at census points 9-	
		submit the Hospital's	62 and Unit Clerk staffing.	
		Clinical Staffing Plan. This	The Hospital disagreed with	
		Staffing Plan encompasses	and did not adopt the non-	
		in-patient nursing care units	management committee	
		at the Hospital. Over the	members proposal for	
		last year, Hospital	remaining staffing levels, as	
		management has worked	the Hospital believes the	As per our feedback there
		collaboratively with the non-	adopted guidelines are safe	are 6 antepartum beds, 37
		management members of	and appropriate, including	couplets beds bringing
		the Clinical Staffing	24/7 Unit Clerk coverage for	capacity to 64 pts.The
		Committee discussing with	infant security. Each staff	Committee proposal is as
		them the working	member at NYPQ is issued a	follows:RNS: The committee
		conditions, staffing, physical	mobile communication	agree to the RN numbers as
		environment, available	device for direct	long as the numbers are
		resources, census, acuity,	communication. This unit	met at all times.Ratios: 1RN:
		and feedback submitted to	has available to it nurse and	3 to 4 Couplets1- CNAs: 5
		the Clinical Staffing	support staff float pools to	couplets per CNA giving
		Committee on each of these	supplement unit staffing.	them 10 patients each.
		in-patient nursing units.	Other support personnel	Safeties or Max Observance
		While the Clinical Staffing	that aid nursing services	excluded.WC: 1 per shift/
		Committee did not reach	include unit clerks, physical	NO SHARING ** HIGH
		consensus on a plan for the	therapy aides,	Security** Visitors must be
		Hospital, the discussions we	wound/ostomy care team,	let in by Clerk is clerk has
205220 OBSTETRICS/POST		had with our non-	respiratory therapists,	been shared it jeopardizes
PART	No	management partners were	phlebotomists, pharmacy	the safety of the unit.

		Presbyterian Queens	reached consensus on Unit	
		Hospital ("Hospital"), I	Clerk staffing on the day	
		submit the Hospital's	and evening shift. The	
		Clinical Staffing Plan. This	Hospital disagreed with and	
		Staffing Plan encompasses	did not adopt the non-	
		in-patient nursing care units	management committee	
		at the Hospital. Over the	members proposal for	
		last year, Hospital	remaining staffing levels, as	
		management has worked	the Hospital believes the	
		collaboratively with the non-	adopted guidelines are safe	1- The committee proposes
		management members of	and appropriate. It is	our Original proposal of 3
		the Clinical Staffing	important to note that	nurses per shift.a. There
		Committee discussing with	when, based on census, the	should never be only 2 RN
		them the working	staffing plan calls for two	on the unit.i. Appropriate
		conditions, staffing, physical	RNs, a given RN is never	break coverage is not
		environment, available	alone on the unit; another	possible with only two
		resources, census, acuity,	team member is always	RNs.ii. CNA can not cover
		and feedback submitted to	present to assist or call for	the Tele Breaks.iii. In case of
		the Clinical Staffing	assistance in an emergency.	a CAT or RRT when RNs are
		Committee on each of these	On the night shift, Unit	on break will create an
		in-patient nursing units.	Clerks cross-cover units,	unsafe situation.b. Safety
		While the Clinical Staffing	which the Hospital believes	and Maximum observations
		Committee did not reach	is sufficient. During these	numbers to be excluded
		consensus on a plan for the	hours, there is a significant	from the CNA numbers
		Hospital, the discussions we		above.*** The staffing plan
205134 8 SOUTH MEDICAL-		had with our non-	duties including no visitors,	numbers must be met on a
SURGICAL	No	management partners were	•	daily basis.
		·		

		Presbyterian Queens	medical-surgical unit. The	
		Hospital ("Hospital"), I	clinical staffing committee	
		submit the Hospital's	reached consensus on the	
		Clinical Staffing Plan. This	proposal of the non-	
		Staffing Plan encompasses	management staffing	
		in-patient nursing care units	committee members to add	
		at the Hospital. Over the	one RN around the clock.	
		last year, Hospital	The staffing committee	
		management has worked	reached consensus on nurse	
		collaboratively with the non-	staffing at census points 31-	
		management members of	48 and Unit Clerk staffing on	
		the Clinical Staffing	the day and evening shift.	*** DEDICATED CHEMO
		Committee discussing with	The Hospital disagreed with	RN*** Keep Chemo
		them the working	and did not adopt the non-	patients in the same
		conditions, staffing, physical	management committee	geographical location.1- The
		environment, available	members proposal for	committee agrees that the
		resources, census, acuity,	remaining staffing levels, as	RN staffing numbers are
		and feedback submitted to	the Hospital believes the	appropriate. As long as the
		the Clinical Staffing	adopted guidelines are safe	staffing plan numbers are
		Committee on each of these	and appropriate. The	met on a daily basis.a. RN
		in-patient nursing units.	Hospital did increase	ratio 5:1.2- The committee
		While the Clinical Staffing	Nursing Attendant staffing	proposes the original ask of
		Committee did not reach	at census points 7-12. On	6 CNAs per shifts.a. Safety &
		consensus on a plan for the	the night shift, Unit Clerks	Max observations to be
		Hospital, the discussions we	cross-cover units, which the	excluded from the above
205128 6 NORTH		had with our non-	Hospital believes is	CNA numbers.the above
ONCOLOGY	No	management partners were	sufficient. During these	CNA numbers.

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 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	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5	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:
the hospital.		up to 5 digits. Ex: 101.50)	digits. Ex: 101.50)	101.50)?
205350 ENDO	2	8	8.5	1
205154 ASU Recovery	3	4	8.75	2
205151 ASU Holding	2	4	8.75	2
205152 OR Holding	5	4	7	2
205325 PACU 1 W	6	6	15	2
205320/205335 OR	10	8	11.25	1
205445 LEVEL III NEONATAL	4	4	7.91	1.98
205446 OP INFUSION UNIT	1	1	5.68	15
206912 PEDIATRIC ASTHMA				
CENTER	0.2	3	1.43	3
206911 PEDIATRIC CLINIC	1.2	2	13.02	5
206104 ELECTROPHYSIOLOGY	2	8	0.72	1
206101 CARDIAC CATHETERIZATION	6.63	5	2.68	1.5
206915 THERAPEUTIC MEDICINE CENTER	3.5	8	6	1
206260 NUCLEAR MEDICINE	1.4	8	0.88	1
206565 NON INVASIVE CARDIOLOGY	1.46	8	2.05	1
206211 RADIOLOGY	1	8	0.89	1

206246 RADIATION				
ONCOLOGY	1.25	8	4.21	1
205720 Hemodialysis	4	4	7.65	2
205485 EMERGENCY ROOM	24	2.16	83.28	6
205420 MEDICAL INTENSIVE				
CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-				
SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS				
INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-				
SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-				
SURGICAL	10	2	53.08	5.31
205117 3 SOUTH MEDICAL-				
SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73
205326 CARDIO RECOVERY				
UNIT	5	5	9	1.8
205430 SURGERY ICU 7W				
(CCU/MICU/SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST				
PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-				
SURGICAL	2	2	13.77	6.89
205128 6 NORTH				
ONCOLOGY	9	2	47.08	5.23
205350 ENDO	2	8	8.5	1
205154 ASU Recovery	3	4	8.75	2
205151 ASU Holding	2	4	8.75	2
205152 OR Holding	5	4	7	2
205325 PACU 1 W	6	6	15	2
205320/205335 OR	10	8	11.25	1

		1		
205446 OP INFUSION UNIT	1	1	5.68	15
206912 PEDIATRIC ASTHMA				-
CENTER	0.2	3	1.43	3
206911 PEDIATRIC CLINIC	1.2	2	13.02	5
206104				
ELECTROPHYSIOLOGY	2	8	0.72	1
206101 CARDIAC				
CATHETERIZATION	6.63	5	2.68	1.5
206915 THERAPEUTIC				
MEDICINE CENTER	3.5	8	6	1
206260 NUCLEAR MEDICINE	1.4	8	0.88	1
206565 NON INVASIVE				
CARDIOLOGY	1.46	8	2.05	1
206211 RADIOLOGY	1	8	0.89	1
206246 RADIATION				
ONCOLOGY	1.25	8	4.21	1
205720 Hemodialysis	4	4	7.65	2
205485 EMERGENCY ROOM	24	2.16	83.28	6
205420 MEDICAL INTENSIVE				
CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-				
SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS				
INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-				
SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-				
SURGICAL	10	2	53.08	5.31
205117 3 SOUTH MEDICAL-				
SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73

205326 CARDIO RECOVERY				
UNIT	5	5	9	1.8
205430 SURGERY ICU 7W				
(SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST				
PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-				
SURGICAL	2	2	13.77	6.89
205128 6 NORTH				
ONCOLOGY	9	2	47.08	5.23

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)
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0

206915 THERAPEUTIC		
MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE		
CARE UNIT	0	0
205136 8 WEST MEDICAL-	<u> </u>	
SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS		
INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL-	<u> </u>	
SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-	<u> </u>	_
SURGICAL	0	0
205117 3 SOUTH MEDICAL-	-	-
SURGICAL	0	0
33316/12		
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY	-	-
UNIT	0	0
205430 SURGERY ICU 7W		j
(CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST		
PART	0	0
205134 8 SOUTH MEDICAL-	<u> </u>	
SURGICAL	0	0
205128 6 NORTH	<u> </u>	
ONCOLOGY	0	0
ONCOLOGI	<u> </u>	l o

203154 ASU Recovery 0 0 0 205151 ASU Holding 0 0 0 205152 OR Holding 0 0 0 205325 PACU 1 W 0 0 0 205320/205335 OR 0 0 0 205446 OP INFUSION UNIT 0 0 0 206912 PEDIATRIC ASTHMA CENTER 0 0 0 206912 PEDIATRIC CLINIC 0 0 0 206104 ELECTROPHYSIOLOGY 0 0 0 206101 CARDIAC CATHETERIZATION 0 0 0 206915 THERAPEUTIC MEDICINE CENTER 0 0 0 206505 NON INVASIVE CARDIOLOGY 0 0 0 206260 NUCLEAR MEDICINE 0 0 0 206260 NUCLEAR MEDICINE 0 0 0 206246 RADIATION 0 0 0 0 2052420 Hemodialysis 0 0 0 205420 MEDICAL INTENSIVE CARE UNIT 0 0 0 205425 DELIVERY ROOM 0 0 0 2052525 DELIVERY ROOM 0 0 0 205212 \$ NORTH MEDICAL SURGICAL O 0 0 2052528 PEDS INTERMEDIAL O 0 0 205132 \$ NORTH MEDICAL SURGICAL O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	205350 ENDO	0	0
205151 ASU Holding			
205152 OR Holding			-
205325 PACU 1 W			
205320/205335 OR			
205446 OP INFUSION UNIT 206912 PEDIATRIC ASTHMA			
206912 PEDIATRIC ASTHMA CENTER	203320/203333 OK	0	0
CENTER 0 0 206911 PEDIATRIC CLINIC 0 0 206104 0 0 ELECTROPHYSIOLOGY 0 0 206101 CARDIAC 0 0 CATHETERIZATION 0 0 206915 THERAPEUTIC 0 0 MEDICINE CENTER 0 0 206260 NUCLEAR MEDICINE 0 0 20626565 NON INVASIVE 0 0 CARDIOLOGY 0 0 206241 RADIOLOGY 0 0 206246 RADIATION 0 0 ONCOLOGY 0 0 205720 Hemodialysis 0 0 205420 HEMOGIAL INTENSIVE 0 0 CARE UNIT 0 0 205420 MEDICAL INTENSIVE 0 0 CARE UNIT 0 0 205126 B WEST MEDICAL- 0 0 205250 DELIVERY ROOM 0 0 0 205210 PEDIATRICS 0 0 0	205446 OP INFUSION UNIT	0	0
206911 PEDIATRIC CLINIC 0	206912 PEDIATRIC ASTHMA		
206104 ELECTROPHYSIOLOGY	CENTER	0	0
ELECTROPHYSIOLOGY 0 0 206101 CARDIAC 0 0 CATHETERIZATION 0 0 206915 THERAPEUTIC 0 0 MEDICINE CENTER 0 0 206260 NUCLEAR MEDICINE 0 0 206565 NON INVASIVE 0 0 CARDIOLOGY 0 0 206211 RADIOLOGY 0 0 206246 RADIATION 0 0 ONCOLOGY 0 0 205720 Hemodialysis 0 0 205425 MERGENCY ROOM 0 0 205420 MEDICAL INTENSIVE 0 0 CARE UNIT 0 0 205136 8 WEST MEDICAL- 0 0 SURGICAL 0 0 205250 DELIVERY ROOM 0 0 205328 PEDS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL- 0 0 205115 5 WEST NEURO 0 0	206911 PEDIATRIC CLINIC	0	0
206101 CARDIAC 0 0 206915 THERAPEUTIC 0 0 MEDICINE CENTER 0 0 206260 NUCLEAR MEDICINE 0 0 206565 NON INVASIVE 0 0 CARDIOLOGY 0 0 206211 RADIOLOGY 0 0 206246 RADIATION 0 0 ONCOLOGY 0 0 205720 Hemodialysis 0 0 205485 EMERGENCY ROOM 0 0 205420 MEDICAL INTENSIVE 0 0 CARE UNIT 0 0 205136 8 WEST MEDICAL- 0 0 SURGICAL 0 0 205250 DELIVERY ROOM 0 0 205328 PEDS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL- 0 0 205115 5 WEST NEURO 0 0	206104		
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206915 THERAPEUTIC MEDICINE CENTER 0 0 206260 NUCLEAR MEDICINE 0 0 0 206565 NON INVASIVE CARDIOLOGY 0 0 0 206211 RADIOLOGY 0 0 0 0 0 206246 RADIATION 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	206101 CARDIAC		
MEDICINE CENTER 0 0 206260 NUCLEAR MEDICINE 0 0 206565 NON INVASIVE 0 0 CARDIOLOGY 0 0 206211 RADIOLOGY 0 0 206246 RADIATION 0 0 ONCOLOGY 0 0 205720 Hemodialysis 0 0 205485 EMERGENCY ROOM 0 0 205420 MEDICAL INTENSIVE 0 0 CARE UNIT 0 0 205136 8 WEST MEDICAL- 0 0 SURGICAL 0 0 205250 DELIVERY ROOM 0 0 205210 PEDIATRICS 0 0 205328 PEDS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL- 0 0 SURGICAL 0 0 205115 5 WEST NEURO 0 0	CATHETERIZATION	0	0
206260 NUCLEAR MEDICINE 0 0 206565 NON INVASIVE 0 0 CARDIOLOGY 0 0 206211 RADIOLOGY 0 0 206246 RADIATION 0 0 ONCOLOGY 0 0 205720 Hemodialysis 0 0 205485 EMERGENCY ROOM 0 0 205420 MEDICAL INTENSIVE 0 0 CARE UNIT 0 0 205136 8 WEST MEDICAL- 0 0 SURGICAL 0 0 205250 DELIVERY ROOM 0 0 205328 PEDS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL- 0 0 SURGICAL 0 0 205115 5 WEST NEURO 0 0	206915 THERAPEUTIC		
206565 NON INVASIVE CARDIOLOGY 0 0 206211 RADIOLOGY 0 0 0 206246 RADIATION 0 0 0 ONCOLOGY 0 0 0 205720 Hemodialysis 0 0 0 205485 EMERGENCY ROOM 0 0 0 205420 MEDICAL INTENSIVE CARE UNIT 0 0 205136 8 WEST MEDICAL-SURGICAL 0 0 0 205120 PEDIATRICS 0 0 0 205210 PEDIATRICS 0 0 0 205123 PEDS INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL-SURGICAL 0 0 0 205115 5 WEST NEURO 0 0 0 0	MEDICINE CENTER	0	0
206565 NON INVASIVE CARDIOLOGY 0 0 206211 RADIOLOGY 0 0 0 206246 RADIATION 0 0 0 ONCOLOGY 0 0 0 205720 Hemodialysis 0 0 0 205485 EMERGENCY ROOM 0 0 0 205420 MEDICAL INTENSIVE CARE UNIT 0 0 205136 8 WEST MEDICAL-SURGICAL 0 0 0 205120 PEDIATRICS 0 0 0 205210 PEDIATRICS 0 0 0 205123 PEDS INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL-SURGICAL 0 0 0 205115 5 WEST NEURO 0 0 0 0			
CARDIOLOGY 0 206211 RADIOLOGY 0 206246 RADIATION 0 ONCOLOGY 0 205720 Hemodialysis 0 0 0 205485 EMERGENCY ROOM 0 205420 MEDICAL INTENSIVE 0 CARE UNIT 0 205136 8 WEST MEDICAL- 0 SURGICAL 0 205250 DELIVERY ROOM 0 205210 PEDIATRICS 0 INTERMEDIATE CARE 0 205123 5 NORTH MEDICAL- 0 SURGICAL 0 205115 5 WEST NEURO 0	206260 NUCLEAR MEDICINE	0	0
206211 RADIOLOGY 0 206246 RADIATION 0 ONCOLOGY 0 205720 Hemodialysis 0 0 0 205485 EMERGENCY ROOM 0 205420 MEDICAL INTENSIVE 0 CARE UNIT 0 205136 8 WEST MEDICAL- 0 SURGICAL 0 205250 DELIVERY ROOM 0 205210 PEDIATRICS 0 0 0 205328 PEDS 0 INTERMEDIATE CARE 0 205123 5 NORTH MEDICAL- 0 SURGICAL 0 0 0 205115 5 WEST NEURO 0	206565 NON INVASIVE		
206246 RADIATION 0 0 ONCOLOGY 0 0 205720 Hemodialysis 0 0 205485 EMERGENCY ROOM 0 0 205420 MEDICAL INTENSIVE 0 0 CARE UNIT 0 0 205136 8 WEST MEDICAL- 0 0 SURGICAL 0 0 205250 DELIVERY ROOM 0 0 205210 PEDIATRICS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL- 0 0 SURGICAL 0 0 205115 5 WEST NEURO 0 0	CARDIOLOGY	0	0
ONCOLOGY 0 0 205720 Hemodialysis 0 0 205485 EMERGENCY ROOM 0 0 205420 MEDICAL INTENSIVE 0 0 CARE UNIT 0 0 205136 8 WEST MEDICAL- 0 0 SURGICAL 0 0 205250 DELIVERY ROOM 0 0 205210 PEDIATRICS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL- 0 0 SURGICAL 0 0 205115 5 WEST NEURO 0 0	206211 RADIOLOGY	0	0
205720 Hemodialysis 0 0 205485 EMERGENCY ROOM 0 0 205420 MEDICAL INTENSIVE 0 0 CARE UNIT 0 0 205136 8 WEST MEDICAL- 0 0 SURGICAL 0 0 205250 DELIVERY ROOM 0 0 205210 PEDIATRICS 0 0 205328 PEDS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL- 0 0 SURGICAL 0 0 205115 5 WEST NEURO 0 0	206246 RADIATION		
205485 EMERGENCY ROOM 0 0 205420 MEDICAL INTENSIVE CARE UNIT 0 0 205136 8 WEST MEDICAL-SURGICAL 0 0 0 205250 DELIVERY ROOM 0 0 205210 PEDIATRICS 0 0 0 205328 PEDS INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL-SURGICAL 0 0 0 205115 5 WEST NEURO 0 0	ONCOLOGY	0	0
205420 MEDICAL INTENSIVE	205720 Hemodialysis	0	0
205420 MEDICAL INTENSIVE			
CARE UNIT 0 0 205136 8 WEST MEDICAL- 0 0 SURGICAL 0 0 205250 DELIVERY ROOM 0 0 205210 PEDIATRICS 0 0 205328 PEDS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL- 0 0 SURGICAL 0 0 205115 5 WEST NEURO 0 0	205485 EMERGENCY ROOM	0	0
205136 8 WEST MEDICAL-SURGICAL 0 0 205250 DELIVERY ROOM 0 0 205210 PEDIATRICS 0 0 205328 PEDS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL-SURGICAL 0 0 205115 5 WEST NEURO 0 0	205420 MEDICAL INTENSIVE		
SURGICAL 0 0 205250 DELIVERY ROOM 0 0 205210 PEDIATRICS 0 0 205328 PEDS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL-SURGICAL 0 0 205115 5 WEST NEURO 0 0	CARE UNIT	0	0
205250 DELIVERY ROOM 0 0 205210 PEDIATRICS 0 0 205328 PEDS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL-SURGICAL 0 0 205115 5 WEST NEURO 0 0	205136 8 WEST MEDICAL-		
205210 PEDIATRICS 0 0 205328 PEDS 0 0 INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL-SURGICAL 0 0 205115 5 WEST NEURO 0 0	SURGICAL	0	0
205328 PEDS INTERMEDIATE CARE 0 205123 5 NORTH MEDICAL- SURGICAL 0 205115 5 WEST NEURO 0	205250 DELIVERY ROOM	0	0
INTERMEDIATE CARE 0 0 205123 5 NORTH MEDICAL- 0 0 SURGICAL 0 0 205115 5 WEST NEURO 0 0	205210 PEDIATRICS	0	0
205123 5 NORTH MEDICAL- 0 0 SURGICAL 0 0 205115 5 WEST NEURO 0 0	205328 PEDS		
SURGICAL 0 0 205115 5 WEST NEURO 0 0	INTERMEDIATE CARE	0	0
205115 5 WEST NEURO 0 0	205123 5 NORTH MEDICAL-		
	SURGICAL	0	0
205132 4 WEST ORTHO 0 0	205115 5 WEST NEURO	0	0
	205132 4 WEST ORTHO	0	0

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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)
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0

200042 DEDLATRIC ACTURAL		
206912 PEDIATRIC ASTHMA	_	_
CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104		
ELECTROPHYSIOLOGY	0	0
206101 CARDIAC		
CATHETERIZATION	0	0
206915 THERAPEUTIC		
MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE		
CARE UNIT	0	0
205136 8 WEST MEDICAL-		
SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS		
INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL-		
SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-		
SURGICAL	0	0
205117 3 SOUTH MEDICAL-	-	-
SURGICAL	0	0
33.13.07.12	<u> </u>	
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY	<u>_</u>	
UNIT	0	0
ONT	<u> </u>	

205430 SURGERY ICU 7W		
(CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST		
PART	0	0
205134 8 SOUTH MEDICAL-		
SURGICAL	0	0
205128 6 NORTH		
ONCOLOGY	0	0
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA		
CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104		
ELECTROPHYSIOLOGY	0	0
206101 CARDIAC		
CATHETERIZATION	0	0
206915 THERAPEUTIC		
MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	0	0
205720 Hemodialysis	0	0
,		
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE		
CARE UNIT	0	0
205136 8 WEST MEDICAL-		
SURGICAL	0	0
205250 DELIVERY ROOM	0	0

205210 PEDIATRICS	0	0
205328 PEDS		
INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL-		
SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-		
SURGICAL	0	0
205117 3 SOUTH MEDICAL-		
SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY		
UNIT	0	0
205430 SURGERY ICU 7W		
(SICU/SISD)	0	0
205220 OBSTETRICS/POST		
PART	0	0
205134 8 SOUTH MEDICAL-		
SURGICAL	0	0
205128 6 NORTH		
ONCOLOGY	0	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	(Please provide a number with up to 5	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with
the hospital.	digits. Ex: 101.50)	up to 5 digits. Ex: 101.50)
205350 ENDO	2	8
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0

205325 PACU 1 W	0	0
205320/205335 OR	14	11
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA		
CENTER	0.8	10
206911 PEDIATRIC CLINIC	1.89	2
206104		
ELECTROPHYSIOLOGY	0	0
206101 CARDIAC		
CATHETERIZATION	0	0
206915 THERAPEUTIC		
MEDICINE CENTER	1.5	3
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	1	6
205720 Hemodialysis	1.07	1
205485 EMERGENCY ROOM	8	0.72
205420 MEDICAL INTENSIVE		
CARE UNIT	0	0
205136 8 WEST MEDICAL-		
SURGICAL	0	0
205250 DELIVERY ROOM	0	0.86
205210 PEDIATRICS	0	0
205328 PEDS		
INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL-		
SURGICAL	4	1
205115 5 WEST NEURO	4	1
205132 4 WEST ORTHO	4	1
205133 3 NORTH MEDICAL-		
SURGICAL	6	1

205117 3 SOUTH MEDICAL-		
SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY		
UNIT	0	0
205430 SURGERY ICU 7W		
(CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST		
PART	1	1
205134 8 SOUTH MEDICAL-		
SURGICAL	1	1
205128 6 NORTH		
ONCOLOGY	4	1
205350 ENDO	2	8
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	14	11
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA		
CENTER	0.8	10
206911 PEDIATRIC CLINIC	1.89	2
206104		
ELECTROPHYSIOLOGY	0	0
206101 CARDIAC		
CATHETERIZATION	0	0
206915 THERAPEUTIC		
MEDICINE CENTER	1.5	3
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE		
CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION		
ONCOLOGY	1	6
205720 Hemodialysis	1.07	1
	-	1

205485 EMERGENCY ROOM	8	0.72
205420 MEDICAL INTENSIVE	O	0.72
CARE UNIT	0	0
205136 8 WEST MEDICAL-	U	U
SURGICAL	0	0
205250 DELIVERY ROOM	0	0.86
205210 PEDIATRICS	0	0.80
205328 PEDS	U	U
INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL-	1	3
SURGICAL	4	1
205115 5 WEST NEURO	4	1
	4	<u> </u>
205132 4 WEST ORTHO 205133 3 NORTH MEDICAL-	4	1
	C	1
SURGICAL	6	1
205117 3 SOUTH MEDICAL-	2	4
SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY		
UNIT	0	0
205430 SURGERY ICU 7W		
(SICU/SISD)	0	0
205220 OBSTETRICS/POST		
PART	1	1
205134 8 SOUTH MEDICAL-		
SURGICAL	1	1
205128 6 NORTH		
ONCOLOGY	4	1

EVENING SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.
205350 ENDO	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
205154 ASU Recovery	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.

