HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Queens
Council	New York City
Network	NORTHWELL HEALTH
Reporting Organization	Long Island Jewish Forest Hills
Reporting Organization Id	1638
Reporting Organization Type	Hospital (pfi)
Data Entity	Long Island Jewish Forest Hills

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) ?
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	5	2.66	14.05	2.81
Cardiology department performing nuclear medicine and cardiac procedures	2	0.66	22.86	11.43
Interventional Radiology - minimally-invasive image- guided procedures to diagnose and treat diseases	2	2.72	2.43	2
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	4	0.73	19.37	5
Operating Room performing inpatient and outpatient surgical procedures.	7	1.9	19.82	4

Pre-Surgical Testing				
providing preparation and				
management of patients				
prior to scheduled surgery	3	0.75	15	5
Endoscopy Unit	3	0.63	11.72	11.72
Newborn Nursery	3	1.6	15	5
Labor and Delivery	4	4.57	7	1.75
ED Holding - Holding unit				
for admitted ED patients				
prior to transfer to inpatient				
unit	1	0.94	8	8
Department specializing in				
emergency medicine for				
pediatric and adult patients	13	1.23	65.2	5.01
Acute dialysis unit providing				
comprehensive inpatient				
renal replacement therapy	2	2.25	3.28	1.64
Post Partum Unit	3	1.85	13	4.33
ICU	7	4	14	2
6 South	3	1	24	8
6 North	3	1.33	18	6
5 South	3	1	24	8
5 North	4	1.1	29	7.25
4 South	3	1	24	8
4 North	4	1.33	24	6

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)
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	0	0
Cardiology department performing nuclear medicine and cardiac procedures	0	0
Interventional Radiology - minimally-invasive image- guided procedures to diagnose and treat diseases	0	0
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	0	0
Operating Room performing inpatient and outpatient surgical procedures.	0	0

Pre-Surgical Testing		
providing preparation and		
management of patients		
prior to scheduled surgery	0	0
Endoscopy Unit	5.86	0
Newborn Nursery	0	0
Labor and Delivery	0	0
ED Holding - Holding unit		
for admitted ED patients		
prior to transfer to inpatient		
unit	0	0
Department specializing in		
emergency medicine for		
pediatric and adult patients	0	0
Acute dialysis unit providing		
comprehensive inpatient		
renal replacement therapy	0	0
Post Partum Unit	0	0
ICU	0	0
6 South	0	0
6 North	0	0
5 South	0	0
5 North	0	0
4 South	0	0
4 North	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	adjustment for case mix
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	0	0
Cardiology department performing nuclear medicine and cardiac procedures	1	0.33
Interventional Radiology - minimally-invasive image- guided procedures to diagnose and treat diseases	2	2.72
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	0	0
Operating Room performing inpatient and outpatient surgical procedures.		0
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	0	0

Endoscopy Unit	0	0
Newborn Nursery	0	0
Labor and Delivery	0	0
ED Holding - Holding unit		
for admitted ED patients		
prior to transfer to inpatient		
unit	2.71	20.36
Department specializing in		
emergency medicine for		
pediatric and adult patients	2.71	20.36
Acute dialysis unit providing		
comprehensive inpatient		
renal replacement therapy	0	0
Post Partum Unit	0.47	3.55
ICU	2.71	20.36
6 South	3.32	24.91
6 North	5.82	43.66
5 South	3.68	27.59
5 North	3.68	27.59
4 South	3.76	28.19
4 North	3.77	28.26

DAY SHIFT UNLICENSED STAFFING

	Planned average number	Planned total hours of
	of unlicensed personnel	unlicensed personnel
Provide a description of	(e.g., patient care	care per patient
Clinical Unit, including a	technicians) on the unit	including adjustment for
description of typical	providing direct patient	case mix and acuity on
patient services provided	care per day on the Day	the Day Shift (Please
on the unit and the	Shift? (Please provide a	provide a number with
unit's location in	number with up to 5	up to 5 digits. Ex: 101.50)
the hospital.	digits. Ex: 101.50)	

Don the constant to		
Provides preparation for		
surgery/procedures and provides phase 2 recovery		
	1	0.82
post surgery/procedure Cardiology department	1	0.62
performing nuclear		
medicine and cardiac		
procedures	0	0
procedures	U	0
Interventional Radiology -		
minimally-invasive image-		
guided procedures to		
diagnose and treat diseases	0	0
and and and anocases	•	
PACU - Perform post		
anesthesia care required to		
recover patients post		
procedures and/or surgery	1	0.94
Operating Room performing		
inpatient and outpatient		
surgical procedures.	7	1.9
Pre-Surgical Testing		
providing preparation and		
management of patients		
prior to scheduled surgery	0	0
Endoscopy Unit	3	0.63
Newborn Nursery	0	0
Labor and Delivery	1	1.14
ED Holding - Holding unit		
for admitted ED patients		
prior to transfer to inpatient		
unit	1	0.94
Department specializing in		
emergency medicine for		
pediatric and adult patients	5	0.57