205151 ASU Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, Radiology, and transport. Each shift has a Charge RN supporting the team as well.
205152 OR Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.
205325 PACU 1 W	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.

205320/205335 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, and IV
205445 LEVEL III NEONATAL	team.
	Other support personnel that aid nursing services include an Administrative Support Coordinator, Registrar, Nurse Practitioners, a Case Manager, Infectious Disease Fellows, Environmental Services, and the Hospital
205446 OP INFUSION UNIT	RRT/ CAT Team.

	Other support personnel
	that aid nursing services
	include a Respiratory
	Therapist, Registrar,
	Environmental Services, and
206912 PEDIATRIC ASTHMA	the Hospital RRT/ CAT
CENTER	Team.
	Other support personnel that aid nursing services include a Care Coordinator, Office Manager, Registrar, Environmental Services, and
	the Hospital RRT/ CAT
206911 PEDIATRIC CLINIC	Team.
206104 ELECTROPHYSIOLOGY	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.
206101 CARDIAC CATHETERIZATION	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.

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	Other support personnel
	that aid nursing services
	include Volunteer Services,
	Environmental Services, and
206915 THERAPEUTIC	the Hospital RRT/ CAT
MEDICINE CENTER	Team.
	Other support personnel
	that aid nursing services
	include a radiology
	technologist, a physician
	assistant, a Radiologist
	present in the procedural
	area, respiratory therapists,
	transport team, and
	Anesthesia team assists as
206260 NUCLEAR MEDICINE	needed.
	Other support personnel
	that aid nursing services
	include a radiology
	technologist, a physician
	assistant, a Radiologist
	present in the procedural
	area, respiratory therapists,
	transport team, and
206565 NON INVASIVE	Anesthesia team assists as
CARDIOLOGY	needed.
	Others
	Other support personnel
	that aid nursing services
	include a radiology
	technologist, a physician
	assistant, a Radiologist
	present in the procedural
	area, respiratory therapists,
	transport team, and
000044 0 1 2 1 2 1 2 1 2 1 2 1	Anesthesia team assists as
206211 RADIOLOGY	needed.

	Other support personnel
	that aid nursing services
206246 RADIATION	include patient care
ONCOLOGY	coordinators.
	Other support personnel
	that aid nursing services
	include RRT/ CAT Teams,
	EVS / Linen, Transport,
	Pharmacy, Materials
	Management, Security,
205720 Hemodialysis	Biomed, and a secretary.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include unit clerks,
	physical therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, and transport
205485 EMERGENCY ROOM	team.

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205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205136 8 WEST MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205250 DELIVERY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists,
	phlebotomists, pharmacy technicians, social workers,
	care managers,
205210 PEDIATRICS	transporters, and IV team.
205328 PEDS	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers,
INTERMEDIATE CARE	transporters, and IV team.

205123 5 NORTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205115 5 WEST NEURO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205132 4 WEST ORTHO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205133 3 NORTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205117 3 SOUTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205111 2 NORTH CARDIAC	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205326 CARDIO RECOVERY UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205220 OBSTETRICS/POST	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers,
PART	transporters, and IV team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
205134 8 SOUTH MEDICAL-	EKG techs, and transport
SURGICAL	team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing
	services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,
205128 6 NORTH ONCOLOGY	care managers, IV team, EKG techs, and transport team.
205350 ENDO	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion,
205154 ASU Recovery	Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.

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205151 ASU Holding	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, Radiology, and transport. Each shift has a Charge RN supporting the team as well.
205152 OR Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well."
205325 PACU 1 W	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well."

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205320/205335 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well."
205446 OP INFUSION UNIT	Other support personnel that aid nursing services include an Administrative Support Coordinator, Registrar, Nurse Practitioners, a Case Manager, Infectious Disease Fellows, Environmental Services, and the Hospital RRT/ CAT Team.
206912 PEDIATRIC ASTHMA CENTER	Other support personnel that aid nursing services include a Respiratory Therapist, Registrar, Environmental Services, and the Hospital RRT/ CAT Team.
206911 PEDIATRIC CLINIC	Other support personnel that aid nursing services include a Care Coordinator, Office Manager, Registrar, Environmental Services, and the Hospital RRT/ CAT Team.

206104	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and
ELECTROPHYSIOLOGY	transport team.
206101 CARDIAC CATHETERIZATION	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.
	Other support personnel that aid nursing services include Volunteer Services, Environmental Services, and
206915 THERAPEUTIC MEDICINE CENTER	the Hospital RRT/ CAT Team.

206260 NUCLEAR MEDICINE	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206565 NON INVASIVE CARDIOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206211 RADIOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206246 RADIATION ONCOLOGY	Other support personnel that aid nursing services include patient care coordinators.

205720 Hemodialysis	Other support personnel that aid nursing services include RRT/ CAT Teams, EVS / Linen, Transport, Pharmacy, Materials Management, Security, Biomed, and a secretary.
205485 EMERGENCY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

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	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers,
205136 8 WEST MEDICAL-	care managers,
SURGICAL	transporters, and IV team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers,
205250 DELIVERY ROOM	transporters, and IV team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists,
	phlebotomists, pharmacy technicians, social workers,
	care managers,
205210 PEDIATRICS	transporters, and IV team.
205328 PEDS	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers,
INTERMEDIATE CARE	transporters, and IV team.

205123 5 NORTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205115 5 WEST NEURO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205132 4 WEST ORTHO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205133 3 NORTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205117 3 SOUTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205111 2 NORTH CARDIAC	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205326 CARDIO RECOVERY UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205430 SURGERY ICU 7W (SICU/SISD)	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers,
205220 OBSTETRICS/POST PART	care managers, transporters, and IV team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
205134 8 SOUTH MEDICAL-	EKG techs, and transport
SURGICAL	team.

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

EVENING SHIFT CONSENSUS INFORMATION

205128 6 NORTH ONCOLOGY

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.	Committee reached	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
205350 ENDO	Yes			
205154 ASU Recovery	Yes			
205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			
205445 LEVEL III NEONATAL	Yes			

very valuable service to our Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units The Hospital believes the at the Hospital. Over the adopted staffing and last year Hospital support are appropriate management has worked based upon unit volume collaboratively with the nonand acuity. The Hospital management members of believes patient volume the Clinical Staffing does not support scheduling Committee discussing with 4 RNs in this department on a daily basis. 3 RNs are them the working conditions, staffing, physical consistently scheduled to environment, available work on the unit and while resources, census, acuity, there may be a 4th RN and feedback submitted to scheduled to work in this the Clinical Staffing department, that is not Committee on each of these typical. The 4th RN is in-patient nursing units. brought in based on patient While the Clinical Staffing need and volume surge. The Hospital will continuously Committee did not reach monitor volume and consensus on a plan for the Hospital, the discussions we staffing to adjust staffing had with our nonwhen needed with per management partners were diem, agency, and overtime. and the RN to PT Ratio does 205446 OP INFUSION UNIT No

patients and help in preventing readmission and the completion of necessary treatment to the patients. Their services allow the hospital to decrease the Length of Stay (LOS) for patients. As per the Grid provided by management there are three staggered RN shifts staffed by 1 RN Mon thru Sunday (7days a week) totaling 3 RNs per day. As per our knowledge there are currently 4 RNs scheduled each day and this process should not be used to decrease the current staff already in place. Especially when it meets the needs of the patients. **The Committee is requesting that the grid reflect the 4RNs scheduled

		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This	The Hospital believes the	
		Staffing Plan encompasses	adopted staffing and	
		in-patient nursing care units	support are appropriate	
		at the Hospital. Over the	based upon unit volume	
		last year Hospital	and acuity. This position is	
		management has worked	filled with a full-time RN.	The pediatric Asthma Gran
		collaboratively with the non-	The Hospital agrees at least	portion of the Lang Peds
		management members of	one caregiver, practicing	clinic is currently being
		the Clinical Staffing	within their scope of	covered by a Traveler RN.
		Committee discussing with	practice, should be present	** The Committee would
		them the working	to provide care to patients	like to know if a Req# for
		conditions, staffing, physical	during normal hours of	that position has been
		environment, available	operation and in the event	requested and is in the
		resources, census, acuity,	of an absence other	process of being posted to
		and feedback submitted to	caregivers are able to step	be permanently filled by a
		the Clinical Staffing	in and help, thereby	staff RN. **
		Committee on each of these	avoiding an instance where	** The Committee is also
		in-patient nursing units.	there are no caregivers	requesting that the Medic
		While the Clinical Staffing	available. The Hospital will	Assistant shifts are covere
		Committee did not reach	continuously monitor	by 1 MA at all times, and
		consensus on a plan for the	volume and staffing to	not on a 0-1 basis. O staff
		· ·	adjust staffing when needed	scheduled or coverage is
206912 PEDIATRIC ASTHMA		had with our non-	with per diem, agency, and	not acceptable. At any tim
CENTER	No	management partners were	overtime.	**

RNs that cover the Pediatric Presbyterian Queens adopted staffing and Hospital ("Hospital"), I support are appropriate Clinic As per the Grid provided by submit the Hospital's based upon unit volume Clinical Staffing Plan. This management there are 3 and acuity. The ranges that RNs staggered shift in the Staffing Plan encompasses appear on the grid reflect in-patient nursing care units the flexibility of the various Pediatric Clinic with 0-1 RN at the Hospital. Over the shifts, staggered throughout schedule on each shift Mon last year Hospital the day. The Hospital thru Fri. ** The committee is management has worked agrees at least one collaboratively with the noncaregiver, practicing within requesting that minimum 1 their scope of practice, management members of RN is scheduled per shift in should be present to the Clinical Staffing order to provide Committee discussing with provide care to patients appropriate care for the them the working during normal hours of patients. That will a total of 3 RNs per day there should conditions, staffing, physical operation and given the environment, available be at least 2 RNs per day nature of this department's resources, census, acuity, staggered shifts, in the after the clarification was made. ** and feedback submitted to event of an absence other ** O staff scheduled, or the Clinical Staffing caregivers are able to step coverage is not acceptable. Committee on each of these in and help, thereby At any time. ** in-patient nursing units. avoiding an instance where ** The committee would While the Clinical Staffing there are no caregivers available. The Hospital will Committee did not reach like to point out that last consensus on a plan for the continuously monitor Friday there was only 1 RN Hospital, the discussions we volume and staffing to covering the Clinic for the had with our nonadjust staffing when needed whole day and that was not 206911 PEDIATRIC CLINIC with per diem, agency, and appropriate staffing to No management partners were

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		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This		
		Staffing Plan encompasses		
		in-patient nursing care units		
		at the Hospital. Over the		
		last year Hospital		
		management has worked		
		collaboratively with the non-		
		management members of		
		the Clinical Staffing		
		Committee discussing with		
		them the working		
		conditions, staffing, physical		
		environment, available		
		resources, census, acuity,		
		and feedback submitted to		
		the Clinical Staffing		
		Committee on each of these		
		in-patient nursing units.		
		While the Clinical Staffing		
		Committee did not reach	The Hospital believes the	
		consensus on a plan for the	adopted staffing and	
		Hospital, the discussions we	support are appropriate	
206104		had with our non-	based upon unit volume	
ELECTROPHYSIOLOGY	No	management partners were	and acuity.	N/A

		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This		
		Staffing Plan encompasses		
		in-patient nursing care units		
		at the Hospital. Over the		
		last year Hospital		
		management has worked		
		collaboratively with the non-		
		management members of		
		the Clinical Staffing		As stated above we did not
		Committee discussing with		receive the Average Volume
		them the working		for this area and could not
		conditions, staffing, physical	The Hospital believes the	get in contact with the RN
		environment, available	adopted staffing and	assigned to this area, to
		resources, census, acuity,	support are appropriate	confirm the information
		and feedback submitted to	based upon unit volume	provided. The committee
		the Clinical Staffing	and acuity. The hospital	cannot at this time provide
		Committee on each of these	· · · · · · · · · · · · · · · · · · ·	· ·
				a comprehensive proposal
		in-patient nursing units.	lacked necessary	without the complete
		While the Clinical Staffing	information to provide a	information. The
		Committee did not reach	substantive response	Committee reserves the
		· ·	because they were provided	
		Hospital, the discussions we	the same data (i.e., staffing	once they either speak to
206101 CARDIAC		had with our non-	grid) that was provided for	the staff or receive the
CATHETERIZATION	No	management partners were	the other outpatient areas.	information requested.

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		Presbyterian Queens		West Building basement
		Hospital ("Hospital"), I		and provide an array of
		submit the Hospital's		services for Cancer patients.
		Clinical Staffing Plan. This		The Nurse Clinicians work a
		Staffing Plan encompasses		10-hr. shift. As per the grid
		in-patient nursing care units		provided by Management
		at the Hospital. Over the	The Hospital believes the	the are 3-4 Nurse Clinicians
		last year Hospital	adopted staffing and	per day.
		management has worked	support are appropriate	They currently work form
		collaboratively with the non-	based upon unit volume	745 am to 6pm, The staff
		management members of	and acuity. The ranges that	stated that there has been
		the Clinical Staffing	appear on the grid reflect	talk about switching 2 days
		Committee discussing with	the flexibility of the various	during the week to 8 am to
		them the working	shifts, staggered throughout	615pm.
		conditions, staffing, physical	the day. The Hospital	The center is very fast
		environment, available	agrees at least one	paced and busy center,
		resources, census, acuity,	caregiver, practicing within	while they work on an
		and feedback submitted to	their scope of practice,	appointment basis, thay do
		the Clinical Staffing	should be present to	take walk ins sometime, or
		Committee on each of these	provide care to patients	the providers add on
		in-patient nursing units.	during normal hours of	patients to the schedule for
		While the Clinical Staffing	operation. The Hospital will	emergent treatments.
		Committee did not reach	continuously monitor	The staff are currently
		consensus on a plan for the	volume and staffing to	having a challenge with
		Hospital, the discussions we	adjust staffing when needed	taking their entitled break
206915 THERAPEUTIC		had with our non-	with per diem, agency, and	because of the high number
MEDICINE CENTER	No	management partners were	overtime.	of patients each nurse is

Presbyterian Queens the staffing of the 730am to Hospital ("Hospital"), I 330pm shift and the 12p-4pm shift Mon thru submit the Hospital's Clinical Staffing Plan. This Thursday but is requesting Staffing Plan encompasses that the Friday shift should in-patient nursing care units begin at 8 am. The patients at the Hospital. Over the begin arriving at 8 am and last year Hospital the RN is needed to start management has worked prepping the patient for the The Hospital believes that collaboratively with the nonprocedures. adopted staffing and management members of The Committee is the Clinical Staffing support are appropriate requesting that the RN to Committee discussing with based upon unit volume Patient Ratio on this Grid and acuity. The staffing them the working reflects a 4 pts to 1RN ratios conditions, staffing, physical ratios reflected represent and not as their environment, available the direct patient care each management claims that is resources, census, acuity, patient receives while in a a 1:1 ratio. The reality is and feedback submitted to nuclear medicine room. In that the RNs are taking care of 4 pts at different stages the Clinical Staffing the event of an emergency, of the procedures at all Committee on each of these the hospital RRT team & in-patient nursing units. PAs provide additional times. The RNs are While the Clinical Staffing support. Currently this has responsible for those not been an issue, but the patients from admission to Committee did not reach consensus on a plan for the Hospital will assess the discharge, they are Hospital, the discussions we needs of the department assessing for any adverse had with our nonand if necessary, make reactions and are responsible for their care. 206260 NUCLEAR MEDICINE No management partners were adjustments as needed.

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		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This		
		Staffing Plan encompasses		
		in-patient nursing care units		
		at the Hospital. Over the		
		last year Hospital		
		management has worked		
		collaboratively with the non-		
		management members of		
		the Clinical Staffing		As stated above we did not
		Committee discussing with		receive the Average Volume
		them the working		for this area and could not
		conditions, staffing, physical	The Hospital believes the	get in contact with the RN
		environment, available	adopted staffing and	assigned to this area, to
		resources, census, acuity,	support are appropriate	confirm the information
		and feedback submitted to	based upon unit volume	provided. The committee
		the Clinical Staffing	and acuity. The hospital	cannot at this time provide
		Committee on each of these	· '	a comprehensive proposal
		in-patient nursing units.	lacked necessary	without the complete
		While the Clinical Staffing	information to provide a	information. The
		Committee did not reach	substantive response	Committee reserves the
			because they were provided	
		Hospital, the discussions we	· · · · · · · · · · · · · · · · · · ·	once they either speak to
206565 NON INVASIVE		had with our non-	grid) that was provided for	the staff or receive the
CARDIOLOGY	No	management partners were	the other outpatient areas.	information requested.

Presbyterian Queens management there are two Hospital ("Hospital"), I shifts in the radiology department, submit the Hospital's Clinical Staffing Plan. This The 7am to 3pm shifts Staffing Plan encompasses correspond to IR and the in-patient nursing care units 8am to 4pm shift at the Hospital. Over the corresponds to Cat-Scan. last year Hospital management has worked The Hospital believes the IR ** The union is requesting collaboratively with the nonadopted staffing and for two nurses to be on management members of support are appropriate based upon unit volume the Clinical Staffing duty on the 7a to 3pm shift Committee discussing with and acuity. The committee at all times. (IR) and management agree, them the working There are 2 rooms that are conditions, staffing, physical CAT- scan services should run at the same time and environment, available have at least one RN one of the rooms the PA is resources, census, acuity, scheduled to provide care. performing the duties of the and feedback submitted to The Hospital believes RN. As mentioned earlier the Clinical Staffing current volume supports the union strongly objects Committee on each of these one RN for IR. Additional to non-union personnel in-patient nursing units. resources available to the performing the duties of a While the Clinical Staffing nursing team include Techs, union Title in this case the Committee did not reach PAs, and the hospital RRT RN duties team - all providing care to consensus on a plan for the CAT-Scan Hospital, the discussions we patients while working The union is in agreement had with our nonwithin their scope of with 1 RN being scheduled for the 8sm to 4 pm shift as 206211 RADIOLOGY No management partners were practice.

		Presbyterian Queens	adopted staffing and	Staff RN in the in the
		Hospital ("Hospital"), I	support are appropriate	Oncology Radiology
		submit the Hospital's	based upon unit volume	Department.
		Clinical Staffing Plan. This	and acuity. The committee	1 Per Diem RN. They have 1
		Staffing Plan encompasses	believes three shifts should	staff RN on Leave.
		in-patient nursing care units	be reflected on the grid, but	While the grid provided by
		at the Hospital. Over the	three RNs shifts do not	management only show 2
		last year Hospital	currently exist. There are	shifts, there are actually 3
		management has worked	currently two RN shifts and	shifts. The Manager is
		collaboratively with the non-	the manager on the unit	currently covering one shift.
		management members of	provides support to the RNs	The Union strongly objects
		the Clinical Staffing	who provide care to	to this practice as
		Committee discussing with	patients. The committee	management should not be
		them the working	also contends that three	performing the duties of a
		conditions, staffing, physical	RNs are needed to meet the	Union/Staff Position.
		environment, available	needs of the patients. The	While the Staff nurse is on
		resources, census, acuity,	Hospital disagrees and will	Med Leave the Hospital
		and feedback submitted to	ensure there is at least one	should use a
		the Clinical Staffing	RN scheduled to provide	traveler/agency/or per
		Committee on each of these	care to patients during	diem RN to cover the lack of
		in-patient nursing units.	operating hours, although	a 3rd RN
		While the Clinical Staffing	on most days, there will be	As per the grid there is a
		Committee did not reach	at least two RNs scheduled.	Medical Assistant on duty
		consensus on a plan for the	The committee believes one	only Mon thru Thursday.
		Hospital, the discussions we	medical assistant should	The union is requesting a
206246 RADIATION		had with our non-	always be on duty, including	Medical Assistant to be
ONCOLOGY	No	management partners were	on Fridays. The ranges that	schedule on Fridays as well.

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-205720 Hemodialysis management partners were diem, agency, and overtime. No

The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital maintains that the 4 RNs per shift is sufficient for the current volume, which includes patients being treated outside of the Hemodialysis unit. The current staffing of 1-2 Hemodialysis Technicians, daily, is sufficient to provide service to the dialysis machines and hemofiltration system. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per

scheduled on a Pilot 12 hours shift 9am to 915pm. As per the Grid provided by management there are 3-4 RNs schedule /shift. The RNS are responsible of not only the patients (inpatient and outpatients) in the unit located in the West Building basement. But also, for the patients receiving HD in the ICU units in the hospital, for starting and troubleshooting CVVH also in the ICU units and for the inpatients that needed peritoneal dialysis (PD) in different areas of the hospital. Currently sometimes they have a 1 RN to 3 Pts ratio, but the optimum Ratio should be 1RN to 2 Pts. ** The Committee is requesting 5-6 RNs to be scheduled in order to

Presbyterian Queens committee reached Hospital ("Hospital"), I consensus on midshift nurse submit the Hospital's staffing in the. The Hospital Clinical Staffing Plan. This disagreed with and did not Staffing Plan encompasses adopt the non-management in-patient nursing care units committee members' at the Hospital. Over the proposal for remaining last year Hospital staffing levels, as the management has worked Hospital believes the collaboratively with the nonadopted guidelines are safe and appropriate for this management members of **Emergency Department's** the Clinical Staffing Committee discussing with typical volume. Each staff them the working member at NYPQ is issued a conditions, staffing, physical mobile communication environment, available device for direct resources, census, acuity, communication. This unit and feedback submitted to has available to it nurse and support staff float pools to Employee members of the the Clinical Staffing clinical staffing committee Committee on each of these supplement unit staffing during times of surge. In submitted their position in a in-patient nursing units. addition to the staff float staffing guideline format; While the Clinical Staffing the Hospital did not receive Committee did not reach pools available to supplement unit staffing, anything additional from consensus on a plan for the Hospital, the discussions we nurses are assisted by the employee members of the Clinical Staffing had with our nonrespiratory therapists, phlebotomists, pharmacy Commitee. 205485 EMERGENCY ROOM No management partners were

	Presbyterian Queens	reached consensus on nurse	
	Hospital ("Hospital"), I	staffing at all census points	
	submit the Hospital's	and Unit Clerk staffing on	
	Clinical Staffing Plan. This	the day and evening shifts.	
	Staffing Plan encompasses	The Hospital disagreed with	
	in-patient nursing care units	and did not adopt the non-	
	at the Hospital. Over the	management committee	"1- There was no image
	last year Hospital	members' proposal for	available on our last
	management has worked	remaining staffing levels, as	proposal, but we received
	collaboratively with the non-	the Hospital believes the	this grid from management.
	management members of	adopted guidelines are safe	2- The committee proposes
	the Clinical Staffing	and appropriate. This	the following numbers for
	Committee discussing with	critical care unit also	MICU, as long as those
	them the working	accomodates stepdown	numbers are met on a daily
	conditions, staffing, physical	patients and is budgeted	basis.
	environment, available	and staffed as such. On the	a- 1:1 to 2:1 ratio = 10 RNs
	resources, census, acuity,	night shift, Unit Clerks cross-	when at full capacity
	and feedback submitted to	cover units, which the	b- Staffing must Follow the
	the Clinical Staffing	Hospital believes is	Professional accreditation
	Committee on each of these	sufficient. During these	guidelines appropriate for
	in-patient nursing units.	hours, there is a significant	each case.
	While the Clinical Staffing	reduction of Unit Clerk	3- CNAs numbers increase
	Committee did not reach	duties including no visitors,	to 2 per shift or at a ratio of
	consensus on a plan for the	less phone calls, no	8-10 pts to 1 CNA. Safeties
	Hospital, the discussions we	discharges, and a decrease	or Max Observance
	had with our non-	in admissions and transfers	excluded.A. Safeties or Max
No	management partners were	as compared to other shifts.	Observance excluded"
	No	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

Presbyterian Queens reached consensus on Unit Hospital ("Hospital"), I Clerk staffing on the day and evening shift. The submit the Hospital's Clinical Staffing Plan. This Hospital disagreed with and Staffing Plan encompasses did not adopt the nonin-patient nursing care units management committee at the Hospital. Over the members' proposal for last year Hospital remaining staffing levels, as management has worked the Hospital believes the collaboratively with the nonadopted guidelines are safe management members of and appropriate. On the the Clinical Staffing night shift, Unit Clerks cross-Committee discussing with "As per the Grid the cover units, which the them the working Hospital believes is Committee proposes the following: ** 1st line 13-18 conditions, staffing, physical sufficient. During these environment, available hours, there is a significant pts 3RNs minimum. resources, census, acuity, reduction of Unit Clerk ** the committee agrees and feedback submitted to duties including no visitors, with the RN numbers in the the Clinical Staffing less phone calls, no other 2 lines. ** maintaining a 1RN:6pts Committee on each of these discharges, and a decrease in admissions and transfers in-patient nursing units. ratio at all times. While the Clinical Staffing as compared to other shifts. CNAs** 13-18 pts 2 CNAs -7-12 pts 2CNAs—1-6 pts Committee did not reach Each staff member at NYPQ 1CNA Safeties or Max consensus on a plan for the is issued a mobile Hospital, the discussions we communication device for Observance excluded. Ward Clerk 1 per shift No sharing 205136 8 WEST MEDICALhad with our nondirect communication. This management partners were unit has available to it nurse with other units." **SURGICAL** No

Presbyterian Queens reached consensus on Hospital ("Hospital"), I OR/OB Tech staffing Monday - Friday on all shifts submit the Hospital's Clinical Staffing Plan. This and on Saturday's day shift. Additionally, the staffing Staffing Plan encompasses in-patient nursing care units committee reached at the Hospital. Over the consensus on Monday last year Hospital Friday Unit Clerk staffing. "The Staffing committee management has worked The Hospital disagreed with proposes our original ask collaboratively with the nonand did not adopt the nonfrom last year staffing plan. Seen Above on the rightmanagement members of management committee members' proposal for hand side. the Clinical Staffing Committee discussing with remaining staffing levels, as For RNs, WC. ** When a patient needs to them the working the Hospital believes the conditions, staffing, physical adopted guidelines are safe go into the OR the RN environment, available and appropriate for this assigned follows the Patient resources, census, acuity, Labor and Delivery unit's leaving her other pts and feedback submitted to typical volume and acuity. assigned to among the The Hospital believes that the Clinical Staffing remaining nurses. TECHS: The committee Committee on each of these for overnight shifts, there is in-patient nursing units. cross-On the night shift, proposes 1 tech per shift including weekends. The While the Clinical Staffing Unit Clerks cross-cover Committee did not reach units, which the Hospital techs provide vital consensus on a plan for the believes is sufficient.age of assistance to the unit, and Hospital, the discussions we units where an individual they scrub-in when they OR is had with our non-Unit Clerks may not be 205250 DELIVERY ROOM present. During these needed." No management partners were

Presbyterian Queens reached consensus on Unit Hospital ("Hospital"), I Clerk staffing. The Hospital submit the Hospital's disagreed with and did not Clinical Staffing Plan. This adopt the non-management Staffing Plan encompasses committee members' in-patient nursing care units proposal for remaining at the Hospital. Over the staffing levels, as the last year Hospital Hospital believes the management has worked adopted guidelines are safe collaboratively with the nonand appropriate. Each staff member at NYPQ is issued a management members of the Clinical Staffing mobile communication Committee discussing with "As per feedback from the device for direct staff: them the working communication. This unit conditions, staffing, physical **if there is any vacancies, has available to it nurse and environment, available support staff float pools to they should be filled ASAP resources, census, acuity, supplement unit staffing. in order to alleviate staffing, and feedback submitted to Other support personnel especially on days. **Both PEDS and PIMU are that aid nursing services the Clinical Staffing include unit clerks, physical budgeted separately but Committee on each of these currently the same staffing in-patient nursing units. therapy aides, wound/ostomy care team, is used to staff both units While the Clinical Staffing Committee did not reach respiratory therapists, creating a staffing deficit and increasing the consensus on a plan for the phlebotomists, pharmacy Hospital, the discussions we technicians, social workers, needs to float an RN from MB or NICU to help with the had with our noncare managers, IV team, 205210 PEDIATRICS EKG techs, and transport staffing." No management partners were

		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	and Unit Clerk staffing at all	
		submit the Hospital's	census points and shifts,	
		Clinical Staffing Plan. This	and Nursing Attendant	
		Staffing Plan encompasses	staffing at census points 1-	
		in-patient nursing care units	3. The Hospital disagreed	
		at the Hospital. Over the	with and did not adopt the	
		last year Hospital	non-management	
		management has worked	committee members'	
		collaboratively with the non-	proposal for remaining	
		management members of	staffing levels, as the	
		the Clinical Staffing	Hospital believes the	
		Committee discussing with	adopted guidelines are safe	
		them the working	and appropriate. Each staff	
		conditions, staffing, physical	member at NYPQ is issued a	
		environment, available	mobile communication	
		resources, census, acuity,	device for direct	
		and feedback submitted to	communication. This unit	
		the Clinical Staffing	has available to it nurse and	"The Staffing committee
		Committee on each of these	support staff float pools to	proposes our original ask
		in-patient nursing units.	supplement unit staffing.	from last year staffing plan.
		While the Clinical Staffing	Other support personnel	Seen Above on the right-
		Committee did not reach	that aid nursing services	hand side.
		consensus on a plan for the	include unit clerks, physical	For RNs, CNAS & WC.
		Hospital, the discussions we	therapy aides,	Safeties or Max Observance
205328 PEDS		had with our non-	wound/ostomy care team,	to be excluded from the
INTERMEDIATE CARE	No	management partners were	respiratory therapists,	CNA numbers proposed."

		Presbyterian Queens	reached consensus on Unit	
		Hospital ("Hospital"), I	Clerk staffing on the day	
		submit the Hospital's	and evening shift. The	"1- WE ARE PROPOSING A
		Clinical Staffing Plan. This	Hospital disagreed with and	STEP-DOWN MODEL FOR
		Staffing Plan encompasses	did not adopt the non-	THE AREA OF 15 VENTED
		in-patient nursing care units	management committee	PATIENTS IN THE BACK OF
		at the Hospital. Over the	members' proposal for	5N.
		last year Hospital	remaining staffing levels, as	2- A RATIO OF 1RN:
		management has worked	the Hospital believes the	3VENTED PTS = 5RN'S
		collaboratively with the non-	adopted guidelines are safe	2CNA'S IN THIS AREA AT ALL
		management members of	and appropriate. The	TIMES. a. ROLE OF THE LPN
		the Clinical Staffing	Hospital did increase	NEEDS TO BE DISCUSSED
		Committee discussing with	Nursing Attendant staffing	AND CLARIFIED
		them the working	at census points 7-12. On	3- FOR THE MIXED
		conditions, staffing, physical	the night shift, Unit Clerks	ASSIGNMENTS {VENTED
		environment, available	cross-cover units, which the	(V)/NON-VENTED (NV)} RN
		resources, census, acuity,	Hospital believes is	1:5 RATIO
		and feedback submitted to	sufficient. During these	WITH ASSIGNMENTS AS
		the Clinical Staffing	hours, there is a significant	FOLLOW:
		Committee on each of these	reduction of Unit Clerk	a. 3NV/2V OR 4NV/1V/ RN
		in-patient nursing units.	duties including no visitors,	1:5 RATIO
		While the Clinical Staffing	less phone calls, no	b. CNA- 1:8 RATIO
		Committee did not reach	discharges, and a decrease	c. 4 CNA'S IN THE FRONT AT
		consensus on a plan for the	in admissions and transfers	ALL TIMES. Safety &
		Hospital, the discussions we	as compared to other shifts.	Maximum observances to
205123 5 NORTH MEDICAL-		had with our non-	Each staff member at NYPQ	be excluded from CNA
SURGICAL	No	management partners were	is issued a mobile	numbers.t"

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 37submit the Hospital's 40 and Unit Clerk staffing on Clinical Staffing Plan. This the day and evening shift. "** Vents are admitted Staffing Plan encompasses The Hospital disagreed with when 5N has an overflow. and did not adopt the nonin-patient nursing care units at the Hospital. Over the management committee ** Post-Surgical Patients: last year Hospital members' proposal for Pain Management/ Early management has worked remaining staffing levels, as Ambulation/ High Turnover of patients daily** collaboratively with the nonthe Hospital believes the management members of adopted guidelines are safe 1- The committee agrees that the RN staffing the Clinical Staffing and appropriate. The Committee discussing with Hospital did increase numbers are appropriate. **Nursing Attendant staffing** As long as the staffing plan them the working conditions, staffing, physical at census points 7-12. On numbers are met on a daily environment, available the night shift, Unit Clerks basis. resources, census, acuity, cross-cover units, which the a. RN ratio 5:1 and feedback submitted to Hospital believes is 2- The committee agrees sufficient. During these that the CNA numbers are the Clinical Staffing Committee on each of these hours, there is a significant appropriate as long as the in-patient nursing units. reduction of Unit Clerk staffing plan numbers are met on a daily basis. While the Clinical Staffing duties including no visitors, Committee did not reach less phone calls, no a. Safety & Max observations to be excluded consensus on a plan for the discharges, and a decrease Hospital, the discussions we in admissions and transfers from the above CNA had with our nonas compared to other shifts. numbers. Each staff member at NYPQ 3- Ward clerk 1 per shift." No management partners were

205115 5 WEST NEURO

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 31-40, Nursing Attendant submit the Hospital's Clinical Staffing Plan. This staffing at census points 31-Staffing Plan encompasses 36, and Unit Clerk staffing in-patient nursing care units on the day and evening at the Hospital. Over the shift. The Hospital disagreed last year Hospital with and did not adopt the management has worked non-management collaboratively with the noncommittee members' proposal for remaining management members of "1- The committee agrees staffing levels, as the the Clinical Staffing that the RN staffing Committee discussing with Hospital believes the numbers are appropriate. adopted guidelines are safe As long as the staffing plan them the working and appropriate. The conditions, staffing, physical numbers are met on a daily environment, available Hospital did increase basis. resources, census, acuity, **Nursing Attendant staffing** a. RN ratio 5:1 and feedback submitted to at census points 7-12. On 2- The committee agrees that the CNA numbers are the Clinical Staffing the night shift, Unit Clerks Committee on each of these cross-cover units, which the appropriate as long as the in-patient nursing units. Hospital believes is staffing plan numbers are met on a daily basis. While the Clinical Staffing sufficient. During these hours, there is a significant Committee did not reach a. Safety & Max observations to be excluded consensus on a plan for the reduction of Unit Clerk Hospital, the discussions we duties including no visitors, from the above CNA had with our nonless phone calls, no numbers. 205132 4 WEST ORTHO discharges, and a decrease 3- Ward clerk 1 per shift." No management partners were

	Presbyterian Queens	reached consensus on nurse	
	,	reactica conscisas on harse	
	Hospital ("Hospital"), I	staffing at census points 13-	
	submit the Hospital's	18 and 31-54 and Unit Clerk	
	Clinical Staffing Plan. This	staffing on the day and	
	Staffing Plan encompasses	evening shift. The Hospital	
	in-patient nursing care units	disagreed with and did not	
	at the Hospital. Over the	adopt the non-management	
	last year Hospital	committee members'	
	management has worked	proposal for remaining	"** The Pts in 3N are mostly
	collaboratively with the non-	staffing levels, as the	Complete Care patients
	management members of	Hospital believes the	** The rooms in 3N are very
	the Clinical Staffing	adopted guidelines, as well	small; at times is a
	Committee discussing with	as the unit configuration,	challenge to have all
	them the working	are safe and appropriate.	medical equipment
	conditions, staffing, physical	The Hospital did increase	necessary for the Pts, such
	environment, available	Nursing Attendant staffing	as Bi-Pap, & High Flow.
	resources, census, acuity,	at census points 7-12. On	** There has been talk of
	and feedback submitted to	the night shift, Unit Clerks	remodeling 3N but has not
	the Clinical Staffing	cross-cover units, which the	come to fruition.
	Committee on each of these	Hospital believes is	1- The committee proposes:
	in-patient nursing units.	sufficient. During these	a. 11 RNs/ shift 5:1 Ratio,
	While the Clinical Staffing	hours, there is a significant	the numbers must be met
	Committee did not reach	reduction of Unit Clerk	on a daily basis.
	consensus on a plan for the	duties including no visitors,	b. CNAs 8 per shift. Safety &
	Hospital, the discussions we	less phone calls, no	Max Observances to be
	had with our non-	discharges, and a decrease	excluded from this count.
No	management partners were	in admissions and transfers	2- 1 Ward Clerk 1 per shift."
		Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non- management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non- management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non- staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no

		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	staffing at census points 13-	
		submit the Hospital's	21 and Unit Clerk staffing on	
		Clinical Staffing Plan. This	the day and evening shift.	
		Staffing Plan encompasses	The Hospital disagreed with	
		in-patient nursing care units	and did not adopt the non-	
		at the Hospital. Over the	management committee	
		last year Hospital	members' proposal for	
		management has worked	remaining staffing levels, as	
		collaboratively with the non-	the Hospital believes the	
		management members of	adopted guidelines are safe	
		the Clinical Staffing	and appropriate. The	"1- **The Committee agree
		Committee discussing with	Hospital did increase	that the RN numbers are
		them the working	Nursing Attendant staffing	appropriate as long as the
		conditions, staffing, physical	at census points 7-12. On	numbers are met on a daily
		environment, available	the night shift, Unit Clerks	basis.
		resources, census, acuity,	cross-cover units, which the	Meeting the 1:5 ratio
		and feedback submitted to	Hospital believes is	agreed during last year
		the Clinical Staffing	sufficient. During these	staffing legislation process.
		Committee on each of these	hours, there is a significant	2- ** CNA's number
		in-patient nursing units.	reduction of Unit Clerk	increased to 3 as per our
		While the Clinical Staffing	duties including no visitors,	original proposal. 1 of those
		Committee did not reach	less phone calls, no	CNAs must be assigned to
		consensus on a plan for the	discharges, and a decrease	the CDU area and 2 CNAs to
		Hospital, the discussions we	in admissions and transfers	the regular floor. Safeties or
205117 3 SOUTH MEDICAL-		had with our non-	as compared to other shifts.	Max Observance excluded.
SURGICAL	No	management partners were	Each staff member at NYPQ	3- **1 WC per shift."

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 7-12 and 31-36 and Nursing submit the Hospital's Clinical Staffing Plan. This Attendant staffing at census Staffing Plan encompasses points 13-24. The Hospital in-patient nursing care units disagreed with and did not at the Hospital. Over the adopt the non-management last year Hospital committee members' management has worked proposal for remaining collaboratively with the nonstaffing levels, as the Hospital believes the management members of the Clinical Staffing adopted guidelines are safe Committee discussing with and appropriate. On the night shift, Unit Clerks crossthem the working conditions, staffing, physical cover units, which the environment, available Hospital believes is "1- The committee agrees resources, census, acuity, sufficient. During these that the RN staffing and feedback submitted to hours, there is a significant numbers are appropriate. reduction of Unit Clerk As long as the numbers are the Clinical Staffing Committee on each of these duties including no visitors, met on a daily basis. in-patient nursing units. less phone calls, no a. RN ratio 5:1 While the Clinical Staffing discharges, and a decrease 2- CNA 4 per shift for a ratio Committee did not reach in admissions and transfers of 8:1. Safeties or Max Observance excluded. consensus on a plan for the as compared to other shifts. Each staff member at NYPQ Hospital, the discussions we 3- Ward clerk 1 per shift, when sharing with CVRU had with our nonis issued a mobile 205111 2 NORTH CARDIAC not to cover another unit." No management partners were communication device for

Presbyterian Queens reached consensus on nurse that the staffing plan RN numbers is adequate as Hospital ("Hospital"), I staffing at census points 5long as those numbers are submit the Hospital's 14. The Hospital disagreed Clinical Staffing Plan. This with and did not adopt the met on a daily basis, when bed capacity returns to 14 Staffing Plan encompasses non-management in-patient nursing care units committee members' beds. at the Hospital. Over the proposal for remaining a. Staffing must Follow the last year Hospital staffing levels, as the **Professional CTICU** management has worked Hospital believes the accreditation guidelines collaboratively with the non-adopted guidelines are safe appropriate for each case. and appropriate. This management members of IG a Fresh Open Heart Case critical care unit also the Clinical Staffing post-surgery should be a 1:1 Committee discussing with accomodates stepdown ratio. them the working patients and is budgeted b. ICU ratios: 1:1 or 1:2 conditions, staffing, physical and staffed as such. On the depending on acuity. environment, available night shift, Unit Clerks crossc. Stepdown PTs should not resources, census, acuity, cover units, which the exceed a 1RN:3pts. ratio. and feedback submitted to Hospital believes is 2- CNAs numbers increase sufficient. During these to 1 per shift. Safeties or the Clinical Staffing Committee on each of these hours, there is a significant Max Observance excluded.2in-patient nursing units. reduction of Unit Clerk CNAs numbers increase to 1 While the Clinical Staffing duties including no visitors, per shift. Safeties or Max Committee did not reach less phone calls, no Observance excludedshift consensus on a plan for the discharges, and a decrease without sharing with other Hospital, the discussions we in admissions and transfers units. WC could share duties 205326 CARDIO RECOVERY had with our nonas compared to other shifts. with 2N when the WC staffing is critically Low not UNIT No management partners were This unit is contiguous with

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		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	staffing at census points 7-	
		submit the Hospital's	10 and Unit Clerk staffing on	
		Clinical Staffing Plan. This	the day and evening shift.	"1- The Committee agrees
		Staffing Plan encompasses	The Hospital disagreed with	that the staffing plan RN
		in-patient nursing care units	and did not adopt the non-	numbers is adequate as
		at the Hospital. Over the	management committee	long as those numbers are
		last year Hospital	members' proposal for	met on a daily basis.
		management has worked	remaining staffing levels, as	a. Staffing must Follow the
		collaboratively with the non-	the Hospital believes the	Professional Trauma
		management members of	adopted guidelines are safe	accreditation guidelines
		the Clinical Staffing	and appropriate. This	appropriate for each case.
		Committee discussing with	critical care unit also	IG a Fresh Trauma Alpha
		them the working	accomodates stepdown	fresh post-surgery should
		conditions, staffing, physical	patients and is budgeted	be a 1:1 ratio.
		environment, available	and staffed as such. On the	b. 1:1 to 2:1 ratio = 10 RNs
		resources, census, acuity,	night shift, Unit Clerks cross-	when at full capacity
		and feedback submitted to	cover units, which the	c. Stepdown PTs should not
		the Clinical Staffing	Hospital believes is	exceed a 3:1 ratio.
		Committee on each of these	sufficient. During these	2- CNAs numbers increase
		in-patient nursing units.	hours, there is a significant	to 2 per shift or at a ratio of
		While the Clinical Staffing	reduction of Unit Clerk	8-10 pts to 1 CNA. Safety &
		Committee did not reach	duties including no visitors,	Max Observances to be
		consensus on a plan for the	less phone calls, no	excluded from this count.
		Hospital, the discussions we	discharges, and a decrease	3- Ward Clerks- 1 per shift
205430 SURGERY ICU 7W		had with our non-	in admissions and transfers	without sharing with other
(CCU/MICU/SICU/SISD)	No	management partners were	as compared to other shifts.	units."