Acute dialysis unit providing		
comprehensive inpatient		
renal replacement therapy	1	1
Post Partum Unit	2	1.23
ICU	1	0.57
6 South	3	1
6 North	3	1.33
5 South	3	1
5 North	3	0.83
4 South	3	1
4 North	3	1

DAY SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a	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
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
	Unit Nurse Manager, Nurse
Provides preparation for	Educator, Unit Clerical
surgery/procedures and	Support, Rapid Response
provides phase 2 recovery	Team, Surgeons,
post surgery/procedure	Anesthesiologists

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	Unit Nurse Manager, Unit
Cardiology department	Clerical Support, Rapid
performing nuclear	Response Team,
medicine and cardiac	Cardiologists,
procedures	Anesthesiologists
	Unit director/supervisor,
	Nurse Educator, Unit
	Clerical Support, Rapid
Interventional Radiology -	Response Team,
minimally-invasive image-	Interventional Radiologists,
guided procedures to	Anesthesiologist, Physician
	Assistants
diagnose and treat diseases	Assistants
	Linit Nivera Managan Nivera
	Unit Nurse Manager, Nurse
	Educator, Unit Clerical
	Support, 1:1 Patient
PACU - Perform post	Observer, Rapid Response
anesthesia care required to	Team, Surgeons,
recover patients post	Anesthesiologists,
procedures and/or surgery	Anesthesia Technicians
	Unit Nurse Manager, Unit
	Assistant Nurse Manager,
	Nurse Educator, Unit
	Clerical Support, 1:1 Patient
	Observer, Patient Transport
	Team, Rapid Response
	Team, Surgeons, Turnover
	Technicians, Physician
Operating Room performing	Assistants,
inpatient and outpatient	Anesthesiologists,
surgical procedures.	Anesthesia Technicians
surgical procedures.	Allestriesia retriilitiaris
Dro Surgical Tacting	
Pre-Surgical Testing	Unit Nursa Managar Unit
providing preparation and	Unit Nurse Manager, Unit
management of patients	Clerical Support, Rapid
prior to scheduled surgery	Response Team

Endoscopy Unit	Unit Nurse Manager, Staff Nurse Educator, Rapid Response Team, Respiratory Therapy Team, Respiratory Therapy Support, GI Proceduralist, Anesthesiologist, Anesthesia Technician
Newborn Nursery	Unit Nurse Manager, Staff Educator, Rapid Response Team, Lactation Specialist, Chaplain, Neonatologist, Clinical Pharmacist
Labor and Delivery	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Lactation Specialist, Occupational Therapist, Speech Therapist, Chaplain, Physician Assistants, OB/GYN Physicians, Anesthesiologist, Clinical Pharmacist
ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	Nursing Director, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Chaplain, Hospitalist, Nurse Practitioners, Medical Residents, Clinical Pharmacist

	Unit Nurse Manager, Unit Assistant Nurse Manager, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Chaplain, Emergency
	, , , , , , , , , , , , , , , , , , , ,
	Medicine Physicians, Nurse
Department specializing in	Practitioners, Medical
emergency medicine for	Residents, Clinical
pediatric and adult patients	Pharmacist
Acute dialysis unit providing comprehensive inpatient renal replacement therapy	Unit Nurse Manager, Staff Nurse Educator, 1:1 Patient Observer, Patient transport team, Telemetry technician, Rapid Response Team, Respiratory Therapy Support, Nephrologist, Medical Residents, Nurse Practitioners, Physician Assistant
	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Nutritionist, Chaplain, Physician Assistants, OB/GYN Physicians, Clinical
Post Partum Unit	Pharmacist

ICU	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Telemetry Technician, Cardiac Monitors, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Chaplain, Intensivist, Nursing Students, Clinical Pharmacist
6 South	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Phlebotomist, Chaplain, Hospitalist, Nurse Practitioner, Nursing Students, Clinical Pharmacist
6 North	Unit Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nurse Practitioner, Clinical Pharmacist

	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Nutritionist, Phlebotomist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nurse Practitioners, Nursing Students, Clinical
	Practitioners, Nursing
5 South	Pharmacist
	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Phlebotomist, Telemetry Technician, Chaplaincy,
5 North	Hospitalist, Medical Residents, Nursing Students, Clinical Pharmacist

	T
	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Phlebotomist, Chaplaincy, Hospitalist, Nurse Practitioner, Hospice Attending, Nursing Students, Clinical
4 South	Pharmacist
4 North	Unit Secretary, Nurse Manager, Staff Educator, 1:1 patient observer, Patient Transport Team, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Phlebotomist, Chaplain, Hospitalist, Nurse Practitioner, Intensivist, Nursing Students, Clinical Pharmacist

DAY SHIFT CONSENSUS INFORMATION

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

Provides preparation for			
surgery/procedures and			
provides phase 2 recovery			
post surgery/procedure	Yes		
Cardiology department			
performing nuclear			
medicine and cardiac			
procedures	Yes		
Interventional Radiology -			
minimally-invasive image-			
guided procedures to			
diagnose and treat diseases	Yes		
PACU - Perform post			
anesthesia care required to			
recover patients post			
procedures and/or surgery	Yes		
Operating Room performing			
inpatient and outpatient	.,		
surgical procedures.	Yes		
Pre-Surgical Testing			
providing preparation and			
management of patients			
prior to scheduled surgery	Yes		
	Yes		
Endoscopy Unit			
Newborn Nursery	Yes		
Labor and Delivery	Yes		

		director LIJ Forest Hills		
		hospital, I have the		
		responsibility of reviewing		Management's
		the staffing plans		recommendation for
		recommended by the		minimal staffing on this unit
		Clinical staffing committee.		is not consistent with the
		We aim to offer quality care		legislation NYSHCSC Law
		to our community and		2805-t. Sufficient staffing is
		providing a safe work	The recommendation of	crucial for patient care, and
		environment for our team	LIJFH admin team members	improved outcomes, and
		members. Factors that are	is to remain consistent with	ensures patients receive the
		part of my evaluation	our previously submitted	needed attention,
		include, but are not limited	2022 staffing plan. This	expertise, and support. It
		to quality metrics, the	decision is based on review	allows for swift responses
		average daily census and	of unit performance and	to emergencies and reduces
		the level of acuity of our	quality metrics. Our quality	the risk of errors.
		patients. Over the past year	indicators support that a	Insufficient staffing also
		our census has actually had	safe environment was	drives worker turnover and
		minor decreases. This is also	maintained, in addition our	exacerbates the workforce
		true for the level of acuity	census and acuity indicators	crisis. To achieve high-
		of our patients. Our quality	demonstrate a slight	quality care, adequate
		metrics however have	decrease in average daily	staffing is required in this
		maintained.	census and a lowered acuity	unit. We feel our proposal
ED Holding - Holding unit		We will consistently re-	rating. Based on these data	met the requirements of
for admitted ED patients		evaluate our staffing needs	points we believe that our	the law, improves patient
prior to transfer to inpatient		and responding to the	staffing plan is safe and	care, and enhances staff
unit	No	acuity and surges of patient	effective.	retention and recruitment.

		director LIJ Forest Hills		
		hospital, I have the		
		responsibility of reviewing		Management's
		the staffing plans		recommendation for
		recommended by the		minimal staffing on this unit
		Clinical staffing committee.		is not consistent with the
		We aim to offer quality care		legislation NYSHCSC Law
		to our community and		2805-t. Sufficient staffing is
		providing a safe work	The recommendation of	crucial for patient care, and
		environment for our team	LIJFH admin team members	improved outcomes, and
		members. Factors that are	is to remain consistent with	ensures patients receive the
		part of my evaluation	our previously submitted	needed attention,
		include, but are not limited	2022 staffing plan. This	expertise, and support. It
		to quality metrics, the	decision is based on review	allows for swift responses
		average daily census and	of unit performance and	to emergencies and reduces
		the level of acuity of our	quality metrics. Our quality	the risk of errors.
		patients. Over the past year	indicators support that a	Insufficient staffing also
		our census has actually had	safe environment was	drives worker turnover and
		minor decreases. This is also	maintained, in addition our	exacerbates the workforce
		true for the level of acuity	census and acuity indicators	crisis. To achieve high-
		of our patients. Our quality	demonstrate a slight	quality care, adequate
		metrics however have	decrease in average daily	staffing is required in this
		maintained.	census and a lowered acuity	unit. We feel our proposal
		We will consistently re-	rating. Based on these data	met the requirements of
Department specializing in		evaluate our staffing needs	points we believe that our	the law, improves patient
emergency medicine for		and responding to the	staffing plan is safe and	care, and enhances staff
pediatric and adult patients	No	acuity and surges of patient	effective.	retention and recruitment.

		director LIJ Forest Hills		
		hospital, I have the		
N		responsibility of reviewing		
reco		the staffing plans		
minima		recommended by the		
is not		Clinical staffing committee.		
legisla		We aim to offer quality care		
2805-t.		to our community and		
crucial	The recommendation of	providing a safe work		
impro	LIJFH admin team members	environment for our team		
ensures	is to remain consistent with	members. Factors that are		
ne	our previously submitted	part of my evaluation		
expert	2022 staffing plan. This	include, but are not limited		
allows	decision is based on review	to quality metrics, the		
to emer	of unit performance and	average daily census and		
th	quality metrics. Our quality	the level of acuity of our		
Insuff	indicators support that a	patients. Over the past year		
drives \	safe environment was	our census has actually had		
exacer	maintained, in addition our	minor decreases. This is also		
crisis	census and acuity indicators	true for the level of acuity		
quali	demonstrate a slight	of our patients. Our quality		
staffin	decrease in average daily	metrics however have		
unit. W	census and a lowered acuity	maintained.		
met tl	rating. Based on these data	We will consistently re-		
the lav	points we believe that our	evaluate our staffing needs		Acute dialysis unit providing
care,	staffing plan is safe and	and responding to the		comprehensive inpatient
retenti	effective.	acuity and surges of patient	No	renal replacement therapy

Management's commendation for nal staffing on this unit t consistent with the lation NYSHCSC Law t. Sufficient staffing is I for patient care, and roved outcomes, and es patients receive the eeded attention, rtise, and support. It vs for swift responses ergencies and reduces the risk of errors. ifficient staffing also worker turnover and erbates the workforce is. To achieve highality care, adequate ing is required in this We feel our proposal the requirements of aw, improves patient , and enhances staff tion and recruitment.