		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	staffing at census points 9-	
		submit the Hospital's	62 and Unit Clerk staffing.	
		Clinical Staffing Plan. This	The Hospital disagreed with	
		Staffing Plan encompasses	and did not adopt the non-	
		in-patient nursing care units	management committee	
		at the Hospital. Over the	members' proposal for	"As per our feedback there
		last year Hospital	remaining staffing levels, as	are 6 antepartum beds, 37
		management has worked	the Hospital believes the	couplets beds bringing
		collaboratively with the non-	adopted guidelines are safe	capacity to 64 pts.
		management members of	and appropriate, including	The Committee proposal is
		the Clinical Staffing	24/7 Unit Clerk coverage for	as follows:
		Committee discussing with	infant security. Each staff	RNS: The committee agree
		them the working	member at NYPQ is issued a	to the RN numbers as long
		conditions, staffing, physical	mobile communication	as the numbers are met at
		environment, available	device for direct	all times.
		resources, census, acuity,	communication. This unit	Ratios: 1RN: 3 to 4 Couplets
		and feedback submitted to	has available to it nurse and	1- CNAs: 5 couplets per CNA
		the Clinical Staffing	support staff float pools to	giving them 10 patients
		Committee on each of these	''	each. Safeties or Max
		in-patient nursing units.	Other support personnel	Observance excluded.
		While the Clinical Staffing	that aid nursing services	WC: 1 per shift/ NO
		Committee did not reach	include unit clerks, physical	SHARING ** HIGH Security
		consensus on a plan for the	· ' ' /	** Visitors must be let in by
		Hospital, the discussions we	' '	Clerk is clerk has been
205220 OBSTETRICS/POST		had with our non-	respiratory therapists,	shared it jeopardizes the
PART	No	management partners were	phlebotomists, pharmacy	safety of the unit."

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non- management members of management members of the Clinical Staffing treached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non- management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. It is important to note that conly 2 RN on the interest on the day and evening shift. The Hospital disagreed with and did not adopt the non- management committee members' proposal for remaining staffing levels, as the Hospital believes the and appropriate. It is important to note that conly 2 RN on the interest of the consensus on Unit colleks taffing on the day and evening shift. The Hospital disagreed with and did not adopt the non- management committee members' proposal for remaining staffing levels, as the Hospital believes the and appropriate. It is important to note that only 2 RN on the interest of the consensus on Unit colleks taffing on the day and evening shift. The Hospital disagreed with and did not adopt the non- management committee members' proposal of 3 nur adopted guidelines are safe and appropriate. It is important to note that in Appropriate is	riginal ses per
submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non- management being staffing levels, as collaboratively with the non- management proposes our O proposal of 3 nur adopted guidelines are safe and evening shift. The Hospital disagreed with and did not adopt the non- management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe shift a. There should nonly 2 RN on the	riginal ses per
submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non- management staffing levels, as the Hospital believes the adopted guidelines are safe and evening shift. The Hospital disagreed with and did not adopt the non- management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe shift a. There should nonly 2 RN on the	riginal ses per
Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing important to note that only 2 RN on the last year encompasses did not adopt the nonmanagement committee members' proposal for remaining staffing levels, as proposes our Or the Hospital believes the adopted guidelines are safe and appropriate. It is only 2 RN on the last year Hospital believes the and appropriate. It is only 2 RN on the last year Hospital believes the and appropriate important to note that only 2 RN on the last year Hospital believes the and appropriate. It is only 2 RN on the last year Hospital believes the and appropriate important to note that only 2 RN on the last year Hospital believes the and appropriate.	riginal ses per
Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing important to note that only 2 RN on the last year encompasses did not adopt the nonmanagement committee members' proposal for remaining staffing levels, as proposes our Or the Hospital believes the adopted guidelines are safe and appropriate. It is only 2 RN on the last year Hospital believes the and appropriate. It is only 2 RN on the last year Hospital believes the and appropriate important to note that only 2 RN on the last year Hospital believes the and appropriate. It is only 2 RN on the last year Hospital believes the and appropriate important to note that only 2 RN on the last year Hospital believes the and appropriate.	riginal ses per
at the Hospital. Over the last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing important to note that in the clinical Staffing important in the clinical Staffing important in the common remaining staffing important in the common remaining staffing important in the common remaining staffing levels, as proposes our Opposes our Opp	riginal ses per
last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing management to note that last year Hospital management members of the Clinical Staffing management to note that last year Hospital management members of the Clinical Staffing management members of the Clinical Staffing management to note that management to note that proposes our Opposes ou	riginal ses per
management has worked collaboratively with the non-adopted guidelines are safe management members of the Clinical Staffing important to note that proposal of 3 numbers of and appropriate. It is only 2 RN on the	ses per
collaboratively with the non-adopted guidelines are safe management members of the Clinical Staffing important to note that only 2 RN on the	
management members of and appropriate. It is a. There should n the Clinical Staffing important to note that only 2 RN on the	wer be
the Clinical Staffing important to note that only 2 RN on the	wer be
	zvei be
Committee discussing with when based on census the in Annropriate by	unit.
Committee discussing with when, based on cellsus, the I. Appropriate is	reak
them the working staffing plan calls for two coverage is not p	ossible
conditions, staffing, physical RNs, a given RN is never with only two	RNs
environment, available alone on the unit; another ii. CNA can not co	ver the
resources, census, acuity, team member is always Tele Breaks	,
and feedback submitted to present to assist or call for iii. In case of a CA	or RRT
the Clinical Staffing assistance in an emergency. when RNs are on b	reak will
Committee on each of these On the night shift, Unit create an unsafe s	tuation.
in-patient nursing units. Clerks cross-cover units, b. Safety and Ma	ximum
While the Clinical Staffing which the Hospital believes observations number	ers to be
Committee did not reach is sufficient. During these excluded from the	e CNA
consensus on a plan for the hours, there is a significant numbers abo	ve.
Hospital, the discussions we reduction of Unit Clerk *** The staffing	; plan
205134 8 SOUTH MEDICAL- had with our non- duties including no visitors, numbers must be	net on a
SURGICAL No management partners were less phone calls, no daily basis.	1

r	T			T
		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	staffing at census points 31-	
		submit the Hospital's	48 and Unit Clerk staffing on	
		Clinical Staffing Plan. This	the day and evening shift.	
		Staffing Plan encompasses	The Hospital disagreed with	
		in-patient nursing care units	and did not adopt the non-	
		at the Hospital. Over the	management committee	
		last year Hospital	members' proposal for	"*** DEDICATED CHEMO
		management has worked	remaining staffing levels, as	RN
		collaboratively with the non-	the Hospital believes the	*** Keep Chemo patients in
		management members of	adopted guidelines are safe	the same geographical
		the Clinical Staffing	and appropriate. The	location
		Committee discussing with	Hospital did increase	1- The committee agrees
		them the working	Nursing Attendant staffing	that the RN staffing
		conditions, staffing, physical	at census points 7-12. On	numbers are appropriate.
		environment, available	the night shift, Unit Clerks	As long as the staffing plan
		resources, census, acuity,	cross-cover units, which the	numbers are met on a daily
		and feedback submitted to	Hospital believes is	basis.
		the Clinical Staffing	sufficient. During these	a. RN ratio 5:1
		Committee on each of these	hours, there is a significant	2- The committee proposes
		in-patient nursing units.	reduction of Unit Clerk	the original ask of 6 CNAs
		While the Clinical Staffing	duties including no visitors,	per shifts.
		Committee did not reach	less phone calls, no	a. Safety & Max
		consensus on a plan for the	discharges, and a decrease	observations to be excluded
		Hospital, the discussions we	in admissions and transfers	from the above CNA
205128 6 NORTH		had with our non-	as compared to other shifts.	numbers.the above CNA
ONCOLOGY	No	management partners were	Each staff member at NYPQ	numbers."
205350 ENDO	Yes			
205154 ASU Recovery	Yes			
205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with 4 RNs in this department on them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-205446 OP INFUSION UNIT management partners were diem, agency, and overtime. No

The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The Hospital believes patient volume does not support scheduling a daily basis. 3 RNs are consistently scheduled to work on the unit and while there may be a 4th RN scheduled to work in this department, that is not typical. The 4th RN is brought in based on patient need and volume surge. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per

very valuable service to our patients and help in preventing readmission and the completion of necessary treatment to the patients. Their services allow the hospital to decrease the Length of Stay (LOS) for patients. As per the Grid provided by management there are three staggered RN shifts staffed by 1 RN Mon thru Sunday (7days a week) totaling 3 RNs per day. As per our knowledge there are currently 4 RNs scheduled each day and this process should not be used to decrease the current staff already in place. Especially when it meets the needs of the patients. **The Committee is requesting that the grid reflect the 4RNs scheduled and the RN to PT Ratio does not exceed a 12:1 ratio.**

T				
		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This	The Hospital believes the	
		Staffing Plan encompasses	adopted staffing and	
		in-patient nursing care units	support are appropriate	
		at the Hospital. Over the	based upon unit volume	
		last year, Hospital	and acuity. This position is	
		management has worked	filled with a full-time RN.	The pediatric Asthma Grant
		collaboratively with the non-	The Hospital agrees at least	portion of the Lang Peds
		management members of	one caregiver, practicing	clinic is currently being
		the Clinical Staffing	within their scope of	covered by a Traveler RN.
		Committee discussing with	practice, should be present	** The Committee would
		them the working	to provide care to patients	like to know if a Req# for
		conditions, staffing, physical	during normal hours of	that position has been
		environment, available	operation and in the event	requested and is in the
		resources, census, acuity,	of an absence other	process of being posted to
		and feedback submitted to	caregivers are able to step	be permanently filled by a
		the Clinical Staffing	in and help, thereby	staff RN. ** ** The
		Committee on each of these	avoiding an instance where	Committee is also
		in-patient nursing units.	there are no caregivers	requesting that the Medical
		While the Clinical Staffing	available. The Hospital will	Assistant shifts are covered
		Committee did not reach	continuously monitor	by 1 MA at all times, and
		consensus on a plan for the	volume and staffing to	not on a 0-1 basis. O staff
		Hospital, the discussions we	adjust staffing when needed	scheduled or coverage is
206912 PEDIATRIC ASTHMA		had with our non-	with per diem, agency, and	not acceptable. At any time.
CENTER	No	management partners were	overtime.	**
CENTER	No	management partners were	overtime.	**

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our nonmanagement partners were

206911 PEDIATRIC CLINIC

No

adopted staffing and support are appropriate based upon unit volume and acuity. The ranges that appear on the grid reflect the flexibility of the various shifts, staggered throughout the day. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation and given the nature of this department's staggered shifts, in the event of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and

RNs that cover the Pediatric Clinic As per the Grid provided by management there are 3 RNs staggered shift in the Pediatric Clinic with 0-1 RN schedule on each shift Mon thru Fri. ** The committee is requesting that minimum 1 RN is scheduled per shift in order to provide appropriate care for the patients. That will a total of 3 RNs per day there should be at least 2 RNs per day after the clarification was made. ** ** O staff scheduled, or coverage is not acceptable. At any time. ** ** The committee would like to point out that last Friday there was only 1 RN covering the Clinic for the whole day and that was not appropriate staffing to provide safe care for the

patients. ** ** The

		 		Г
		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This		
		Staffing Plan encompasses		
		in-patient nursing care units		
		at the Hospital. Over the		
		last year, Hospital		
		management has worked		
		collaboratively with the non-		
		management members of		
		the Clinical Staffing		
		Committee discussing with		
		them the working		
		conditions, staffing, physical		
		environment, available		
		resources, census, acuity,		
		and feedback submitted to		
		the Clinical Staffing		
		Committee on each of these		
		in-patient nursing units.		
		While the Clinical Staffing		
		Committee did not reach	The Hospital believes the	
		consensus on a plan for the	adopted staffing and	
		Hospital, the discussions we	support are appropriate	
206104		had with our non-	based upon unit volume	
ELECTROPHYSIOLOGY	No	management partners were	and acuity.	N/A

Ī				
		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This		
		Staffing Plan encompasses		
		in-patient nursing care units		
		at the Hospital. Over the		
		last year, Hospital		
		management has worked		
		collaboratively with the non-		
		management members of		
		the Clinical Staffing		As stated above we did not
		Committee discussing with		receive the Average Volume
		them the working		for this area and could not
		conditions, staffing, physical	The Hospital believes the	get in contact with the RN
		environment, available	adopted staffing and	assigned to this area, to
		resources, census, acuity,	support are appropriate	confirm the information
		and feedback submitted to	based upon unit volume	provided. The committee
		the Clinical Staffing	and acuity. The hospital	cannot at this time provide
		Committee on each of these	' · · · · · · · · · · · · · · · · · · ·	a comprehensive proposal
		in-patient nursing units.	lacked necessary	without the complete
		While the Clinical Staffing	information to provide a	information. The
		Committee did not reach	substantive response	Committee reserves the
			because they were provided	right to provide a proposal
		Hospital, the discussions we	the same data (i.e., staffing	once they either speak to
206101 CARDIAC		had with our non-	grid) that was provided for	the staff or receive the
CATHETERIZATION	No	management partners were	the other outpatient areas.	information requested.

			1	
		Presbyterian Queens		West Building basement
		Hospital ("Hospital"), I		and provide an array of
	1	submit the Hospital's		services for Cancer patients.
	1	Clinical Staffing Plan. This		The Nurse Clinicians work a
	1	Staffing Plan encompasses		10-hr. shift. As per the grid
	1	in-patient nursing care units		provided by Management
	1	at the Hospital. Over the	The Hospital believes the	the are 3-4 Nurse Clinicians
	1	last year, Hospital	adopted staffing and	per day. They currently
	1	management has worked	support are appropriate	work form 745 am to 6pm,
	1	collaboratively with the non-	based upon unit volume	The staff stated that there
	1	management members of	and acuity. The ranges that	has been talk about
	1	the Clinical Staffing	appear on the grid reflect	switching 2 days during the
	1	Committee discussing with	the flexibility of the various	week to 8 am to 615pm.
	1	them the working	shifts, staggered throughout	The center is very fast
	1	conditions, staffing, physical	the day. The Hospital	paced and busy center,
	1	environment, available	agrees at least one	while they work on an
	1	resources, census, acuity,	caregiver, practicing within	appointment basis, thay do
	1	and feedback submitted to	their scope of practice,	take walk ins sometime, or
	1	the Clinical Staffing	should be present to	the providers add on
	1	Committee on each of these	provide care to patients	patients to the schedule for
	1	in-patient nursing units.	during normal hours of	emergent treatments. The
	1	While the Clinical Staffing	operation. The Hospital will	staff are currently having a
		Committee did not reach	continuously monitor	challenge with taking their
		consensus on a plan for the	volume and staffing to	entitled break because of
		Hospital, the discussions we	adjust staffing when needed	the high number of patients
206915 THERAPEUTIC		had with our non-	with per diem, agency, and	each nurse is receiving and
MEDICINE CENTER	No	management partners were	overtime.	providing care for on a daily

Presbyterian Queens The Committee agrees with the staffing of the 730am to Hospital ("Hospital"), I 330pm shift and the 12psubmit the Hospital's Clinical Staffing Plan. This 4pm shift Mon thru Thursday but is requesting Staffing Plan encompasses in-patient nursing care units that the Friday shift should begin at 8 am. The patients at the Hospital. Over the last year, Hospital begin arriving at 8 am and management has worked the RN is needed to start The Hospital believes that collaboratively with the nonprepping the patient for the adopted staffing and management members of procedures. The Committee the Clinical Staffing support are appropriate is requesting that the RN to Committee discussing with based upon unit volume Patient Ratio on this Grid and acuity. The staffing them the working reflects a 4 pts to 1RN ratios conditions, staffing, physical ratios reflected represent and not as their environment, available the direct patient care each management claims that is resources, census, acuity, patient receives while in a a 1:1 ratio. The reality is and feedback submitted to nuclear medicine room. In that the RNs are taking care of 4 pts at different stages the Clinical Staffing the event of an emergency, of the procedures at all Committee on each of these the hospital RRT team & PAs provide additional in-patient nursing units. times. The RNs are While the Clinical Staffing support. Currently this has responsible for those not been an issue, but the patients from admission to Committee did not reach consensus on a plan for the Hospital will assess the discharge, they are Hospital, the discussions we needs of the department assessing for any adverse had with our nonand if necessary, make reactions and are responsible for their care. 206260 NUCLEAR MEDICINE No management partners were adjustments as needed.

		Presbyterian Queens		
		Hospital ("Hospital"), I		
		submit the Hospital's		
		Clinical Staffing Plan. This		
		Staffing Plan encompasses		
		in-patient nursing care units		
		at the Hospital. Over the		
		last year, Hospital		
		management has worked		
		collaboratively with the non-		
		management members of		
		the Clinical Staffing		As stated above we did not
		Committee discussing with		receive the Average Volume
		them the working		for this area and could not
		conditions, staffing, physical	The Hospital believes the	get in contact with the RN
		environment, available	adopted staffing and	assigned to this area, to
		resources, census, acuity,	support are appropriate	confirm the information
		and feedback submitted to	based upon unit volume	provided. The committee
		the Clinical Staffing	and acuity. The hospital	cannot at this time provide
		Committee on each of these	does not agree that CSC	a comprehensive proposal
		in-patient nursing units.	lacked necessary	without the complete
		While the Clinical Staffing	information to provide a	information. The
		Committee did not reach	substantive response	Committee reserves the
		consensus on a plan for the	because they were provided	right to provide a proposal
		Hospital, the discussions we	the same data (i.e., staffing	once they either speak to
206565 NON INVASIVE		had with our non-	grid) that was provided for	the staff or receive the
CARDIOLOGY	No	management partners were	the other outpatient areas.	information requested.

Presbyterian Queens management there are two Hospital ("Hospital"), I shifts in the radiology submit the Hospital's department, The 7am to Clinical Staffing Plan. This 3pm shifts correspond to IR Staffing Plan encompasses and the 8am to 4pm shift in-patient nursing care units corresponds to Cat-Scan. IR ** The union is requesting at the Hospital. Over the last year, Hospital for two nurses to be on management has worked The Hospital believes the duty on the 7a to 3pm shift collaboratively with the nonadopted staffing and at all times. (IR) There are 2 management members of support are appropriate rooms that are run at the based upon unit volume the Clinical Staffing same time and one of the Committee discussing with and acuity. The committee rooms the PA is performing them the working and management agree, the duties of the RN. As conditions, staffing, physical CAT- scan services should mentioned earlier the union environment, available strongly objects to nonhave at least one RN resources, census, acuity, scheduled to provide care. union personnel performing and feedback submitted to The Hospital believes the duties of a union Title in the Clinical Staffing current volume supports this case the RN duties CAT-Committee on each of these one RN for IR. Additional Scan The union is in in-patient nursing units. resources available to the agreement with 1 RN being While the Clinical Staffing nursing team include Techs, scheduled for the 8sm to 4 Committee did not reach PAs, and the hospital RRT pm shift as long as is done team - all providing care to consensus on a plan for the on an everyday basis to Hospital, the discussions we patients while working meet the needs of the had with our nonwithin their scope of patients. The Committee is requesting that the RN to 206211 RADIOLOGY No management partners were practice.

	Presbyterian Queens	adopted staffing and	Staff RN in the in the
	Hospital ("Hospital"), I	support are appropriate	Oncology Radiology
	submit the Hospital's	based upon unit volume	Department. 1 Per Diem
	Clinical Staffing Plan. This	and acuity. The committee	RN. They have 1 staff RN on
	Staffing Plan encompasses	believes three shifts should	Leave. While the grid
	in-patient nursing care units	be reflected on the grid, but	provided by management
	at the Hospital. Over the	three RNs shifts do not	only show 2 shifts, there are
	last year, Hospital	currently exist. There are	actually 3 shifts. The
	management has worked	currently two RN shifts and	Manager is currently
	collaboratively with the non-	the manager on the unit	covering one shift. The
	management members of	provides support to the RNs	Union strongly objects to
	the Clinical Staffing	who provide care to	this practice as
	Committee discussing with	patients. The committee	management should not be
	them the working	also contends that three	performing the duties of a
	conditions, staffing, physical	RNs are needed to meet the	Union/Staff Position. While
	environment, available	needs of the patients. The	the Staff nurse is on Med
	resources, census, acuity,	Hospital disagrees and will	Leave the Hospital should
	and feedback submitted to	ensure there is at least one	use a traveler/agency/or
	the Clinical Staffing	RN scheduled to provide	per diem RN to cover the
	Committee on each of these	care to patients during	lack of a 3rd RN As per the
	in-patient nursing units.	operating hours, although	grid there is a Medical
	While the Clinical Staffing	on most days, there will be	Assistant on duty only Mon
	Committee did not reach	at least two RNs scheduled.	thru Thursday. The union is
	consensus on a plan for the	The committee believes one	requesting a Medical
	Hospital, the discussions we	medical assistant should	Assistant to be schedule on
	had with our non-	always be on duty, including	Fridays as well. ** There
No	management partners were	on Fridays. The ranges that	should 3 RNS on duty at all
	No	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-205720 Hemodialysis management partners were diem, agency, and overtime. No

The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital maintains that the 4 RNs per shift is sufficient for the current volume, which includes patients being treated outside of the Hemodialysis unit. The current staffing of 1-2 Hemodialysis Technicians, daily, is sufficient to provide service to the dialysis machines and hemofiltration system. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per

scheduled on a Pilot 12 hours shift 9am to 915pm. As per the Grid provided by management there are 3-4 RNs schedule /shift. The RNS are responsible of not only the patients (inpatient and outpatients) in the unit located in the West Building basement. But also, for the patients receiving HD in the ICU units in the hospital, for starting and troubleshooting CVVH also in the ICU units and for the inpatients that needed peritoneal dialysis (PD) in different areas of the hospital. Currently sometimes they have a 1 RN to 3 Pts ratio, but the optimum Ratio should be 1RN to 2 Pts. ** The Committee is requesting 5-6 RNs to be scheduled in order to provide the proper safe care for all the

Presbyterian Queens committee reached Hospital ("Hospital"), I consensus on midshift nurse submit the Hospital's staffing in the. The Hospital Clinical Staffing Plan. This disagreed with and did not Staffing Plan encompasses adopt the non-management in-patient nursing care units committee members at the Hospital. Over the proposal for remaining last year, Hospital staffing levels, as the management has worked Hospital believes the collaboratively with the nonadopted guidelines are safe and appropriate for this management members of the Clinical Staffing **Emergency Departments** Committee discussing with typical volume. Each staff them the working member at NYPQ is issued a conditions, staffing, physical mobile communication environment, available device for direct resources, census, acuity, communication. This unit and feedback submitted to has available to it nurse and support staff float pools to Employee members of the the Clinical Staffing clinical staffing committee Committee on each of these supplement unit staffing during times of surge. In submitted their position in a in-patient nursing units. addition to the staff float staffing guideline format; While the Clinical Staffing the Hospital did not receive Committee did not reach pools available to supplement unit staffing, anything additional from consensus on a plan for the Hospital, the discussions we nurses are assisted by the employee members of the Clinical Staffing had with our nonrespiratory therapists, phlebotomists, pharmacy Commitee. 205485 EMERGENCY ROOM No management partners were