		,		
		director LIJ Forest Hills		for patient care and safety.
		hospital, I have the		Management's
		responsibility of reviewing		recommendation for
		the staffing plans		minimal staffing is not
		recommended by the		consistent with the
		Clinical staffing committee.		legislation NYSHCSC Law
		We aim to offer quality care		2805-t. Sufficient staffing
		to our community and		ensures patients receive the
		providing a safe work	The recommendation of	attention, expertise, and
		environment for our team	LIJFH admin team members	support they need. It allows
		members. Factors that are	is to remain consistent with	for swift responses to
		part of my evaluation	our previously submitted	emergencies, reduces the
		include, but are not limited	2022 staffing plan. This	risk of errors, and improves
		to quality metrics, the	decision is based on review	outcomes. Insufficient
		average daily census and	of unit performance and	staffing jeopardizes lives
		the level of acuity of our	quality metrics. Our quality	and compromises care
		patients. Over the past year	indicators support that a	quality. Management's
		our census has actually had	safe environment was	suggestion prioritizes cost-
		minor decreases. This is also	maintained, in addition our	cutting over patients. To
		true for the level of acuity	census and acuity indicators	achieve our goal, we must
		of our patients. Our quality	demonstrate a slight	recognize that adequate
		metrics however have	decrease in average daily	staffing is non-negotiable. It
		maintained.	census and a lowered acuity	is essential for optimal care
		We will consistently re-	rating. Based on these data	and patient well-being.
		evaluate our staffing needs	points we believe that our	Patient safety depends on
		and responding to the	staffing plan is safe and	it, and management must
Post Partum Unit	No	acuity and surges of patient	effective.	acknowledge the

director LIJ Forest Hills for patient care and safety. hospital, I have the Management's responsibility of reviewing recommendation for the staffing plans minimal staffing is not recommended by the consistent with the Clinical staffing committee. legislation NYSHCSC Law We aim to offer quality care 2805-t. Sufficient staffing to our community and ensures patients receive the providing a safe work The recommendation of attention, expertise, and environment for our team LIJFH admin team members support they need. It allows members. Factors that are for swift responses to is to remain consistent with emergencies, reduces the part of my evaluation our previously submitted include, but are not limited 2022 staffing plan. This risk of errors, and improves to quality metrics, the decision is based on review outcomes. Insufficient of unit performance and average daily census and staffing jeopardizes lives the level of acuity of our quality metrics. Our quality and compromises care patients. Over the past year indicators support that a quality. Management's our census has actually had safe environment was suggestion prioritizes costminor decreases. This is also cutting over patients. To maintained, in addition our true for the level of acuity census and acuity indicators achieve our goal, we must of our patients. Our quality demonstrate a slight recognize that adequate metrics however have decrease in average daily staffing is non-negotiable. It census and a lowered acuity is essential for optimal care maintained. We will consistently rerating. Based on these data and patient well-being. evaluate our staffing needs points we believe that our Patient safety depends on staffing plan is safe and it, and management must and responding to the ICU acuity and surges of patient acknowledge the No effective.

		,		
		director LIJ Forest Hills		for patient care and safety.
		hospital, I have the		Management's
		responsibility of reviewing		recommendation for
		the staffing plans		minimal staffing is not
		recommended by the		consistent with the
		Clinical staffing committee.		legislation NYSHCSC Law
		We aim to offer quality care		2805-t. Sufficient staffing
		to our community and		ensures patients receive the
		providing a safe work	The recommendation of	attention, expertise, and
		environment for our team	LIJFH admin team members	support they need. It allows
		members. Factors that are	is to remain consistent with	for swift responses to
		part of my evaluation	our previously submitted	emergencies, reduces the
		include, but are not limited	2022 staffing plan. This	risk of errors, and improves
		to quality metrics, the	decision is based on review	outcomes. Insufficient
		average daily census and	of unit performance and	staffing jeopardizes lives
		the level of acuity of our	quality metrics. Our quality	and compromises care
		patients. Over the past year	indicators support that a	quality. Management's
		our census has actually had	safe environment was	suggestion prioritizes cost-
		minor decreases. This is also	maintained, in addition our	cutting over patients. To
		true for the level of acuity	census and acuity indicators	achieve our goal, we must
		of our patients. Our quality	demonstrate a slight	recognize that adequate
		metrics however have	decrease in average daily	staffing is non-negotiable. It
		maintained.	census and a lowered acuity	is essential for optimal care
		We will consistently re-	rating. Based on these data	and patient well-being.
		evaluate our staffing needs	points we believe that our	Patient safety depends on
		and responding to the	staffing plan is safe and	it, and management must
6 South	No	acuity and surges of patient	effective.	acknowledge the