			,	
		Presbyterian Queens Hospital ("Hospital"), I	reached consensus on nurse	
			staffing at all census points	
		submit the Hospital's	and Unit Clerk staffing on	
		Clinical Staffing Plan. This	the day and evening shifts.	
		Staffing Plan encompasses	The Hospital disagreed with	
		in-patient nursing care units	and did not adopt the non-	
		at the Hospital. Over the	management committee	
		last year, Hospital	members proposal for	
		management has worked	remaining staffing levels, as	"1- There was no image
		collaboratively with the non-	the Hospital believes the	available on our last
		management members of	adopted guidelines are safe	proposal, but we received
		the Clinical Staffing	and appropriate. This	this grid from management.
		Committee discussing with	critical care unit also	2- The committee proposes
		them the working	accomodates stepdown	the following numbers for
		conditions, staffing, physical	patients and is budgeted	MICU, as long as those
		environment, available	and staffed as such. On the	numbers are met on a daily
		resources, census, acuity,	night shift, Unit Clerks cross-	basis. a- 1:1 to 2:1 ratio = 10
		and feedback submitted to	cover units, which the	RNs when at full capacity b-
		the Clinical Staffing	Hospital believes is	Staffing must Follow the
		Committee on each of these	'	Professional accreditation
		in-patient nursing units.	hours, there is a significant	guidelines appropriate for
		While the Clinical Staffing	reduction of Unit Clerk	each case. 3- CNAs numbers
		Committee did not reach	duties including no visitors,	increase to 2 per shift or at
		consensus on a plan for the	less phone calls, no	a ratio of 8-10 pts to 1 CNA.
		Hospital, the discussions we	•	Safeties or Max Observance
205420 MEDICAL INTENSIVE		had with our non-	l	excluded.A. Safeties or Max
CARE UNIT	No		as compared to other shifts.	Observance excluded"
CAILL OIVIT	INU	management partners were	as compared to other silits.	Observance excluded

Presbyterian Queens reached consensus on Unit Hospital ("Hospital"), I Clerk staffing on the day and evening shift. The submit the Hospital's Clinical Staffing Plan. This Hospital disagreed with and Staffing Plan encompasses did not adopt the nonin-patient nursing care units management committee at the Hospital. Over the members proposal for remaining staffing levels, as last year, Hospital management has worked the Hospital believes the collaboratively with the nonadopted guidelines are safe management members of and appropriate. On the the Clinical Staffing night shift, Unit Clerks cross-Committee discussing with cover units, which the "As per the Grid the them the working Hospital believes is conditions, staffing, physical sufficient. During these Committee proposes the environment, available hours, there is a significant following: ** 1st line 13-18 pts 3RNs minimum. ** the resources, census, acuity, reduction of Unit Clerk and feedback submitted to duties including no visitors, committee agrees with the the Clinical Staffing less phone calls, no RN numbers in the other 2 lines. ** maintaining a discharges, and a decrease Committee on each of these in-patient nursing units. in admissions and transfers 1RN:6pts ratio at all times. While the Clinical Staffing as compared to other shifts. CNAs** 13-18 pts 2 CNAs -7-12 pts 2CNAs - 1-6 pts Committee did not reach Each staff member at NYPQ 1CNA Safeties or Max consensus on a plan for the is issued a mobile Hospital, the discussions we communication device for Observance excluded. Ward Clerk 1 per shift No sharing 205136 8 WEST MEDICALhad with our nondirect communication. This management partners were unit has available to it nurse with other units." **SURGICAL** No

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical adopted guidelines are safe environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these for overnight shifts, there is in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-No management partners were

205250 DELIVERY ROOM

OR/OB Tech staffing Monday - Friday on all shifts and on Saturdays day shift. Additionally, the staffing committee reached consensus on Monday -Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the nonmanagement committee members proposal for remaining staffing levels, as the Hospital believes the and appropriate for this Labor and Delivery units typical volume and acuity. The Hospital believes that cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient.age of units where an individual Unit Clerks may not be present. During these

reached consensus on

"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the righthand side. For RNs, WC. ** When a patient needs to go into the OR the RN assigned follows the Patient leaving her other pts assigned to among the remaining nurses. TECHS: The committee proposes 1 tech per shift including weekends. The techs provide vital assistance to the unit, and they scrub-in when they OR is needed."

Presbyterian Queens reached consensus on Unit Hospital ("Hospital"), I Clerk staffing. The Hospital submit the Hospital's disagreed with and did not Clinical Staffing Plan. This adopt the non-management Staffing Plan encompasses committee members in-patient nursing care units proposal for remaining at the Hospital. Over the staffing levels, as the last year, Hospital Hospital believes the management has worked adopted guidelines are safe collaboratively with the non and appropriate. Each staff member at NYPQ is issued a management members of mobile communication the Clinical Staffing Committee discussing with device for direct "As per feedback from the them the working communication. This unit conditions, staffing, physical staff: **if there is any has available to it nurse and environment, available support staff float pools to vacancies, they should be resources, census, acuity, supplement unit staffing. filled ASAP in order to and feedback submitted to Other support personnel alleviate staffing, especially that aid nursing services on days. **Both PEDS and the Clinical Staffing include unit clerks, physical Committee on each of these PIMU are budgeted separately but currently the in-patient nursing units. therapy aides, wound/ostomy care team, same staffing is used to While the Clinical Staffing staff both units creating a Committee did not reach respiratory therapists, staffing deficit and consensus on a plan for the phlebotomists, pharmacy Hospital, the discussions we technicians, social workers, increasing the needs to float an RN from MB or NICU to had with our noncare managers, IV team, 205210 PEDIATRICS EKG techs, and transport help with the staffing." No management partners were

				
		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	and Unit Clerk staffing at all	
	 	submit the Hospital's	census points and shifts,	
	 	Clinical Staffing Plan. This	and Nursing Attendant	
	 	Staffing Plan encompasses	staffing at census points 1-	
		in-patient nursing care units	3. The Hospital disagreed	
	 	at the Hospital. Over the	with and did not adopt the	
		last year, Hospital	non-management	
		management has worked	committee members	
		collaboratively with the non-	proposal for remaining	
		management members of	staffing levels, as the	
	 	the Clinical Staffing	Hospital believes the	
		Committee discussing with	adopted guidelines are safe	
		them the working	and appropriate. Each staff	
		conditions, staffing, physical	member at NYPQ is issued a	
		environment, available	mobile communication	
		resources, census, acuity,	device for direct	
		and feedback submitted to	communication. This unit	
		the Clinical Staffing	has available to it nurse and	"The Staffing committee
		Committee on each of these	support staff float pools to	proposes our original ask
		in-patient nursing units.	supplement unit staffing.	from last year staffing plan.
	 	While the Clinical Staffing	Other support personnel	Seen Above on the right-
		Committee did not reach	that aid nursing services	hand side. For RNs, CNAS &
	 	consensus on a plan for the	include unit clerks, physical	WC. Safeties or Max
]	Hospital, the discussions we	therapy aides,	Observance to be excluded
205328 PEDS	 	had with our non-	wound/ostomy care team,	from the CNA numbers
INTERMEDIATE CARE	No	management partners were	respiratory therapists,	proposed."

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		Presbyterian Queens	reached consensus on Unit	
		Hospital ("Hospital"), I	Clerk staffing on the day	
		submit the Hospital's	and evening shift. The	
		Clinical Staffing Plan. This	Hospital disagreed with and	
		Staffing Plan encompasses	did not adopt the non-	
		in-patient nursing care units	management committee	
		at the Hospital. Over the	members proposal for	"1- WE ARE PROPOSING A
		last year, Hospital	remaining staffing levels, as	STEP-DOWN MODEL FOR
		management has worked	the Hospital believes the	THE AREA OF 15 VENTED
		collaboratively with the non-	adopted guidelines are safe	PATIENTS IN THE BACK OF
		management members of	and appropriate. The	5N. 2- A RATIO OF 1RN:
		the Clinical Staffing	Hospital did increase	3VENTED PTS = 5RNS 2CNAS
		Committee discussing with	Nursing Attendant staffing	IN THIS AREA AT ALL TIMES.
		them the working	at census points 7-12. On	a. ROLE OF THE LPN NEEDS
		conditions, staffing, physical	the night shift, Unit Clerks	TO BE DISCUSSED AND
		environment, available	cross-cover units, which the	CLARIFIED 3- FOR THE
		resources, census, acuity,	Hospital believes is	MIXED ASSIGNMENTS
		and feedback submitted to	sufficient. During these	{VENTED (V)/NON-VENTED
		the Clinical Staffing	hours, there is a significant	(NV)} RN 1:5 RATIO WITH
		Committee on each of these	reduction of Unit Clerk	ASSIGNMENTS AS FOLLOW:
		in-patient nursing units.	duties including no visitors,	a. 3NV/2V OR 4NV/1V/ RN
		While the Clinical Staffing	less phone calls, no	1:5 RATIO b. CNA- 1:8
		Committee did not reach	discharges, and a decrease	RATIO c. 4 CNAs IN THE
		consensus on a plan for the	in admissions and transfers	FRONT AT ALL TIMES. Safety
		Hospital, the discussions we	as compared to other shifts.	& Maximum observances to
205123 5 NORTH MEDICAL-		had with our non-	Each staff member at NYPQ	be excluded from CNA
SURGICAL	No	management partners were	is issued a mobile	numbers."

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-205115 5 WEST NEURO No management partners were

reached consensus on nurse staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the nonmanagement committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase **Nursing Attendant staffing** at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ

"** Vents are admitted when 5N has an overflow. ** ** Post-Surgical Patients: Pain Management/ Early Ambulation/ High Turnover of patients daily** 1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis. a. RN ratio 5:1 2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis. a. Safety & Max observations to be excluded from the above CNA numbers. 3- Ward clerk 1 per shift."

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 31-40, Nursing Attendant submit the Hospital's Clinical Staffing Plan. This staffing at census points 31-Staffing Plan encompasses 36, and Unit Clerk staffing in-patient nursing care units on the day and evening at the Hospital. Over the shift. The Hospital disagreed last year, Hospital with and did not adopt the management has worked non-management collaboratively with the noncommittee members proposal for remaining management members of the Clinical Staffing staffing levels, as the Committee discussing with Hospital believes the "1- The committee agrees adopted guidelines are safe them the working that the RN staffing conditions, staffing, physical and appropriate. The numbers are appropriate. environment, available As long as the staffing plan Hospital did increase resources, census, acuity, **Nursing Attendant staffing** numbers are met on a daily and feedback submitted to at census points 7-12. On basis. a. RN ratio 5:1 2- The the Clinical Staffing the night shift, Unit Clerks committee agrees that the Committee on each of these cross-cover units, which the CNA numbers are in-patient nursing units. Hospital believes is appropriate as long as the staffing plan numbers are While the Clinical Staffing sufficient. During these hours, there is a significant Committee did not reach met on a daily basis. a. consensus on a plan for the reduction of Unit Clerk Safety & Max observations Hospital, the discussions we duties including no visitors, to be excluded from the had with our nonless phone calls, no above CNA numbers. 3-205132 4 WEST ORTHO discharges, and a decrease Ward clerk 1 per shift." No management partners were

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 13-18 and 31-54 and Unit Clerk submit the Hospital's Clinical Staffing Plan. This staffing on the day and Staffing Plan encompasses evening shift. The Hospital in-patient nursing care units disagreed with and did not at the Hospital. Over the adopt the non-management last year, Hospital committee members management has worked proposal for remaining '** The Pts in 3N are mostly Complete Care patients ** collaboratively with the nonstaffing levels, as the Hospital believes the The rooms in 3N are very management members of adopted guidelines, as well the Clinical Staffing small; at times is a Committee discussing with as the unit configuration, challenge to have all are safe and appropriate. them the working medical equipment conditions, staffing, physical The Hospital did increase necessary for the Pts, such environment, available **Nursing Attendant staffing** as Bi-Pap, & High Flow. ** resources, census, acuity, at census points 7-12. On There has been talk of and feedback submitted to the night shift, Unit Clerks remodeling 3N but has not the Clinical Staffing cross-cover units, which the come to fruition. 1- The Committee on each of these Hospital believes is committee proposes: a. 11 in-patient nursing units. sufficient. During these RNs/ shift 5:1 Ratio, the While the Clinical Staffing hours, there is a significant numbers must be met on a daily basis. b. CNAs 8 per Committee did not reach reduction of Unit Clerk consensus on a plan for the duties including no visitors, shift. Safety & Max Hospital, the discussions we less phone calls, no Observances to be excluded 205133 3 NORTH MEDICALhad with our nondischarges, and a decrease from this count. 2-1 Ward Clerk 1 per shift." **SURGICAL** No management partners were in admissions and transfers

	Presbyterian Queens	reached consensus on nurse	
	Hospital ("Hospital"), I	staffing at census points 13-	
	submit the Hospital's	21 and Unit Clerk staffing on	
	Clinical Staffing Plan. This	the day and evening shift.	
	Staffing Plan encompasses	The Hospital disagreed with	
	in-patient nursing care units	and did not adopt the non-	
	at the Hospital. Over the	management committee	
	last year, Hospital	members proposal for	
	management has worked	remaining staffing levels, as	
	collaboratively with the non-	the Hospital believes the	
	management members of	adopted guidelines are safe	
	the Clinical Staffing	and appropriate. The	
	Committee discussing with	' ' '	"1- **The Committee agree
	them the working	·	that the RN numbers are
	conditions, staffing, physical	-	appropriate as long as the
		· ·	numbers are met on a daily
	•	,	basis. Meeting the 1:5 ratio
	and feedback submitted to	Hospital believes is	agreed during last year
		'	staffing legislation process.
			2- ** CNAs number
	in-patient nursing units.	reduction of Unit Clerk	increased to 3 as per our
		duties including no visitors,	original proposal. 1 of those
	Committee did not reach	· · · ·	CNAs must be assigned to
	consensus on a plan for the	discharges, and a decrease	the CDU area and 2 CNAs to
	Hospital, the discussions we	in admissions and transfers	the regular floor. Safeties or
	had with our non-	as compared to other shifts.	Max Observance excluded.
No	management partners were	Each staff member at NYPQ	3- **1 WC per shift."
	No	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

Presbyterian Queens reached consensus on nurse Hospital ("Hospital"), I staffing at census points 7submit the Hospital's 12 and 31-36 and Nursing Clinical Staffing Plan. This Attendant staffing at census Staffing Plan encompasses points 13-24. The Hospital in-patient nursing care units disagreed with and did not at the Hospital. Over the adopt the non-management last year, Hospital committee members management has worked proposal for remaining collaboratively with the nonstaffing levels, as the Hospital believes the management members of the Clinical Staffing adopted guidelines are safe Committee discussing with and appropriate. On the night shift, Unit Clerks crossthem the working conditions, staffing, physical cover units, which the environment, available Hospital believes is resources, census, acuity, sufficient. During these "1- The committee agrees and feedback submitted to hours, there is a significant that the RN staffing reduction of Unit Clerk the Clinical Staffing numbers are appropriate. Committee on each of these duties including no visitors, As long as the numbers are less phone calls, no met on a daily basis. a. RN in-patient nursing units. discharges, and a decrease While the Clinical Staffing ratio 5:1 2- CNA 4 per shift Committee did not reach for a ratio of 8:1. Safeties or in admissions and transfers Max Observance excluded. consensus on a plan for the as compared to other shifts. Each staff member at NYPQ Hospital, the discussions we 3- Ward clerk 1 per shift, when sharing with CVRU had with our nonis issued a mobile 205111 2 NORTH CARDIAC not to cover another unit." No management partners were communication device for

Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we 205326 CARDIO RECOVERY had with our non-UNIT No management partners were

reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the collaboratively with the non-adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks crosscover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.

that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis, when bed capacity returns to 14 beds. a. Staffing must Follow the Professional CTICU accreditation guidelines appropriate for each case. IG a Fresh Open Heart Case post-surgery should be a 1:1 ratio. b. ICU ratios: 1:1 or 1:2 depending on acuity. c. Stepdown PTs should not exceed a 1RN:3pts. ratio. 2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excluded.2-CNAs numbers increase to 1 per shift. Safeties or Max Observance excluded shift without sharing with other units. WC could share duties with 2N when the WC staffing is critically Low not This unit is contiguous with to exceed more than 2 units

		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	staffing at census points 7-	
		submit the Hospital's	10 and Unit Clerk staffing on	
		Clinical Staffing Plan. This	the day and evening shift.	
		Staffing Plan encompasses	The Hospital disagreed with	"1- The Committee agrees
		in-patient nursing care units	and did not adopt the non-	that the staffing plan RN
		at the Hospital. Over the	management committee	numbers is adequate as
		last year, Hospital	members proposal for	long as those numbers are
		management has worked	remaining staffing levels, as	met on a daily basis. a.
		collaboratively with the non-	the Hospital believes the	Staffing must Follow the
		management members of	adopted guidelines are safe	Professional Trauma
		the Clinical Staffing	and appropriate. This	accreditation guidelines
		Committee discussing with	critical care unit also	appropriate for each case.
		them the working	accomodates stepdown	IG a Fresh Trauma Alpha
		conditions, staffing, physical	patients and is budgeted	fresh post-surgery should
		environment, available	and staffed as such. On the	be a 1:1 ratio. b. 1:1 to 2:1
		resources, census, acuity,	night shift, Unit Clerks cross-	ratio = 10 RNs when at full
		and feedback submitted to	cover units, which the	capacity c. Stepdown PTs
		the Clinical Staffing	Hospital believes is	should not exceed a 3:1
		Committee on each of these	sufficient. During these	ratio. 2- CNAs numbers
		in-patient nursing units.	hours, there is a significant	increase to 2 per shift or at
		While the Clinical Staffing	reduction of Unit Clerk	a ratio of 8-10 pts to 1 CNA.
		Committee did not reach	duties including no visitors,	Safety & Max Observances
		consensus on a plan for the	less phone calls, no	to be excluded from this
		Hospital, the discussions we	discharges, and a decrease	count. 3- Ward Clerks- 1 pe
205430 SURGERY ICU 7W		had with our non-	in admissions and transfers	shift without sharing with
(SICU/SISD)	No	management partners were	as compared to other shifts.	other units."

	Presbyterian Queens	reached consensus on nurse	
	Hospital ("Hospital"), I	staffing at census points 9-	
	submit the Hospital's	62 and Unit Clerk staffing.	
	Clinical Staffing Plan. This	The Hospital disagreed with	
	Staffing Plan encompasses	and did not adopt the non-	
	in-patient nursing care units	management committee	
	at the Hospital. Over the	members proposal for	
	last year, Hospital	remaining staffing levels, as	"As per our feedback there
	management has worked	the Hospital believes the	are 6 antepartum beds, 37
	collaboratively with the non-	adopted guidelines are safe	couplets beds bringing
	management members of	and appropriate, including	capacity to 64 pts. The
	the Clinical Staffing	24/7 Unit Clerk coverage for	Committee proposal is as
	Committee discussing with	infant security. Each staff	follows: RNS: The
	them the working	member at NYPQ is issued a	committee agree to the RN
	conditions, staffing, physical	mobile communication	numbers as long as the
	environment, available	device for direct	numbers are met at all
	resources, census, acuity,	communication. This unit	times. Ratios: 1RN: 3 to 4
	and feedback submitted to	has available to it nurse and	Couplets 1- CNAs: 5
	the Clinical Staffing	support staff float pools to	couplets per CNA giving
	Committee on each of these	supplement unit staffing.	them 10 patients each.
	in-patient nursing units.	Other support personnel	Safeties or Max Observance
	While the Clinical Staffing	that aid nursing services	excluded. WC: 1 per shift/
	Committee did not reach	include unit clerks, physical	NO SHARING ** HIGH
	consensus on a plan for the	therapy aides,	Security ** Visitors must be
	Hospital, the discussions we	wound/ostomy care team,	let in by Clerk is clerk has
	had with our non-	respiratory therapists,	been shared it jeopardizes
No	management partners were	phlebotomists, pharmacy	the safety of the unit."
	No	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non- management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

	Presbyterian Queens	reached consensus on Unit	
	•	_	
	Clinical Staffing Plan. This	Hospital disagreed with and	
	Staffing Plan encompasses	did not adopt the non-	
	in-patient nursing care units	management committee	
	at the Hospital. Over the	members proposal for	
	last year, Hospital	remaining staffing levels, as	
	management has worked	the Hospital believes the	
	collaboratively with the non-	adopted guidelines are safe	"1- The committee
	management members of	and appropriate. It is	proposes our Original
	the Clinical Staffing	important to note that	proposal of 3 nurses per
	Committee discussing with	when, based on census, the	shift a. There should never
	them the working	staffing plan calls for two	be only 2 RN on the unit. i.
	conditions, staffing, physical	RNs, a given RN is never	Appropriate break coverage
	environment, available	alone on the unit; another	is not possible with only
	resources, census, acuity,	team member is always	two RNs ii. CNA cannot
	and feedback submitted to	present to assist or call for	cover the Tele Breaks iii. In
	the Clinical Staffing	assistance in an emergency.	case of a CAT or RRT when
	Committee on each of these	On the night shift, Unit	RNs are on break will create
	in-patient nursing units.	Clerks cross-cover units,	an unsafe situation. b.
	While the Clinical Staffing	which the Hospital believes	Safety and Maximum
	Committee did not reach	is sufficient. During these	observations numbers to be
	consensus on a plan for the	-	excluded from the CNA
	Hospital, the discussions we	reduction of Unit Clerk	numbers above. *** The
	had with our non-	duties including no visitors,	staffing plan numbers must
No	management partners were	less phone calls, no	be met on a daily basis."
	No	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

		Presbyterian Queens	reached consensus on nurse	
		Hospital ("Hospital"), I	staffing at census points 31-	
		submit the Hospital's	48 and Unit Clerk staffing on	
		Clinical Staffing Plan. This	the day and evening shift.	
		Staffing Plan encompasses	The Hospital disagreed with	
		in-patient nursing care units	and did not adopt the non-	
		at the Hospital. Over the	management committee	
		last year, Hospital	members proposal for	
		management has worked	remaining staffing levels, as	
		collaboratively with the non-	the Hospital believes the	
		management members of	adopted guidelines are safe	
		the Clinical Staffing	and appropriate. The	"*** DEDICATED CHEMO
		Committee discussing with	Hospital did increase	RN *** Keep Chemo
		them the working	Nursing Attendant staffing	patients in the same
		conditions, staffing, physical	at census points 7-12. On	geographical location 1- The
		environment, available	the night shift, Unit Clerks	committee agrees that the
		resources, census, acuity,	cross-cover units, which the	RN staffing numbers are
		and feedback submitted to	Hospital believes is	appropriate. As long as the
		the Clinical Staffing	sufficient. During these	staffing plan numbers are
		Committee on each of these	hours, there is a significant	met on a daily basis. a. RN
		in-patient nursing units.	reduction of Unit Clerk	ratio 5:1 2- The committee
		While the Clinical Staffing	duties including no visitors,	proposes the original ask of
		Committee did not reach	less phone calls, no	6 CNAs per shifts. a. Safety
		consensus on a plan for the	discharges, and a decrease	& Max observations to be
		Hospital, the discussions we	in admissions and transfers	excluded from the above
205128 6 NORTH		had with our non-	as compared to other shifts.	CNA numbers.the above
ONCOLOGY	No	management partners were	Each staff member at NYPQ	CNA numbers."

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)
Endoscopy	205350 ENDO	0	0	0
Other	205154 ASU Recovery	0	0	0
Ambulatory Surgery	205151 ASU Holding	0	0	0
Other	205152 OR Holding	0	0	0
Other	205325 PACU 1 W	3	4	4
Other	205320/205335 OR	1	8	1
Neonatal	205445 LEVEL III NEONATAL	4	4	7.91
Infusion Services	205446 OP INFUSION UNIT	0	0	0
Pediatric	206912 PEDIATRIC ASTHMA CENTER	0	0	0
Pediatric	206911 PEDIATRIC CLINIC	0	0	0
Cardiac Catheterization/EP	206104 ELECTROPHYSIOLOGY	0	0	0
Cardiac Catheterization/EP	206101 CARDIAC CATHETERIZATION	1.2	5	0.22
Infusion Services	206915 THERAPEUTIC MEDICINE CENTER	0	0	0
Nuclear Medicine/Radiology	206260 NUCLEAR MEDICINE	0	0	0
Nuclear Medicine/Radiology	206565 NON INVASIVE CARDIOLOGY	0	0	0
Nuclear Medicine/Radiology	206211 RADIOLOGY 206246 RADIATION	0	0	0
Oncology	ONCOLOGY	0	0	0
Dialysis O/P	205720 Hemodialysis	0	0	0
2.2.,510 0,1		ı	<u> </u>	ı

Emergency Department	205485 EMERGENCY ROOM	16	2.16	55.52
	205420 MEDICAL INTENSIVE			
Critical Care	CARE UNIT	7	4	14
	205136 8 WEST MEDICAL-			
Medical/Surgical	SURGICAL	2	3	6.8
Obstetrics/Gynecology	205250 DELIVERY ROOM	8	8.15	7.36
Pediatric	205210 PEDIATRICS	2	4	4.75
	205328 PEDS			
Stepdown	INTERMEDIATE CARE	1	5	1.55
	205123 5 NORTH MEDICAL-			
Medical/Surgical	SURGICAL	9	2	47
Medical/Surgical	205115 5 WEST NEURO	8	2	38.01
Medical/Surgical	205132 4 WEST ORTHO	7	2	35.92
, ,	205133 3 NORTH MEDICAL-			
Medical/Surgical	SURGICAL	10	2	53.08
, 0	205117 3 SOUTH MEDICAL-			
Medical/Surgical	SURGICAL	4	2	19.36
,				
Medical/Surgical	205111 2 NORTH CARDIAC	7	2	33.12
	205326 CARDIO RECOVERY	•	-	33.22
Critical Care	UNIT	5	5	9
0	205430 SURGERY ICU 7W			
Critical Care	(CCU/MICU/SICU/SISD)	4	4	8
Circical Care	205220 OBSTETRICS/POST		 	, , , , , , , , , , , , , , , , , , ,
Obstetrics/Gynecology	PART	6	2	33.3
obstetries, dyriceology	205134 8 SOUTH MEDICAL-			33.3
Medical/Surgical	SURGICAL	2	2	13.77
Wicalcal/ Sal Bical	205128 6 NORTH			13.77
Medical/Surgical	ONCOLOGY	9	2	47.08
Other	205325 PACU 1 W	3	4	4
Other	205320/205335 OR	1	8	1
Other	203320/203333 ON	т	8	1
Infusion Services	205446 OP INFUSION UNIT	0	0	0
illiusion services	206912 PEDIATRIC ASTHMA	U	<u> </u>	U
Dodistria		0		
Pediatric	CENTER CUNIC	0	0	0
Pediatric	206911 PEDIATRIC CLINIC	0	0	0
Caralta a Carla at 11 at 14 at	206104	•		
Cardiac Catheterization/EP	ELECTROPHYSIOLOGY	0	0	0

206101 CARDIAC			
CATHETERIZATION	1.2	5	0.22
206915 THERAPEUTIC			
MEDICINE CENTER	0	0	0
206260 NUCLEAR MEDICINE	0	0	0
206565 NON INVASIVE			
CARDIOLOGY	0	0	0
206211 RADIOLOGY	0	0	0
206246 RADIATION			
ONCOLOGY	0	0	0
205720 Hemodialysis	0	0	0
,			
205485 EMERGENCY ROOM	16	2.16	55.52
205420 MEDICAL INTENSIVE			
CARE UNIT	7	4	14
SURGICAL	2	3	6.8
205250 DELIVERY ROOM		8.15	7.36
	2		4.75
205328 PEDS			
INTERMEDIATE CARE	1	5	1.55
205123 5 NORTH MEDICAL-			
	9	2	47
			38.01
205132 4 WEST ORTHO	7		35.92
205133 3 NORTH MEDICAL-			
	10	2	53.08
	4	2	19.36
205111 2 NORTH CARDIAC	7	2	33.12
UNIT	5	5	9
	<u> </u>	-	
	4	4	8
	6	2	33.3
	CATHETERIZATION 206915 THERAPEUTIC MEDICINE CENTER 206260 NUCLEAR MEDICINE 206565 NON INVASIVE CARDIOLOGY 206211 RADIOLOGY 206246 RADIATION ONCOLOGY 205720 Hemodialysis 205485 EMERGENCY ROOM 205420 MEDICAL INTENSIVE CARE UNIT 205136 8 WEST MEDICAL- SURGICAL 205250 DELIVERY ROOM 205210 PEDIATRICS 205328 PEDS INTERMEDIATE CARE 205123 5 NORTH MEDICAL- SURGICAL 205115 5 WEST NEURO 205132 4 WEST ORTHO 205133 3 NORTH MEDICAL- SURGICAL 205117 3 SOUTH MEDICAL- SURGICAL 205117 3 SOUTH MEDICAL- SURGICAL 205117 3 SOUTH MEDICAL- SURGICAL	CATHETERIZATION 1.2 206915 THERAPEUTIC MEDICINE CENTER MEDICINE CENTER 0 206260 NUCLEAR MEDICINE 0 206565 NON INVASIVE 0 CARDIOLOGY 0 206211 RADIOLOGY 0 206246 RADIATION 0 ONCOLOGY 0 205720 Hemodialysis 0 205425 MEDICAL INTENSIVE 0 CARE UNIT 7 205420 MEDICAL INTENSIVE 0 CARE UNIT 7 205136 8 WEST MEDICAL- 2 SURGICAL 2 205250 DELIVERY ROOM 8 205210 PEDIATRICS 2 205328 PEDS 1 INTERMEDIATE CARE 1 205123 5 NORTH MEDICAL- 9 205115 5 WEST NEURO 8 205132 4 WEST ORTHO 7 205133 3 NORTH MEDICAL- 10 205117 3 SOUTH MEDICAL- 4 205117 2 NORTH CARDIAC 7 205326 CARDIO RECOVERY UNIT 5 205430 SURGERY ICU 7W (SICU/SISD) 4 205	CATHETERIZATION 1.2 5 206915 THERAPEUTIC MEDICINE CENTER 0 0 206260 NUCLEAR MEDICINE 0 0 206565 NON INVASIVE CARDIOLOGY 0 0 206211 RADIOLOGY 0 0 206246 RADIATION ONCOLOGY 0 0 205720 Hemodialysis 0 0 205485 EMERGENCY ROOM ONCOLOGY 16 2.16 205420 MEDICAL INTENSIVE CARE UNIT 7 4 205136 8 WEST MEDICALSURGICAL SURGICAL SURGIC

	205134 8 SOUTH MEDICAL-			
Medical/Surgical	SURGICAL	2	2	13.77
	205128 6 NORTH			
Medical/Surgical	ONCOLOGY	9	2	47.08

LPN NIGHT SHIFT STAFFING

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)
Endoscopy	0	0
Other	0	0
Ambulatory Surgery	0	0
Other	0	0
Other	2	0
Other	1	0
Neonatal	1.98	0
Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	1.5	0
Infusion Services	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0

Emergency Department	6	0
Critical Care	2	0
Medical/Surgical	3.4	0
Obstetrics/Gynecology	0.92	0
Pediatric	2.38	0
Stepdown	1.55	0
Medical/Surgical	5.22	0
Medical/Surgical	4.75	0
Medical/Surgical	5.13	0
Medical/Surgical	5.31	0
Medical/Surgical	4.84	0
Medical/Surgical	4.73	0
Critical Care	1.8	0
Critical Care	2	0
Obstetrics/Gynecology	5.55	0
Medical/Surgical	6.89	0
Medical/Surgical	5.23	0
Other	2	0
Other	1	0
Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
	-	-
Cardiac Catheterization/EP	0	0
,	·	,
Cardiac Catheterization/EP	1.5	0
Infusion Services	0	0
65.51. 55. 1.555	<u> </u>	Ç
Nuclear Medicine/Radiology	0	0
Tracical Medicine, Radiology		, , ,
Nuclear Medicine/Radiology	0	0
Nuclear Wedicine/Radiology	0	U
Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0
, .		
Emergency Department	6	0
Critical Care	2	0
Medical/Surgical	3.4	0
Obstetrics/Gynecology	0.92	0
Pediatric	2.38	0

Stepdown	1.55	0
Medical/Surgical	5.22	0
Medical/Surgical	4.75	0
Medical/Surgical	5.13	0
Medical/Surgical	5.31	0
Medical/Surgical	4.84	0
Medical/Surgical	4.73	0
Critical Care	1.8	0
Critical Care	2	0
Obstetrics/Gynecology	5.55	0
Medical/Surgical	6.89	0
Medical/Surgical	5.23	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)
Endoscopy	0	0
Other	0	0
Ambulatory Surgery	0	0
Other	0	0
Other	0	0
Other	0	0
Neonatal	0	0
Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Infusion Services	0	0

Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0
Emergency Department	0	0
Critical Care	0	0
Medical/Surgical	0	0
Obstetrics/Gynecology	0	0
Pediatric	0	0
Stepdown	0	0
Medical/Surgical	0	0
Critical Care	0	0
Critical Care	0	0
Obstetrics/Gynecology	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Other	0	0
Other	0	0
Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Infusion Services	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0

Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0
Emergency Department	0	0
Critical Care	0	0
Medical/Surgical	0	0
Obstetrics/Gynecology	0	0
Pediatric	0	0
Stepdown	0	0
Medical/Surgical	0	0
Critical Care	0	0
Critical Care	0	0
Obstetrics/Gynecology	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5
	0	digits. Ex: 101.50) 0
Endoscopy Other	0 0	0 0
Endoscopy	0	0
Endoscopy Other	0	0
Endoscopy Other Ambulatory Surgery	0 0 0	0 0 0
Endoscopy Other Ambulatory Surgery Other	0 0 0 0	0 0 0 0

Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Infusion Services	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0
Emergency Department	0	8
Critical Care	0	0
Medical/Surgical	0	0
Obstetrics/Gynecology	0	0.71
Pediatric	0	0
Stepdown	0	1
Medical/Surgical	0	4
Medical/Surgical	0	4
Medical/Surgical	0	4
Medical/Surgical	0	6
Medical/Surgical	0	2
Medical/Surgical	0	3
Critical Care	0	0
Critical Care	0	0
Obstetrics/Gynecology	0	1
Medical/Surgical	0	1
Medical/Surgical	0	4
Other	0	0
Other	0	1
Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0

0	0
	0
<u> </u>	0
0	0
0	0
0	0
0	0
0	0
0	8
0	0
0	0
0	0.71
0	0
0	1
0	4
0	4
0	4
0	6
0	2
0	3
0	0
0	0
0	1
0	1
0	4
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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)
Endoscopy Other	0
	0
Ambulatory Surgery Other	0
Other	0
Other	8
Neonatal	0
Infusion Services	0
Pediatric	0
Pediatric	0
Cardiac Catheterization/EP	0
Cardiac Catheterization/EP	0
Infusion Services	0
Nuclear Medicine/Radiology	0
Nuclear Medicine/Radiology	0
Nuclear Medicine/Radiology	0
Oncology	0
Dialysis O/P	0
Emergency Department	1.08
Critical Care	0
Medical/Surgical	0
Obstetrics/Gynecology	1
Pediatric	0
Stepdown	5

1
1
1
1
1
1
0
0
1
1
1
0
8
0
0
0
0
0
0
0
0
0
0
0
1.08
0
0
1
0
5
1
1
1
1
1

Medical/Surgical	1
Critical Care	0
Critical Care	0
Obstetrics/Gynecology	1
Medical/Surgical	1
Medical/Surgical	1

NIGHT SHIFT CONSENSUS INFORMATION

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

Other	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.	Yes	
Other	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well.	Yes	
Neonatal	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, respiratory therapists, phlebotomists, and the IV team.	Yes	

			Presbyterian Queens
			Hospital ("Hospital"), I
			submit the Hospital's
			Clinical Staffing Plan. This
			Staffing Plan encompasses
			in-patient nursing care units The Hospital believes the
			at the Hospital. Over the adopted staffing and
			last year Hospital support are appropriate
			management has worked based upon unit volume
			collaboratively with the non- and acuity. The Hospital
			management members of believes patient volume
			the Clinical Staffing does not support schedulin
			Committee discussing with 4 RNs in this department o
			them the working a daily basis. 3 RNs are
			conditions, staffing, physical consistently scheduled to
			environment, available work on the unit and while
			resources, census, acuity, there may be a 4th RN
			and feedback submitted to scheduled to work in this
			the Clinical Staffing department, that is not
			Committee on each of these typical. The 4th RN is
			in-patient nursing units. brought in based on patier
			While the Clinical Staffing need and volume surge. Th
			Committee did not reach Hospital will continuously
			consensus on a plan for the monitor volume and
			Hospital, the discussions we staffing to adjust staffing
			had with our non- when needed with per
Infusion Services	Unit is closed overnight.	No	management partners were diem, agency, and overtime

	T			
			Presbyterian Queens	
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			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Pediatric	Unit is closed overnight.	No		N/A
Pediatric	Unit is closed overnight.	No	management partners were	N/A

	T			
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			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
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			last year Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Pediatric	Unit is closed overnight.	No		N/A
Pediatric	Unit is closed overnight.	No	management partners were	N/A

			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Cardiac Catheterization/EP	Unit is closed overnight.	No	management partners were	N/A

	Г			
			Presbyterian Queens	
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			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	The Hospital believes the
			environment, available	adopted staffing and
			resources, census, acuity,	support are appropriate
	Other support personnel		and feedback submitted to	based upon unit volume
	that aid nursing services		the Clinical Staffing	and acuity. The hospital
	include a respiratory		Committee on each of these	does not agree that CSC
	technologist, a pharmacy		in-patient nursing units.	lacked necessary
	technician, housekeepers, a		While the Clinical Staffing	information to provide a
	cardiovascular technologist,		Committee did not reach	substantive response
	nurse assistants, a unit		consensus on a plan for the	because they were provided
	clerk, physician assistants,		Hospital, the discussions we	the same data (i.e., staffing
	nurse practitioners, and		had with our non-	grid) that was provided for
Cardiac Catheterization/EP	transport team.	No	management partners were	the other outpatient areas.

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			Clinical Staffing Plan. This	
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			in-patient nursing care units	
			at the Hospital. Over the	
			last year Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Infusion Services	Unit is closed overnight.	No	management partners were	N/A

		l l	
		Presbyterian Queens	
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		Clinical Staffing Plan. This	
		Staffing Plan encompasses	
		in-patient nursing care units	
		at the Hospital. Over the	
		last year Hospital	
		management has worked	
		collaboratively with the non-	
		management members of	
		the Clinical Staffing	
		Committee discussing with	
		them the working	
		conditions, staffing, physical	
		environment, available	
		resources, census, acuity,	
		and feedback submitted to	
		the Clinical Staffing	
		Committee on each of these	
		in-patient nursing units.	
		While the Clinical Staffing	
		Committee did not reach	
		consensus on a plan for the	
		Hospital, the discussions we	
		had with our non-	
closed overnight.	No	management partners were	N/A
	closed overnight.	closed overnight.	Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

		l l	
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		Clinical Staffing Plan. This	
		Staffing Plan encompasses	
		in-patient nursing care units	
		at the Hospital. Over the	
		last year Hospital	
		management has worked	
		collaboratively with the non-	
		management members of	
		the Clinical Staffing	
		Committee discussing with	
		them the working	
		conditions, staffing, physical	
		environment, available	
		resources, census, acuity,	
		and feedback submitted to	
		the Clinical Staffing	
		Committee on each of these	
		in-patient nursing units.	
		While the Clinical Staffing	
		Committee did not reach	
		consensus on a plan for the	
		Hospital, the discussions we	
		had with our non-	
closed overnight.	No	management partners were	N/A
	closed overnight.	closed overnight.	Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

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		Staffing Plan encompasses	
		in-patient nursing care units	
		at the Hospital. Over the	
		last year Hospital	
		management has worked	
		collaboratively with the non-	
		management members of	
		the Clinical Staffing	
		Committee discussing with	
		them the working	
		conditions, staffing, physical	
		environment, available	
		resources, census, acuity,	
		and feedback submitted to	
		the Clinical Staffing	
		Committee on each of these	
		in-patient nursing units.	
		While the Clinical Staffing	
		Committee did not reach	
		consensus on a plan for the	
		Hospital, the discussions we	
		had with our non-	
closed overnight.	No	management partners were	N/A
	closed overnight.	closed overnight.	Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-

	1			
			Presbyterian Queens	
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			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Oncology	Unit is closed overnight.	No	management partners were	N/A

	T			
			Presbyterian Queens	
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			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Dialysis O/P	Unit is closed overnight.	No	management partners were	N/A

Presbyterian Queens committee reached Hospital ("Hospital"), I consensus on midshift nurse staffing in the. The Hospital submit the Hospital's Clinical Staffing Plan. This disagreed with and did not Staffing Plan encompasses adopt the non-management in-patient nursing care units committee members' at the Hospital. Over the proposal for remaining staffing levels, as the last year Hospital management has worked Hospital believes the collaboratively with the nonadopted guidelines are safe and appropriate for this management members of the Clinical Staffing **Emergency Department's** Committee discussing with typical volume. Each staff This unit has available to it them the working member at NYPQ is issued a nurse and support staff conditions, staffing, physical mobile communication float pools to supplement environment, available device for direct unit staffing. Other support resources, census, acuity, communication. This unit personnel that aid nursing and feedback submitted to has available to it nurse and services include unit clerks, support staff float pools to the Clinical Staffing physical therapy aides, Committee on each of these supplement unit staffing wound/ostomy care team, during times of surge. In in-patient nursing units. addition to the staff float respiratory therapists, While the Clinical Staffing Committee did not reach phlebotomists, pharmacy pools available to consensus on a plan for the supplement unit staffing, technicians, social workers, care managers, IV team, Hospital, the discussions we nurses are assisted by EKG techs, and transport had with our nonrespiratory therapists, **Emergency Department** phlebotomists, pharmacy team. No management partners were

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at all census points
			submit the Hospital's	and Unit Clerk staffing on
			Clinical Staffing Plan. This	the day and evening shifts.
			Staffing Plan encompasses	The Hospital disagreed with
			in-patient nursing care units	and did not adopt the non-
			at the Hospital. Over the	management committee
			last year Hospital	members' proposal for
			management has worked	remaining staffing levels, as
			collaboratively with the non-	the Hospital believes the
			management members of	adopted guidelines are safe
			the Clinical Staffing	and appropriate. This
			Committee discussing with	critical care unit also
			them the working	accomodates stepdown
			conditions, staffing, physical	patients and is budgeted
			environment, available	and staffed as such. On the
			resources, census, acuity,	night shift, Unit Clerks cross-
			and feedback submitted to	cover units, which the
	This unit has available to it		the Clinical Staffing	Hospital believes is
	nurse and support staff		Committee on each of these	sufficient. During these
	float pools to supplement		in-patient nursing units.	hours, there is a significant
	unit staffing. Other support		While the Clinical Staffing	reduction of Unit Clerk
	personnel that aid nursing		Committee did not reach	duties including no visitors,
	services include unit clerks,		consensus on a plan for the	less phone calls, no
	phlebotomists,		Hospital, the discussions we	discharges, and a decrease
	transporters, and the IV		had with our non-	in admissions and transfers
Critical Care	team.	No	management partners were	as compared to other shifts.