		,	1	
		director LIJ Forest Hills		for patient care and safety.
		hospital, I have the		Management's
		responsibility of reviewing		recommendation for
		the staffing plans		minimal staffing is not
		recommended by the		consistent with the
		Clinical staffing committee.		legislation NYSHCSC Law
		We aim to offer quality care		2805-t. Sufficient staffing
		to our community and		ensures patients receive the
		providing a safe work	The recommendation of	attention, expertise, and
		environment for our team	LIJFH admin team members	support they need. It allows
		members. Factors that are	is to remain consistent with	for swift responses to
		part of my evaluation	our previously submitted	emergencies, reduces the
		include, but are not limited	2022 staffing plan. This	risk of errors, and improves
		to quality metrics, the	decision is based on review	outcomes. Insufficient
		average daily census and	of unit performance and	staffing jeopardizes lives
		the level of acuity of our	quality metrics. Our quality	and compromises care
		patients. Over the past year	indicators support that a	quality. Management's
		our census has actually had	safe environment was	suggestion prioritizes cost-
		minor decreases. This is also	maintained, in addition our	cutting over patients. To
		true for the level of acuity	census and acuity indicators	achieve our goal, we must
		of our patients. Our quality	demonstrate a slight	recognize that adequate
		metrics however have	decrease in average daily	staffing is non-negotiable. It
		maintained.	census and a lowered acuity	is essential for optimal care
		We will consistently re-	rating. Based on these data	and patient well-being.
		evaluate our staffing needs	points we believe that our	Patient safety depends on
		and responding to the	staffing plan is safe and	it, and management must
6 North	No	acuity and surges of patient	effective.	acknowledge the

		,		0
		director LIJ Forest Hills		for patient care and safety.
		hospital, I have the		Management's
		responsibility of reviewing		recommendation for
		the staffing plans		minimal staffing is not
		recommended by the		consistent with the
		Clinical staffing committee.		legislation NYSHCSC Law
		We aim to offer quality care		2805-t. Sufficient staffing
		to our community and		ensures patients receive the
		providing a safe work	The recommendation of	attention, expertise, and
		environment for our team	LIJFH admin team members	support they need. It allows
		members. Factors that are	is to remain consistent with	for swift responses to
		part of my evaluation	our previously submitted	emergencies, reduces the
		include, but are not limited	2022 staffing plan. This	risk of errors, and improves
		to quality metrics, the	decision is based on review	outcomes. Insufficient
		average daily census and	of unit performance and	staffing jeopardizes lives
		the level of acuity of our	quality metrics. Our quality	and compromises care
		patients. Over the past year	indicators support that a	quality. Management's
		our census has actually had	safe environment was	suggestion prioritizes cost-
		minor decreases. This is also	maintained, in addition our	cutting over patients. To
		true for the level of acuity	census and acuity indicators	achieve our goal, we must
		of our patients. Our quality	demonstrate a slight	recognize that adequate
		metrics however have	decrease in average daily	staffing is non-negotiable. It
		maintained.		
		We will consistently re-	rating. Based on these data	and patient well-being.
		evaluate our staffing needs	points we believe that our	Patient safety depends on
		and responding to the	staffing plan is safe and	it, and management must
5 South	No	acuity and surges of patient	effective.	acknowledge the

		,		
		director LIJ Forest Hills		for patient care and safety.
		hospital, I have the		Management's
		responsibility of reviewing		recommendation for
		the staffing plans		minimal staffing is not
		recommended by the		consistent with the
		Clinical staffing committee.		legislation NYSHCSC Law
		We aim to offer quality care		2805-t. Sufficient staffing
		to our community and		ensures patients receive the
		providing a safe work	The recommendation of	attention, expertise, and
		environment for our team	LIJFH admin team members	support they need. It allows
		members. Factors that are	is to remain consistent with	for swift responses to
		part of my evaluation	our previously submitted	emergencies, reduces the
		include, but are not limited	2022 staffing plan. This	risk of errors, and improves
		to quality metrics, the	decision is based on review	outcomes. Insufficient
		average daily census and	of unit performance and	staffing jeopardizes lives
		the level of acuity of our	quality metrics. Our quality	and compromises care
		patients. Over the past year	indicators support that a	quality. Management's
		our census has actually had	safe environment was	suggestion prioritizes cost-
		minor decreases. This is also	maintained, in addition our	cutting over patients. To
		true for the level of acuity	census and acuity indicators	achieve our goal, we must
		of our patients. Our quality	demonstrate a slight	recognize that adequate
		metrics however have	decrease in average daily	staffing is non-negotiable. It
		maintained.	census and a lowered acuity	is essential for optimal care
		We will consistently re-	rating. Based on these data	and patient well-being.
		evaluate our staffing needs	points we believe that our	Patient safety depends on
		and responding to the	staffing plan is safe and	it, and management must
5 North	No	acuity and surges of patient	effective.	acknowledge the