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			Presbyterian Queens	reached consensus on Unit
			Hospital ("Hospital"), I	Clerk staffing on the day
			submit the Hospital's	and evening shift. The
			Clinical Staffing Plan. This	Hospital disagreed with and
			Staffing Plan encompasses	did not adopt the non-
			in-patient nursing care units	management committee
			at the Hospital. Over the	members' proposal for
			last year Hospital	remaining staffing levels, as
			management has worked	the Hospital believes the
			collaboratively with the non-	adopted guidelines are safe
			management members of	and appropriate. On the
			the Clinical Staffing	night shift, Unit Clerks cross-
			Committee discussing with	cover units, which the
			them the working	Hospital believes is
			conditions, staffing, physical	sufficient. During these
			environment, available	hours, there is a significant
			resources, census, acuity,	reduction of Unit Clerk
			and feedback submitted to	duties including no visitors,
	This unit has available to it		the Clinical Staffing	less phone calls, no
	nurse and support staff		Committee on each of these	discharges, and a decrease
	float pools to supplement		in-patient nursing units.	in admissions and transfers
	unit staffing. Other support		While the Clinical Staffing	as compared to other shifts.
	personnel that aid nursing		Committee did not reach	Each staff member at NYPQ
	services include unit clerks,		consensus on a plan for the	is issued a mobile
	phlebotomists,		Hospital, the discussions we	communication device for
	transporters, and the IV		had with our non-	direct communication. This
Medical/Surgical	team.	No	management partners were	unit has available to it nurse

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			Presbyterian Queens	reached consensus on
			Hospital ("Hospital"), I	OR/OB Tech staffing
			submit the Hospital's	Monday - Friday on all shifts
			Clinical Staffing Plan. This	and on Saturday's day shift.
			Staffing Plan encompasses	Additionally, the staffing
			in-patient nursing care units	committee reached
			at the Hospital. Over the	consensus on Monday -
			last year Hospital	Friday Unit Clerk staffing.
			management has worked	The Hospital disagreed with
			collaboratively with the non-	and did not adopt the non-
			management members of	management committee
			the Clinical Staffing	members' proposal for
			Committee discussing with	remaining staffing levels, as
			them the working	the Hospital believes the
			conditions, staffing, physical	adopted guidelines are safe
			environment, available	and appropriate for this
			resources, census, acuity,	Labor and Delivery unit's
			and feedback submitted to	typical volume and acuity.
	This unit has available to it		the Clinical Staffing	The Hospital believes that
	nurse and support staff		Committee on each of these	for overnight shifts, there is
	float pools to supplement		in-patient nursing units.	cross-On the night shift,
	unit staffing. Other support		While the Clinical Staffing	Unit Clerks cross-cover
	personnel that aid nursing		Committee did not reach	units, which the Hospital
	services include unit clerks,		consensus on a plan for the	believes is sufficient age of
	phlebotomists,		Hospital, the discussions we	units where an individual
	transporters, and the IV		had with our non-	Unit Clerks may not be
Obstetrics/Gynecology	team.	No	management partners were	present. During these
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			Presbyterian Queens	reached consensus on Unit
			Hospital ("Hospital"), I	Clerk staffing. The Hospital
			submit the Hospital's	disagreed with and did not
			Clinical Staffing Plan. This	adopt the non-management
			Staffing Plan encompasses	committee members'
			in-patient nursing care units	proposal for remaining
			at the Hospital. Over the	staffing levels, as the
			last year Hospital	Hospital believes the
			management has worked	adopted guidelines are safe
			collaboratively with the non-	and appropriate. Each staff
			management members of	member at NYPQ is issued a
			the Clinical Staffing	mobile communication
			Committee discussing with	device for direct
			them the working	communication. This unit
			conditions, staffing, physical	has available to it nurse and
			environment, available	support staff float pools to
			resources, census, acuity,	supplement unit staffing.
	This unit has available to it		and feedback submitted to	Other support personnel
	nurse and support staff		the Clinical Staffing	that aid nursing services
	float pools to supplement		Committee on each of these	include unit clerks, physical
	unit staffing. Other support		in-patient nursing units.	therapy aides,
	personnel that aid nursing		While the Clinical Staffing	wound/ostomy care team,
	services include unit clerks,		Committee did not reach	respiratory therapists,
	respiratory therapists,		consensus on a plan for the	phlebotomists, pharmacy
	phlebotomists,		Hospital, the discussions we	technicians, social workers,
	transporters, and the IV		had with our non-	care managers, IV team,
Pediatric	team.	No	management partners were	EKG techs, and transport
Pediatric	team.	No	management partners were	EKG techs, and transport

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	and Unit Clerk staffing at all
			submit the Hospital's	census points and shifts,
			Clinical Staffing Plan. This	and Nursing Attendant
			Staffing Plan encompasses	staffing at census points 1-
			in-patient nursing care units	3. The Hospital disagreed
			at the Hospital. Over the	with and did not adopt the
			last year Hospital	non-management
			management has worked	committee members'
			collaboratively with the non-	proposal for remaining
			management members of	staffing levels, as the
			the Clinical Staffing	Hospital believes the
			Committee discussing with	adopted guidelines are safe
			them the working	and appropriate. Each staff
			conditions, staffing, physical	member at NYPQ is issued a
			environment, available	mobile communication
			resources, census, acuity,	device for direct
	This unit has available to it		and feedback submitted to	communication. This unit
	nurse and support staff		the Clinical Staffing	has available to it nurse and
	float pools to supplement		Committee on each of these	support staff float pools to
	unit staffing. Other support		in-patient nursing units.	supplement unit staffing.
	personnel that aid nursing		While the Clinical Staffing	Other support personnel
	services include unit clerks,		Committee did not reach	that aid nursing services
	respiratory therapists,		consensus on a plan for the	include unit clerks, physical
	phlebotomists,		Hospital, the discussions we	therapy aides,
	transporters, and the IV		had with our non-	wound/ostomy care team,
Stepdown	team.	No	management partners were	respiratory therapists,

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			Presbyterian Queens	reached consensus on Unit
			Hospital ("Hospital"), I	Clerk staffing on the day
			submit the Hospital's	and evening shift. The
			Clinical Staffing Plan. This	Hospital disagreed with and
			Staffing Plan encompasses	did not adopt the non-
			in-patient nursing care units	management committee
			at the Hospital. Over the	members' proposal for
			last year Hospital	remaining staffing levels, as
			management has worked	the Hospital believes the
			collaboratively with the non-	adopted guidelines are safe
			management members of	and appropriate. The
			the Clinical Staffing	Hospital did increase
			Committee discussing with	Nursing Attendant staffing
			them the working	at census points 7-12. On
			conditions, staffing, physical	the night shift, Unit Clerks
			environment, available	cross-cover units, which the
			resources, census, acuity,	Hospital believes is
			and feedback submitted to	sufficient. During these
	This unit has available to it		the Clinical Staffing	hours, there is a significant
	nurse and support staff		Committee on each of these	reduction of Unit Clerk
	float pools to supplement		in-patient nursing units.	duties including no visitors,
	unit staffing. Other support		While the Clinical Staffing	less phone calls, no
	personnel that aid nursing		Committee did not reach	discharges, and a decrease
	services include respiratory		consensus on a plan for the	in admissions and transfers
	therapists, rapid response		Hospital, the discussions we	as compared to other shifts.
	team, phlebotomists, and		had with our non-	Each staff member at NYPQ
Medical/Surgical	transport team.	No	management partners were	is issued a mobile

				
			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 37-
			submit the Hospital's	40 and Unit Clerk staffing on
			Clinical Staffing Plan. This	the day and evening shift.
			Staffing Plan encompasses	The Hospital disagreed with
			in-patient nursing care units	and did not adopt the non-
			at the Hospital. Over the	management committee
			last year Hospital	members' proposal for
			management has worked	remaining staffing levels, as
			collaboratively with the non-	the Hospital believes the
			management members of	adopted guidelines are safe
			the Clinical Staffing	and appropriate. The
			Committee discussing with	Hospital did increase
			them the working	Nursing Attendant staffing
			conditions, staffing, physical	at census points 7-12. On
			environment, available	the night shift, Unit Clerks
			resources, census, acuity,	cross-cover units, which the
			and feedback submitted to	Hospital believes is
	This unit has available to it		the Clinical Staffing	sufficient. During these
	nurse and support staff		Committee on each of these	hours, there is a significant
	float pools to supplement		in-patient nursing units.	reduction of Unit Clerk
	unit staffing. Other support		While the Clinical Staffing	duties including no visitors,
	personnel that aid nursing		Committee did not reach	less phone calls, no
	services include respiratory		consensus on a plan for the	discharges, and a decrease
	therapists, rapid response		Hospital, the discussions we	in admissions and transfers
	team, phlebotomists, and		had with our non-	as compared to other shifts.
Medical/Surgical	transport team.	No	management partners were	Each staff member at NYPQ

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 31-
			submit the Hospital's	40, Nursing Attendant
			Clinical Staffing Plan. This	staffing at census points 31-
			Staffing Plan encompasses	36, and Unit Clerk staffing
			in-patient nursing care units	on the day and evening
			at the Hospital. Over the	shift. The Hospital disagreed
			last year Hospital	with and did not adopt the
			management has worked	non-management
			collaboratively with the non-	committee members'
			management members of	proposal for remaining
			the Clinical Staffing	staffing levels, as the
			Committee discussing with	Hospital believes the
			them the working	adopted guidelines are safe
			conditions, staffing, physical	and appropriate. The
			environment, available	Hospital did increase
			resources, census, acuity,	Nursing Attendant staffing
			and feedback submitted to	at census points 7-12. On
	This unit has available to it		the Clinical Staffing	the night shift, Unit Clerks
	nurse and support staff		Committee on each of these	cross-cover units, which the
	float pools to supplement		in-patient nursing units.	Hospital believes is
	unit staffing. Other support		While the Clinical Staffing	sufficient. During these
	personnel that aid nursing		Committee did not reach	hours, there is a significant
	services include respiratory		consensus on a plan for the	reduction of Unit Clerk
	therapists, rapid response		Hospital, the discussions we	duties including no visitors,
	team, phlebotomists, and		had with our non-	less phone calls, no
Medical/Surgical	transport team.	No	management partners were	discharges, and a decrease
Medical/Surgical	personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and	No	Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	hours, there is a significate reduction of Unit Clerk duties including no visito less phone calls, no

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 13-
			submit the Hospital's	18 and 31-54 and Unit Clerk
			Clinical Staffing Plan. This	staffing on the day and
			Staffing Plan encompasses	evening shift. The Hospital
			in-patient nursing care units	disagreed with and did not
			at the Hospital. Over the	adopt the non-management
			last year Hospital	committee members'
			management has worked	proposal for remaining
			collaboratively with the non-	staffing levels, as the
			management members of	Hospital believes the
			the Clinical Staffing	adopted guidelines, as well
			Committee discussing with	as the unit configuration,
			them the working	are safe and appropriate.
			conditions, staffing, physical	The Hospital did increase
			environment, available	Nursing Attendant staffing
			resources, census, acuity,	at census points 7-12. On
			and feedback submitted to	the night shift, Unit Clerks
	This unit has available to it		the Clinical Staffing	cross-cover units, which the
	nurse and support staff		Committee on each of these	Hospital believes is
	float pools to supplement		in-patient nursing units.	sufficient. During these
	unit staffing. Other support		While the Clinical Staffing	hours, there is a significant
	personnel that aid nursing		Committee did not reach	reduction of Unit Clerk
	services include respiratory		consensus on a plan for the	duties including no visitors,
	therapists, rapid response		Hospital, the discussions we	less phone calls, no
	team, phlebotomists, and		had with our non-	discharges, and a decrease
Medical/Surgical	transport team.	No	management partners were	in admissions and transfers
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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 13-
			submit the Hospital's	21 and Unit Clerk staffing on
			Clinical Staffing Plan. This	the day and evening shift.
			Staffing Plan encompasses	The Hospital disagreed with
			in-patient nursing care units	and did not adopt the non-
			at the Hospital. Over the	management committee
			last year Hospital	members' proposal for
			management has worked	remaining staffing levels, as
			collaboratively with the non-	the Hospital believes the
			management members of	adopted guidelines are safe
			the Clinical Staffing	and appropriate. The
			Committee discussing with	Hospital did increase
			them the working	Nursing Attendant staffing
			conditions, staffing, physical	at census points 7-12. On
			environment, available	the night shift, Unit Clerks
			resources, census, acuity,	cross-cover units, which the
			and feedback submitted to	Hospital believes is
	This unit has available to it		the Clinical Staffing	sufficient. During these
	nurse and support staff		Committee on each of these	hours, there is a significant
	float pools to supplement		in-patient nursing units.	reduction of Unit Clerk
	unit staffing. Other support		While the Clinical Staffing	duties including no visitors,
	personnel that aid nursing		Committee did not reach	less phone calls, no
	services include respiratory		consensus on a plan for the	discharges, and a decrease
	therapists, rapid response		Hospital, the discussions we	in admissions and transfers
	team, phlebotomists, and		had with our non-	as compared to other shifts.
Medical/Surgical	transport team.	No	management partners were	Each staff member at NYPQ

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 7-
			submit the Hospital's	12 and 31-36 and Nursing
			Clinical Staffing Plan. This	Attendant staffing at census
			Staffing Plan encompasses	points 13-24. The Hospital
			in-patient nursing care units	disagreed with and did not
			at the Hospital. Over the	adopt the non-management
			last year Hospital	committee members'
			management has worked	proposal for remaining
			collaboratively with the non-	staffing levels, as the
			management members of	Hospital believes the
			the Clinical Staffing	adopted guidelines are safe
			Committee discussing with	and appropriate. On the
			them the working	night shift, Unit Clerks cross-
			conditions, staffing, physical	cover units, which the
			environment, available	Hospital believes is
			resources, census, acuity,	sufficient. During these
			and feedback submitted to	hours, there is a significant
	This unit has available to it		the Clinical Staffing	reduction of Unit Clerk
	nurse and support staff		Committee on each of these	duties including no visitors,
	float pools to supplement		in-patient nursing units.	less phone calls, no
	unit staffing. Other support		While the Clinical Staffing	discharges, and a decrease
	personnel that aid nursing		Committee did not reach	in admissions and transfers
	services include respiratory		consensus on a plan for the	as compared to other shifts.
	therapists, rapid response		Hospital, the discussions we	Each staff member at NYPQ
	team, phlebotomists, and		had with our non-	is issued a mobile
Medical/Surgical	transport team.	No	management partners were	communication device for
Medical/Surgical	unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and		While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	discharges, and a decrea in admissions and transf as compared to other shi Each staff member at NY is issued a mobile

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 5-
			submit the Hospital's	14. The Hospital disagreed
			Clinical Staffing Plan. This	with and did not adopt the
			Staffing Plan encompasses	non-management
			in-patient nursing care units	committee members'
			at the Hospital. Over the	proposal for remaining
			last year Hospital	staffing levels, as the
			management has worked	Hospital believes the
			collaboratively with the non-	adopted guidelines are safe
			management members of	and appropriate. This
			the Clinical Staffing	critical care unit also
			Committee discussing with	accomodates stepdown
			them the working	patients and is budgeted
			conditions, staffing, physical	and staffed as such. On the
			environment, available	night shift, Unit Clerks cross-
			resources, census, acuity,	cover units, which the
			and feedback submitted to	Hospital believes is
	This unit has available to it		the Clinical Staffing	sufficient. During these
	nurse and support staff		Committee on each of these	hours, there is a significant
	float pools to supplement		in-patient nursing units.	reduction of Unit Clerk
	unit staffing. Other support		While the Clinical Staffing	duties including no visitors,
	personnel that aid nursing		Committee did not reach	less phone calls, no
	services include respiratory		consensus on a plan for the	discharges, and a decrease
	therapists, rapid response		Hospital, the discussions we	in admissions and transfers
	team, phlebotomists, and		had with our non-	as compared to other shifts.
Critical Care	transport team.	No	management partners were	This unit is contiguous with

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 7-
			submit the Hospital's	10 and Unit Clerk staffing on
			Clinical Staffing Plan. This	the day and evening shift.
			Staffing Plan encompasses	The Hospital disagreed with
			in-patient nursing care units	and did not adopt the non-
			at the Hospital. Over the	management committee
			last year Hospital	members' proposal for
			management has worked	remaining staffing levels, as
			collaboratively with the non-	the Hospital believes the
			management members of	adopted guidelines are safe
			the Clinical Staffing	and appropriate. This
			Committee discussing with	critical care unit also
			them the working	accomodates stepdown
			conditions, staffing, physical	patients and is budgeted
			environment, available	and staffed as such. On the
			resources, census, acuity,	night shift, Unit Clerks cross-
			and feedback submitted to	cover units, which the
	This unit has available to it		the Clinical Staffing	Hospital believes is
	nurse and support staff		Committee on each of these	sufficient. During these
	float pools to supplement		in-patient nursing units.	hours, there is a significant
	unit staffing. Other support		While the Clinical Staffing	reduction of Unit Clerk
	personnel that aid nursing		Committee did not reach	duties including no visitors,
	services include respiratory		consensus on a plan for the	less phone calls, no
	therapists, rapid response		Hospital, the discussions we	discharges, and a decrease
	team, phlebotomists, and		had with our non-	in admissions and transfers
Critical Care	transport team.	No	management partners were	as compared to other shifts.

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 9-
			submit the Hospital's	62 and Unit Clerk staffing.
			Clinical Staffing Plan. This	The Hospital disagreed with
			Staffing Plan encompasses	and did not adopt the non-
			in-patient nursing care units	management committee
			at the Hospital. Over the	members' proposal for
			last year Hospital	remaining staffing levels, as
			management has worked	the Hospital believes the
			collaboratively with the non-	adopted guidelines are safe
			management members of	and appropriate, including
			the Clinical Staffing	24/7 Unit Clerk coverage for
			Committee discussing with	infant security. Each staff
			them the working	member at NYPQ is issued a
			conditions, staffing, physical	mobile communication
			environment, available	device for direct
			resources, census, acuity,	communication. This unit
			and feedback submitted to	has available to it nurse and
	This unit has available to it		the Clinical Staffing	support staff float pools to
	nurse and support staff		Committee on each of these	supplement unit staffing.
	float pools to supplement		in-patient nursing units.	Other support personnel
	unit staffing. Other support		While the Clinical Staffing	that aid nursing services
	personnel that aid nursing		Committee did not reach	include unit clerks, physical
	services include unit clerks,		consensus on a plan for the	therapy aides,
	phlebotomists,		Hospital, the discussions we	wound/ostomy care team,
	transporters, and the IV		had with our non-	respiratory therapists,
Obstetrics/Gynecology	team.	No	management partners were	phlebotomists, pharmacy

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			Presbyterian Queens	reached consensus on Unit
			Hospital ("Hospital"), I	Clerk staffing on the day
			submit the Hospital's	and evening shift. The
			Clinical Staffing Plan. This	Hospital disagreed with and
			Staffing Plan encompasses	did not adopt the non-
			in-patient nursing care units	management committee
			at the Hospital. Over the	members' proposal for
			last year Hospital	remaining staffing levels, as
			management has worked	the Hospital believes the
			collaboratively with the non-	adopted guidelines are safe
			management members of	and appropriate. It is
			the Clinical Staffing	important to note that
			Committee discussing with	when, based on census, the
			them the working	staffing plan calls for two
			conditions, staffing, physical	RNs, a given RN is never
			environment, available	alone on the unit; another
			resources, census, acuity,	team member is always
			and feedback submitted to	present to assist or call for
	This unit has available to it		the Clinical Staffing	assistance in an emergency.
	nurse and support staff		Committee on each of these	On the night shift, Unit
	float pools to supplement		in-patient nursing units.	Clerks cross-cover units,
	unit staffing. Other support		While the Clinical Staffing	which the Hospital believes
	personnel that aid nursing		Committee did not reach	is sufficient. During these
	services include respiratory		consensus on a plan for the	hours, there is a significant
	therapists, rapid response		Hospital, the discussions we	reduction of Unit Clerk
	team, phlebotomists, and		had with our non-	duties including no visitors,
Medical/Surgical	transport team.	No	management partners were	less phone calls, no
Medical/Surgical	float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and		in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Clerks cross-cover unit which the Hospital belie is sufficient. During the hours, there is a signific reduction of Unit Cler duties including no visit

			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 31-
			submit the Hospital's	48 and Unit Clerk staffing on
			Clinical Staffing Plan. This	the day and evening shift.
			Staffing Plan encompasses	The Hospital disagreed with
			in-patient nursing care units	and did not adopt the non-
			at the Hospital. Over the	management committee
			last year Hospital	members' proposal for
			management has worked	remaining staffing levels, as
			collaboratively with the non-	the Hospital believes the
			management members of	adopted guidelines are safe
			the Clinical Staffing	and appropriate. The
			Committee discussing with	Hospital did increase
			them the working	Nursing Attendant staffing
			conditions, staffing, physical	at census points 7-12. On
			environment, available	the night shift, Unit Clerks
			resources, census, acuity,	cross-cover units, which the
			and feedback submitted to	Hospital believes is
	This unit has available to it		the Clinical Staffing	sufficient. During these
	nurse and support staff		Committee on each of these	hours, there is a significant
	float pools to supplement		in-patient nursing units.	reduction of Unit Clerk
	unit staffing. Other support		While the Clinical Staffing	duties including no visitors,
	personnel that aid nursing		Committee did not reach	less phone calls, no
	services include respiratory		consensus on a plan for the	discharges, and a decrease
	therapists, rapid response		Hospital, the discussions we	in admissions and transfers
	team, phlebotomists, and		had with our non-	as compared to other shifts.
Medical/Surgical	transport team.	No	management partners were	Each staff member at NYPQ
	"Other support personnel			
	that aid perioperative			
	services include: Unit Clerk,			
	Anesthesia, Perfusion,			
	Pharmacy, and Child Life,			
	radiology. Each shift has a			
	Charge RN supporting the			
Other	team as well. "	Yes		

	Т		T	
Other	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well."	Yes	Preshyterian Oueens	
Other	WEII.	ies	Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non- management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units.	believes patient volume does not support scheduling 4 RNs in this department on a daily basis. 3 RNs are consistently scheduled to work on the unit and while there may be a 4th RN scheduled to work in this department, that is not
Infusion Services	Unit is closed overnight.	No	While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non- management partners were	need and volume surge. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.

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			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year, Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Pediatric	Unit is closed overnight.	No	management partners were	N/A

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			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year, Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Pediatric	Unit is closed overnight.	No	management partners were	N/A

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			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year, Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Cardiac Catheterization/EP	Unit is closed overnight.	No	management partners were	N/A

			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year, Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	The Hospital believes the
			environment, available	adopted staffing and
			resources, census, acuity,	support are appropriate
	Other support personnel		and feedback submitted to	based upon unit volume
	that aid nursing services		the Clinical Staffing	and acuity. The hospital
	include a respiratory		Committee on each of these	does not agree that CSC
	technologist, a pharmacy		in-patient nursing units.	lacked necessary
	technician, housekeepers, a		While the Clinical Staffing	information to provide a
	cardiovascular technologist,		Committee did not reach	substantive response
	nurse assistants, a unit		consensus on a plan for the	because they were provided
	clerk, physician assistants,		Hospital, the discussions we	the same data (i.e., staffing
	nurse practitioners, and		had with our non-	grid) that was provided for
Cardiac Catheterization/EP	transport team.	No	management partners were	the other outpatient areas.