		,		
		director LIJ Forest Hills		for patient care and safety.
		hospital, I have the		Management's
		responsibility of reviewing		recommendation for
		the staffing plans		minimal staffing is not
		recommended by the		consistent with the
		Clinical staffing committee.		legislation NYSHCSC Law
		We aim to offer quality care		2805-t. Sufficient staffing
		to our community and		ensures patients receive the
		providing a safe work	The recommendation of	attention, expertise, and
		environment for our team	LIJFH admin team members	support they need. It allows
		members. Factors that are	is to remain consistent with	for swift responses to
		part of my evaluation	our previously submitted	emergencies, reduces the
		include, but are not limited	2022 staffing plan. This	risk of errors, and improves
		to quality metrics, the	decision is based on review	outcomes. Insufficient
		average daily census and	of unit performance and	staffing jeopardizes lives
		the level of acuity of our	quality metrics. Our quality	and compromises care
		patients. Over the past year	indicators support that a	quality. Management's
		our census has actually had	safe environment was	suggestion prioritizes cost-
		minor decreases. This is also	maintained, in addition our	cutting over patients. To
		true for the level of acuity	census and acuity indicators	achieve our goal, we must
		of our patients. Our quality	demonstrate a slight	recognize that adequate
		metrics however have	decrease in average daily	staffing is non-negotiable. It
		maintained.	census and a lowered acuity	is essential for optimal care
		We will consistently re-	rating. Based on these data	and patient well-being.
		evaluate our staffing needs	points we believe that our	Patient safety depends on
		and responding to the	staffing plan is safe and	it, and management must
4 South	No	acuity and surges of patient	effective.	acknowledge the

		,		0
		director LIJ Forest Hills		for patient care and safety.
		hospital, I have the		Management's
		responsibility of reviewing		recommendation for
		the staffing plans		minimal staffing is not
		recommended by the		consistent with the
		Clinical staffing committee.		legislation NYSHCSC Law
		We aim to offer quality care		2805-t. Sufficient staffing
		to our community and		ensures patients receive the
		providing a safe work	The recommendation of	attention, expertise, and
		environment for our team	LIJFH admin team members	support they need. It allows
		members. Factors that are	is to remain consistent with	for swift responses to
		part of my evaluation	our previously submitted	emergencies, reduces the
		include, but are not limited	2022 staffing plan. This	risk of errors, and improves
		to quality metrics, the	decision is based on review	outcomes. Insufficient
		average daily census and	of unit performance and	staffing jeopardizes lives
		the level of acuity of our	quality metrics. Our quality	and compromises care
		patients. Over the past year	indicators support that a	quality. Management's
		our census has actually had	safe environment was	suggestion prioritizes cost-
		minor decreases. This is also	maintained, in addition our	cutting over patients. To
		true for the level of acuity	census and acuity indicators	achieve our goal, we must
		of our patients. Our quality	demonstrate a slight	recognize that adequate
		metrics however have	decrease in average daily	staffing is non-negotiable. It
		maintained.		-
		We will consistently re-	rating. Based on these data	and patient well-being.
		evaluate our staffing needs	points we believe that our	Patient safety depends on
		and responding to the	staffing plan is safe and	it, and management must
4 North	No	acuity and surges of patient	effective.	acknowledge the

RIN EVENING SHIFT STAFFING				
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	2	4.18	1.79	0.9
post surgery/procedure		4.10	1.73	0.5
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	2	0.73	4.12	2.06
procedures and/or surgery	2	0.73	7.12	2.00
Operating Room performing inpatient and outpatient surgical procedures.	2	1.9	3.67	1.86
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	3	0.75	12	4
Dedicated area where				
endoscopic procedures are performed for both				
inpatient and ambulatory		0.63		_
patients. Newborn Nursery	3	0.63 1.6	1 15	1 5
newborn nursery	5	1.0	12	5

			_	
Labor and Delivery	4	4.57	7	1.75
ED Holding - Holding unit				
for admitted ED patients				
prior to transfer to inpatient				
unit	1	0.94	8	1
Department specializing in				
emergency medicine for				
pediatric and adult patients	13	1.43	68.2	5.24
Acute dialysis unit providing				
comprehensive inpatient				
renal replacement therapy	2	3	2.32	1.16
Postpartum Unit	3	1.85	13	4.33
ICU	7	4	14	2
6 South	3	1	24	8
6 North	3	1.33	18	6
5 South	3	1	24	8
5 North	4	1.1	29	7.25
4 South	3	1	24	8
4 North	4	1.33	24	6