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			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year, Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Infusion Services	Unit is closed overnight.	No	management partners were	N/A

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			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year, Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Nuclear Medicine/Radiology	Unit is closed overnight.	No	management partners were	N/A
Nuclear Medicine/Radiology	Unit is closed overnight.	No		N/A

		T		
			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year, Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Nuclear Medicine/Radiology	Unit is closed overnight.	No	management partners were	N/A
Nuclear Medicine/Radiology	Unit is closed overnight.	No	Hospital, the discussions we had with our non-	N/A

		T		
			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year, Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Nuclear Medicine/Radiology	Unit is closed overnight.	No	management partners were	N/A
Nuclear Medicine/Radiology	Unit is closed overnight.	No	Hospital, the discussions we had with our non-	N/A

			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year, Hospital	
			management has worked	
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Oncology	Unit is closed overnight.	No	management partners were	N/A

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			Presbyterian Queens	
			Hospital ("Hospital"), I	
			submit the Hospital's	
			Clinical Staffing Plan. This	
			Staffing Plan encompasses	
			in-patient nursing care units	
			at the Hospital. Over the	
			last year, Hospital	
			management has worked	,
			collaboratively with the non-	
			management members of	
			the Clinical Staffing	
			Committee discussing with	
			them the working	
			conditions, staffing, physical	
			environment, available	
			resources, census, acuity,	
			and feedback submitted to	
			the Clinical Staffing	
			Committee on each of these	
			in-patient nursing units.	
			While the Clinical Staffing	
			Committee did not reach	
			consensus on a plan for the	
			Hospital, the discussions we	
			had with our non-	
Dialysis O/P	Unit is closed overnight.	No	management partners were	N/A

Presbyterian Queens committee reached Hospital ("Hospital"), I consensus on midshift nurse staffing in the. The Hospital submit the Hospital's Clinical Staffing Plan. This disagreed with and did not Staffing Plan encompasses adopt the non-management in-patient nursing care units committee members at the Hospital. Over the proposal for remaining staffing levels, as the last year, Hospital management has worked Hospital believes the collaboratively with the nonadopted guidelines are safe and appropriate for this management members of the Clinical Staffing **Emergency Departments** Committee discussing with typical volume. Each staff This unit has available to it them the working member at NYPQ is issued a nurse and support staff conditions, staffing, physical mobile communication float pools to supplement environment, available device for direct unit staffing. Other support resources, census, acuity, communication. This unit personnel that aid nursing and feedback submitted to has available to it nurse and services include unit clerks, support staff float pools to the Clinical Staffing physical therapy aides, Committee on each of these supplement unit staffing wound/ostomy care team, during times of surge. In in-patient nursing units. addition to the staff float respiratory therapists, While the Clinical Staffing Committee did not reach phlebotomists, pharmacy pools available to consensus on a plan for the supplement unit staffing, technicians, social workers, care managers, IV team, Hospital, the discussions we nurses are assisted by EKG techs, and transport had with our nonrespiratory therapists, **Emergency Department** phlebotomists, pharmacy team. No management partners were

				
			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at all census points
			submit the Hospital's	and Unit Clerk staffing on
			Clinical Staffing Plan. This	the day and evening shifts.
			Staffing Plan encompasses	The Hospital disagreed with
			in-patient nursing care units	and did not adopt the non-
			at the Hospital. Over the	management committee
			last year, Hospital	members proposal for
			management has worked	remaining staffing levels, as
			collaboratively with the non-	the Hospital believes the
			management members of	adopted guidelines are safe
			the Clinical Staffing	and appropriate. This
			Committee discussing with	critical care unit also
			them the working	accomodates stepdown
			conditions, staffing, physical	patients and is budgeted
			environment, available	and staffed as such. On the
			resources, census, acuity,	night shift, Unit Clerks cross-
			and feedback submitted to	cover units, which the
	This unit has available to it		the Clinical Staffing	Hospital believes is
	nurse and support staff		Committee on each of these	sufficient. During these
	float pools to supplement		in-patient nursing units.	hours, there is a significant
	unit staffing. Other support		While the Clinical Staffing	reduction of Unit Clerk
	personnel that aid nursing		Committee did not reach	duties including no visitors,
	services include unit clerks,		consensus on a plan for the	less phone calls, no
	phlebotomists,		Hospital, the discussions we	discharges, and a decrease
	transporters, and the IV		had with our non-	in admissions and transfers
Critical Care	team.	No	management partners were	as compared to other shifts.

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			Presbyterian Queens	reached consensus on Unit
			Hospital ("Hospital"), I	Clerk staffing on the day
			submit the Hospital's	and evening shift. The
			Clinical Staffing Plan. This	Hospital disagreed with and
			Staffing Plan encompasses	did not adopt the non-
			in-patient nursing care units	management committee
			at the Hospital. Over the	members proposal for
			last year, Hospital	remaining staffing levels, as
			management has worked	the Hospital believes the
			collaboratively with the non-	adopted guidelines are safe
			management members of	and appropriate. On the
			the Clinical Staffing	night shift, Unit Clerks cross-
			Committee discussing with	cover units, which the
			them the working	Hospital believes is
			conditions, staffing, physical	sufficient. During these
			environment, available	hours, there is a significant
			resources, census, acuity,	reduction of Unit Clerk
			and feedback submitted to	duties including no visitors,
	This unit has available to it		the Clinical Staffing	less phone calls, no
	nurse and support staff		Committee on each of these	discharges, and a decrease
	float pools to supplement		in-patient nursing units.	in admissions and transfers
	unit staffing. Other support		While the Clinical Staffing	as compared to other shifts.
	personnel that aid nursing		Committee did not reach	Each staff member at NYPQ
	services include unit clerks,		consensus on a plan for the	is issued a mobile
	phlebotomists,		Hospital, the discussions we	communication device for
	transporters, and the IV		had with our non-	direct communication. This
Medical/Surgical	team.	No	management partners were	unit has available to it nurse

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			Presbyterian Queens	reached consensus on
			Hospital ("Hospital"), I	OR/OB Tech staffing
			submit the Hospital's	Monday - Friday on all shifts
			Clinical Staffing Plan. This	and on Saturdays day shift.
			Staffing Plan encompasses	Additionally, the staffing
			in-patient nursing care units	committee reached
			at the Hospital. Over the	consensus on Monday -
			last year, Hospital	Friday Unit Clerk staffing.
			management has worked	The Hospital disagreed with
			collaboratively with the non-	and did not adopt the non-
			management members of	management committee
			the Clinical Staffing	members proposal for
			Committee discussing with	remaining staffing levels, as
			them the working	the Hospital believes the
			conditions, staffing, physical	adopted guidelines are safe
			environment, available	and appropriate for this
			resources, census, acuity,	Labor and Delivery unit's
			and feedback submitted to	typical volume and acuity.
	This unit has available to it		the Clinical Staffing	The Hospital believes that
	nurse and support staff		Committee on each of these	for overnight shifts, there is
	float pools to supplement		in-patient nursing units.	cross-On the night shift,
	unit staffing. Other support		While the Clinical Staffing	Unit Clerks cross-cover
	personnel that aid nursing		Committee did not reach	units, which the Hospital
	services include unit clerks,		consensus on a plan for the	believes is sufficient.age of
	phlebotomists,		Hospital, the discussions we	units where an individual
	transporters, and the IV		had with our non-	Unit Clerks may not be
Obstetrics/Gynecology	team.	No	management partners were	present. During these
	3-2			j. 110 2 3 6

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			Presbyterian Queens	reached consensus on Unit
			Hospital ("Hospital"), I	Clerk staffing. The Hospital
			submit the Hospital's	disagreed with and did not
			Clinical Staffing Plan. This	adopt the non-management
			Staffing Plan encompasses	committee members
			in-patient nursing care units	proposal for remaining
			at the Hospital. Over the	staffing levels, as the
			last year, Hospital	Hospital believes the
			management has worked	adopted guidelines are safe
			collaboratively with the non-	and appropriate. Each staff
			management members of	member at NYPQ is issued a
			the Clinical Staffing	mobile communication
			Committee discussing with	device for direct
			them the working	communication. This unit
			conditions, staffing, physical	has available to it nurse and
			environment, available	support staff float pools to
			resources, census, acuity,	supplement unit staffing.
	This unit has available to it		and feedback submitted to	Other support personnel
	nurse and support staff		the Clinical Staffing	that aid nursing services
	float pools to supplement		Committee on each of these	include unit clerks, physical
	unit staffing. Other support		in-patient nursing units.	therapy aides,
	personnel that aid nursing		While the Clinical Staffing	wound/ostomy care team,
	services include unit clerks,		Committee did not reach	respiratory therapists,
	respiratory therapists,		consensus on a plan for the	phlebotomists, pharmacy
	phlebotomists,		Hospital, the discussions we	technicians, social workers,
	transporters, and the IV		had with our non-	care managers, IV team,
Pediatric	team.	No	management partners were	EKG techs, and transport
Pediatric	team.	No	management partners were	EKG techs, and transport

			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	and Unit Clerk staffing at all
			submit the Hospital's	census points and shifts,
			Clinical Staffing Plan. This	and Nursing Attendant
			Staffing Plan encompasses	staffing at census points 1-
			in-patient nursing care units	3. The Hospital disagreed
			at the Hospital. Over the	with and did not adopt the
			last year, Hospital	non-management
			management has worked	committee members
			collaboratively with the non-	proposal for remaining
			management members of	staffing levels, as the
			the Clinical Staffing	Hospital believes the
			Committee discussing with	adopted guidelines are safe
			them the working	and appropriate. Each staff
			conditions, staffing, physical	member at NYPQ is issued a
			environment, available	mobile communication
			resources, census, acuity,	device for direct
	This unit has available to it		and feedback submitted to	communication. This unit
	nurse and support staff		the Clinical Staffing	has available to it nurse and
	float pools to supplement		Committee on each of these	support staff float pools to
	unit staffing. Other support		in-patient nursing units.	supplement unit staffing.
	personnel that aid nursing		While the Clinical Staffing	Other support personnel
	services include unit clerks,		Committee did not reach	that aid nursing services
	respiratory therapists,		consensus on a plan for the	include unit clerks, physical
	phlebotomists,		Hospital, the discussions we	therapy aides,
	transporters, and the IV		had with our non-	wound/ostomy care team,
Stepdown	team.	No	management partners were	respiratory therapists,

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			Presbyterian Queens	reached consensus on Unit
			Hospital ("Hospital"), I	Clerk staffing on the day
			submit the Hospital's	and evening shift. The
			Clinical Staffing Plan. This	Hospital disagreed with and
			Staffing Plan encompasses	did not adopt the non-
			in-patient nursing care units	management committee
			at the Hospital. Over the	members proposal for
			last year, Hospital	remaining staffing levels, as
			management has worked	the Hospital believes the
			collaboratively with the non-	adopted guidelines are safe
			management members of	and appropriate. The
			the Clinical Staffing	Hospital did increase
			Committee discussing with	Nursing Attendant staffing
			them the working	at census points 7-12. On
			conditions, staffing, physical	the night shift, Unit Clerks
			environment, available	cross-cover units, which the
			resources, census, acuity,	Hospital believes is
			and feedback submitted to	sufficient. During these
	This unit has available to it		the Clinical Staffing	hours, there is a significant
	nurse and support staff		Committee on each of these	reduction of Unit Clerk
	float pools to supplement		in-patient nursing units.	duties including no visitors,
	unit staffing. Other support		While the Clinical Staffing	less phone calls, no
	personnel that aid nursing		Committee did not reach	discharges, and a decrease
	services include respiratory		consensus on a plan for the	in admissions and transfers
	therapists, rapid response		Hospital, the discussions we	as compared to other shifts.
	team, phlebotomists, and		had with our non-	Each staff member at NYPQ
Medical/Surgical	transport team.	No	management partners were	is issued a mobile
	·		•	

				
			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 37-
			submit the Hospital's	40 and Unit Clerk staffing on
			Clinical Staffing Plan. This	the day and evening shift.
			Staffing Plan encompasses	The Hospital disagreed with
			in-patient nursing care units	and did not adopt the non-
			at the Hospital. Over the	management committee
			last year, Hospital	members proposal for
			management has worked	remaining staffing levels, as
			collaboratively with the non-	the Hospital believes the
			management members of	adopted guidelines are safe
			the Clinical Staffing	and appropriate. The
			Committee discussing with	Hospital did increase
			them the working	Nursing Attendant staffing
			conditions, staffing, physical	at census points 7-12. On
			environment, available	the night shift, Unit Clerks
			resources, census, acuity,	cross-cover units, which the
			and feedback submitted to	Hospital believes is
	This unit has available to it		the Clinical Staffing	sufficient. During these
	nurse and support staff		Committee on each of these	hours, there is a significant
	float pools to supplement		in-patient nursing units.	reduction of Unit Clerk
	unit staffing. Other support		While the Clinical Staffing	duties including no visitors,
	personnel that aid nursing		Committee did not reach	less phone calls, no
	services include respiratory		consensus on a plan for the	discharges, and a decrease
	therapists, rapid response		Hospital, the discussions we	in admissions and transfers
	team, phlebotomists, and		had with our non-	as compared to other shifts.
Medical/Surgical	transport team.	No	management partners were	Each staff member at NYPQ

		Presbyterian Queens	reached consensus on nurse
		Hespital ("Hespital")	
		Hospital ("Hospital"), I	staffing at census points 31-
		submit the Hospital's	40, Nursing Attendant
		Clinical Staffing Plan. This	staffing at census points 31-
		Staffing Plan encompasses	36, and Unit Clerk staffing
		in-patient nursing care units	on the day and evening
		at the Hospital. Over the	shift. The Hospital disagreed
		last year, Hospital	with and did not adopt the
		management has worked	non-management
		collaboratively with the non-	committee members
		management members of	proposal for remaining
		the Clinical Staffing	staffing levels, as the
		Committee discussing with	Hospital believes the
		them the working	adopted guidelines are safe
		conditions, staffing, physical	and appropriate. The
		environment, available	Hospital did increase
		resources, census, acuity,	Nursing Attendant staffing
		and feedback submitted to	at census points 7-12. On
is unit has available to it		the Clinical Staffing	the night shift, Unit Clerks
nurse and support staff		Committee on each of these	cross-cover units, which the
oat pools to supplement		in-patient nursing units.	Hospital believes is
it staffing. Other support		While the Clinical Staffing	sufficient. During these
ersonnel that aid nursing		Committee did not reach	hours, there is a significant
rvices include respiratory		consensus on a plan for the	reduction of Unit Clerk
erapists, rapid response		Hospital, the discussions we	duties including no visitors,
eam, phlebotomists, and		had with our non-	less phone calls, no
transport team.	No	management partners were	discharges, and a decrease
it er rv	urse and support staff at pools to supplement staffing. Other support sonnel that aid nursing rices include respiratory trapists, rapid response am, phlebotomists, and	urse and support staff at pools to supplement staffing. Other support sonnel that aid nursing rices include respiratory arapists, rapid response am, phlebotomists, and	in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these at pools to supplement as traffing. Other support staffing. Other support staffing. Other support staffing. Other support staffing committee did not reach consensus on a plan for the Hospital, the discussions we man, phlebotomists, and

			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 13-
			submit the Hospital's	18 and 31-54 and Unit Clerk
			Clinical Staffing Plan. This	staffing on the day and
			Staffing Plan encompasses	evening shift. The Hospital
			in-patient nursing care units	disagreed with and did not
			at the Hospital. Over the	adopt the non-management
			last year, Hospital	committee members
			management has worked	proposal for remaining
			collaboratively with the non-	staffing levels, as the
			management members of	Hospital believes the
			the Clinical Staffing	adopted guidelines, as well
			Committee discussing with	as the unit configuration,
			them the working	are safe and appropriate.
			conditions, staffing, physical	The Hospital did increase
			environment, available	Nursing Attendant staffing
			resources, census, acuity,	at census points 7-12. On
			and feedback submitted to	the night shift, Unit Clerks
	This unit has available to it		the Clinical Staffing	cross-cover units, which the
	nurse and support staff		Committee on each of these	Hospital believes is
	float pools to supplement		in-patient nursing units.	sufficient. During these
	unit staffing. Other support		While the Clinical Staffing	hours, there is a significant
	personnel that aid nursing		Committee did not reach	reduction of Unit Clerk
	services include respiratory		consensus on a plan for the	duties including no visitors,
	therapists, rapid response		Hospital, the discussions we	less phone calls, no
	team, phlebotomists, and		had with our non-	discharges, and a decrease
Medical/Surgical	transport team.	No	management partners were	in admissions and transfers

			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 13-
			submit the Hospital's	21 and Unit Clerk staffing on
			Clinical Staffing Plan. This	the day and evening shift.
			Staffing Plan encompasses	The Hospital disagreed with
			in-patient nursing care units	and did not adopt the non-
			at the Hospital. Over the	management committee
			last year, Hospital	members proposal for
			management has worked	remaining staffing levels, as
			collaboratively with the non-	the Hospital believes the
			management members of	adopted guidelines are safe
			the Clinical Staffing	and appropriate. The
			Committee discussing with	Hospital did increase
			them the working	Nursing Attendant staffing
			conditions, staffing, physical	at census points 7-12. On
			environment, available	the night shift, Unit Clerks
			resources, census, acuity,	cross-cover units, which the
			and feedback submitted to	Hospital believes is
	This unit has available to it		the Clinical Staffing	sufficient. During these
	nurse and support staff		Committee on each of these	hours, there is a significant
	float pools to supplement		in-patient nursing units.	reduction of Unit Clerk
	unit staffing. Other support		While the Clinical Staffing	duties including no visitors,
	personnel that aid nursing		Committee did not reach	less phone calls, no
	services include respiratory		consensus on a plan for the	discharges, and a decrease
	therapists, rapid response		Hospital, the discussions we	in admissions and transfers
	team, phlebotomists, and		had with our non-	as compared to other shifts.
Medical/Surgical	transport team.	No	management partners were	Each staff member at NYPQ

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 7-
			submit the Hospital's	12 and 31-36 and Nursing
			Clinical Staffing Plan. This	Attendant staffing at census
			Staffing Plan encompasses	points 13-24. The Hospital
			in-patient nursing care units	disagreed with and did not
			at the Hospital. Over the	adopt the non-management
			last year, Hospital	committee members
			management has worked	proposal for remaining
			collaboratively with the non-	staffing levels, as the
			management members of	Hospital believes the
			the Clinical Staffing	adopted guidelines are safe
			Committee discussing with	and appropriate. On the
			them the working	night shift, Unit Clerks cross-
			conditions, staffing, physical	cover units, which the
			environment, available	Hospital believes is
			resources, census, acuity,	sufficient. During these
			and feedback submitted to	hours, there is a significant
	This unit has available to it		the Clinical Staffing	reduction of Unit Clerk
	nurse and support staff		Committee on each of these	duties including no visitors,
	float pools to supplement		in-patient nursing units.	less phone calls, no
	unit staffing. Other support		While the Clinical Staffing	discharges, and a decrease
	personnel that aid nursing		Committee did not reach	in admissions and transfers
	services include respiratory		consensus on a plan for the	as compared to other shifts.
	therapists, rapid response		Hospital, the discussions we	Each staff member at NYPQ
	team, phlebotomists, and		had with our non-	is issued a mobile
Medical/Surgical	transport team.	No	management partners were	communication device for
Medical/Surgical	transport team.	No	management partners were	communication device for

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 5-
			submit the Hospital's	14. The Hospital disagreed
			Clinical Staffing Plan. This	with and did not adopt the
			Staffing Plan encompasses	non-management
			in-patient nursing care units	committee members
			at the Hospital. Over the	proposal for remaining
			last year, Hospital	staffing levels, as the
			management has worked	Hospital believes the
			collaboratively with the non-	adopted guidelines are safe
			management members of	and appropriate. This
			the Clinical Staffing	critical care unit also
			Committee discussing with	accomodates stepdown
			them the working	patients and is budgeted
			conditions, staffing, physical	and staffed as such. On the
			environment, available	night shift, Unit Clerks cross-
			resources, census, acuity,	cover units, which the
			and feedback submitted to	Hospital believes is
	This unit has available to it		the Clinical Staffing	sufficient. During these
	nurse and support staff		Committee on each of these	hours, there is a significant
	float pools to supplement		in-patient nursing units.	reduction of Unit Clerk
	unit staffing. Other support		While the Clinical Staffing	duties including no visitors,
	personnel that aid nursing		Committee did not reach	less phone calls, no
	services include respiratory		consensus on a plan for the	discharges, and a decrease
	therapists, rapid response		Hospital, the discussions we	in admissions and transfers
	team, phlebotomists, and		had with our non-	as compared to other shifts.
Critical Care	transport team.	No	management partners were	This unit is contiguous with

				
			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 7-
			submit the Hospital's	10 and Unit Clerk staffing on
			Clinical Staffing Plan. This	the day and evening shift.
			Staffing Plan encompasses	The Hospital disagreed with
			in-patient nursing care units	and did not adopt the non-
			at the Hospital. Over the	management committee
			last year, Hospital	members proposal for
			management has worked	remaining staffing levels, as
			collaboratively with the non-	the Hospital believes the
			management members of	adopted guidelines are safe
			the Clinical Staffing	and appropriate. This
			Committee discussing with	critical care unit also
			them the working	accomodates stepdown
			conditions, staffing, physical	patients and is budgeted
			environment, available	and staffed as such. On the
			resources, census, acuity,	night shift, Unit Clerks cross-
			and feedback submitted to	cover units, which the
	This unit has available to it		the Clinical Staffing	Hospital believes is
	nurse and support staff		Committee on each of these	sufficient. During these
	float pools to supplement		in-patient nursing units.	hours, there is a significant
	unit staffing. Other support		While the Clinical Staffing	reduction of Unit Clerk
	personnel that aid nursing		Committee did not reach	duties including no visitors,
	services include respiratory		consensus on a plan for the	less phone calls, no
	therapists, rapid response		Hospital, the discussions we	discharges, and a decrease
	team, phlebotomists, and		had with our non-	in admissions and transfers
Critical Care	transport team.	No	management partners were	as compared to other shifts.

			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 9-
			submit the Hospital's	62 and Unit Clerk staffing.
			Clinical Staffing Plan. This	The Hospital disagreed with
			Staffing Plan encompasses	and did not adopt the non-
			in-patient nursing care units	management committee
			at the Hospital. Over the	members proposal for
			last year, Hospital	remaining staffing levels, as
			management has worked	the Hospital believes the
			collaboratively with the non-	adopted guidelines are safe
			management members of	and appropriate, including
			the Clinical Staffing	24/7 Unit Clerk coverage for
			Committee discussing with	infant security. Each staff
			them the working	member at NYPQ is issued a
			conditions, staffing, physical	mobile communication
			environment, available	device for direct
			resources, census, acuity,	communication. This unit
			and feedback submitted to	has available to it nurse and
	This unit has available to it		the Clinical Staffing	support staff float pools to
	nurse and support staff		Committee on each of these	supplement unit staffing.
	float pools to supplement		in-patient nursing units.	Other support personnel
	unit staffing. Other support		While the Clinical Staffing	that aid nursing services
	personnel that aid nursing		Committee did not reach	include unit clerks, physical
	services include unit clerks,		consensus on a plan for the	therapy aides,
	phlebotomists,		Hospital, the discussions we	wound/ostomy care team,
	transporters, and the IV		had with our non-	respiratory therapists,
Obstetrics/Gynecology	team.	No	management partners were	phlebotomists, pharmacy
Obstetrics/Gynecology	•	No		

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			Presbyterian Queens	reached consensus on nurse
			Hospital ("Hospital"), I	staffing at census points 31-
			submit the Hospital's	48 and Unit Clerk staffing on
			Clinical Staffing Plan. This	the day and evening shift.
			Staffing Plan encompasses	The Hospital disagreed with
			in-patient nursing care units	and did not adopt the non-
			at the Hospital. Over the	management committee
			last year, Hospital	members proposal for
			management has worked	remaining staffing levels, as
			collaboratively with the non-	the Hospital believes the
			management members of	adopted guidelines are safe
			the Clinical Staffing	and appropriate. The
			Committee discussing with	Hospital did increase
			them the working	Nursing Attendant staffing
			conditions, staffing, physical	at census points 7-12. On
			environment, available	the night shift, Unit Clerks
			resources, census, acuity,	cross-cover units, which the
			and feedback submitted to	Hospital believes is
	This unit has available to it		the Clinical Staffing	sufficient. During these
	nurse and support staff		Committee on each of these	hours, there is a significant
	float pools to supplement		in-patient nursing units.	reduction of Unit Clerk
	unit staffing. Other support		While the Clinical Staffing	duties including no visitors,
	personnel that aid nursing		Committee did not reach	less phone calls, no
	services include respiratory		consensus on a plan for the	discharges, and a decrease
	therapists, rapid response		Hospital, the discussions we	in admissions and transfers
	team, phlebotomists, and		had with our non-	as compared to other shifts.
Medical/Surgical	transport team.	No	management partners were	Each staff member at NYPQ
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