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	0	0

PACU - Perform post		
anesthesia care required to		
recover patients post		
procedures and/or surgery	0	0
O		
Operating Room performing		
inpatient and outpatient	0	2
surgical procedures.	0	0
Pre-Surgical Testing		
providing preparation and		
management of patients prior to scheduled surgery	0	0
Dedicated area where	U	0
endoscopic procedures are		
· ·		
performed for both inpatient and ambulatory		
'	0	0
patients.	0	0
Newborn Nursery	0	0
Labor and Delivery	0	0
ED Holding - Holding unit		
for admitted ED patients		
prior to transfer to inpatient		_
unit	0	0
Department specializing in		
emergency medicine for		_
pediatric and adult patients	0	0
Acute dialysis unit providing		
comprehensive inpatient		
renal replacement therapy	0	0
Postpartum Unit	0	0
ICU	0	0
6 South	0	0
6 North	0	0
5 South	0	0
5 North	0	0

4 South	0	0
4 North	0	0

EVENING SHIFT ANCILLARY STAFE

EVENING SHIFT ANCILLARY S	TAFF	
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)
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	0	0
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	0	0
Operating Room performing inpatient and outpatient surgical procedures.	0	0
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery Dedicated area where	0	0
endoscopic procedures are performed for both inpatient and ambulatory patients.	0	0
Newborn Nursery	0	0

Labor and Delivery	0	0
ED Holding - Holding unit		
for admitted ED patients		
prior to transfer to inpatient		
unit	2.36	12.86
Department specializing in		
emergency medicine for		
pediatric and adult patients	1.71	12.86
Acute dialysis unit providing		
comprehensive inpatient		
renal replacement therapy	0	0
Postpartum Unit	0.33	2.48
ICU	1	7.5
6 South	0.25	1.88
6 North	0.25	1.88
5 South	0.25	1.88
5 North	0.25	1.88
4 South	0.33	2.48
4 North	0.34	2.55

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	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5	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)
Provides preparation for surgery/procedures and provides phase 2 recovery		
post surgery/procedure	1	0.95

1	1.82
2	1.0
2	1.9
0	0
0	0
1	0.63
	0.03
	1.14
-	2.2.1
1	0.94
	0.0.
5	0.55
-	
0	0
2	1.23
1	0.57
3	1
3	1.33
3	1
3	0.83
	5 0 2 1 3 3 3

4 South	3	1
4 North	3	1

EVENING SHIFT ADDITIONAL RESOURCES

	RESOURCES
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	Description of additional resources available to support unit level patient care on the 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,
the hospital.	and ancillary staff.
	Unit Nurse Manager, Nurse
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	Educator, Unit Clerical Support, Rapid Response Team, Surgeons, Anesthesiologists

Operating Room performing inpatient and outpatient surgical procedures.	Unit Nurse Manager, Unit Assistant Nurse Manager, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Surgeons, Turnover Technicians, Physician Assistants, Anesthesiologists, Anesthesia Technicians
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	Unit Nurse Manager, Unit Clerical Support, Rapid Response Team
Dedicated area where endoscopic procedures are performed for both inpatient and ambulatory patients. Newborn Nursery	Unit Nurse Manager, Staff Nurse Educator, Rapid Response Team, Respiratory Therapy Team, Respiratory Therapy Support, GI Proceduralist, Anesthesiologist, Anesthesia Technician Rapid Response Team, Chaplain, Neonatologist, Clinical Pharmacist
Labor and Delivery	Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Physician Assistants, OB/GYN Physicians, Anesthesiologist, Clinical Pharmacist

ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	Nursing Director, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Chaplain, Hospitalist, Nurse Practitioners, Medical Residents, Clinical Pharmacist
Department specializing in emergency medicine for pediatric and adult patients	Unit Nurse Manager, Unit Assistant Nurse Manager, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Chaplain, Emergency Medicine Physicians, Nurse Practitioners, Medical Residents, Clinical Pharmacist
Acute dialysis unit providing comprehensive inpatient renal replacement therapy	Unit Nurse Manager, Staff Nurse Educator, 1:1 Patient Observer, Patient transport team, Telemetry technician, Rapid Response Team, Respiratory Therapy Support, Nephrologist, Medical Residents, Nurse Practitioners, Physician Assistant

Postpartum Unit	Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Physician Assistants, OB/GYN Physicians, Clinical Pharmacist
·	
ICU	Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Telemetry Technician, Cardiac Monitors, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Medical Residents , Nurse Practitioner, Intensivist, Clinical Pharmacist
100	Unit Clerical Support, 1:1
	Patient Observer, Patient
	Transport Team, Rapid
	Response Team,
	Occupational Therapist,
	Speech Therapist, Chaplain,
	Hospitalist, Nurse
	Practitioner, Clinical
6 South	Pharmacist

	Unit Clerical Support, 1:1
	Patient Observer, Patient
	transport team, Rapid
	Response Team,
	Occupational Therapist,
	Speech Therapist,
	Telemetry Technician,
	Clinical Pharmacist,
	Chaplain, Hospitalist, Nurse
	Practitioner, Physician
6 North	Assistants
	Assistant Nurse Manager,
	Unit Clerical Support, 1:1
	Patient Observer, Patient
	Transport Team, Rapid
	Response Team,
	Occupational Therapist,
	Speech Therapist, Clinical
	Pharmacist, Telemetry
	Technician, Chaplaincy,
	Hospitalist, Medical
	Residents, Nurse
5 South	Practitioner
	Unit Clerical Support, 1:1
	Patient Observer, Patient
	Transport Team, Rapid
	Response Team,
	Occupational Therapist,
	Speech Therapist, Clinical
	Pharmacist, Telemetry
	Technician, Chaplaincy,
	Hospitalist, Medical
5 North	Residents

	Assistant Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist,
	Speech Therapist, Clinical
	Pharmacist, Chaplaincy,
	Hospitalist, Nurse
4 Courth	Practitioner, Hospice
4 South	Attending
	Unit Secretary, 1:1 patient
	observer, Patient Transport
	Team, Rapid Response
	Team, Occupational
	Therapist, Speech Therapist,
	Clinical Pharmacist,
	Chaplain, Hospitalist, Nurse
4 North	Practitioner, Intensivist

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	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):
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	Yes			

PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	Yes		
Operating Room performing			
inpatient and outpatient			
surgical procedures.	Yes		
Pre-Surgical Testing			
providing preparation and			
management of patients			
prior to scheduled surgery	Yes		
Dedicated area where			
endoscopic procedures are			
performed for both			
inpatient and ambulatory			
patients.	Yes		
Newborn Nursery	Yes		
Labor and Delivery	Yes		

		director LIJ Forest Hills		
		hospital, I have the		
		responsibility of reviewing		Management's
		the staffing plans		recommendation for
		recommended by the		minimal staffing on this unit
		Clinical staffing committee.		is not consistent with the
		We aim to offer quality care		legislation NYSHCSC Law
		to our community and		2805-t. Sufficient staffing is
		providing a safe work	The recommendation of	crucial for patient care, and
		environment for our team	LIJFH admin team members	improved outcomes, and
		members. Factors that are	is to remain consistent with	ensures patients receive the
		part of my evaluation	our previously submitted	needed attention,
		include, but are not limited	2022 staffing plan. This	expertise, and support. It
		to quality metrics, the	decision is based on review	allows for swift responses
		average daily census and	of unit performance and	to emergencies and reduces
		the level of acuity of our	quality metrics. Our quality	the risk of errors.
		patients. Over the past year	indicators support that a	Insufficient staffing also
		our census has actually had	safe environment was	drives worker turnover and
		minor decreases. This is also	maintained, in addition our	exacerbates the workforce
		true for the level of acuity	census and acuity indicators	crisis. To achieve high-
		of our patients. Our quality	demonstrate a slight	quality care, adequate
		metrics however have	decrease in average daily	staffing is required in this
		maintained.	census and a lowered acuity	unit. We feel our proposal
ED Holding - Holding unit		We will consistently re-	rating. Based on these data	met the requirements of
for admitted ED patients		evaluate our staffing needs	points we believe that our	the law, improves patient
prior to transfer to inpatient		and responding to the	staffing plan is safe and	care, and enhances staff
unit	No	acuity and surges of patient	effective.	retention and recruitment.

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		director LIJ Forest Hills		
		hospital, I have the		
		responsibility of reviewing		Management's
		the staffing plans		recommendation for
		recommended by the		minimal staffing on this unit
		Clinical staffing committee.		is not consistent with the
		We aim to offer quality care		legislation NYSHCSC Law
		to our community and		2805-t. Sufficient staffing is
		providing a safe work	The recommendation of	crucial for patient care, and
		environment for our team	LIJFH admin team members	improved outcomes, and
		members. Factors that are	is to remain consistent with	ensures patients receive the
		part of my evaluation	our previously submitted	needed attention,
		include, but are not limited	2023 staffing plan. This	expertise, and support. It
		to quality metrics, the	decision is based on review	allows for swift responses
		average daily census and	of unit performance and	to emergencies and reduces
		the level of acuity of our	quality metrics. Our quality	the risk of errors.
		patients. Over the past year	indicators support that a	Insufficient staffing also
		our census has actually had	safe environment was	drives worker turnover and
		minor decreases. This is also	maintained, in addition our	exacerbates the workforce
		true for the level of acuity	census and acuity indicators	crisis. To achieve high-
		of our patients. Our quality	demonstrate a slight	quality care, adequate
		metrics however have	decrease in average daily	staffing is required in this
		maintained.	census and a lowered acuity	unit. We feel our proposal
		We will consistently re-	rating. Based on these data	met the requirements of
Department specializing in		evaluate our staffing needs	points we believe that our	the law, improves patient
emergency medicine for		and responding to the	staffing plan is safe and	care, and enhances staff
pediatric and adult patients	No	acuity and surges of patient	effective.	retention and recruitment.

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		director LIJ Forest Hills		
		hospital, I have the		
		responsibility of reviewing		Management's
		the staffing plans		recommendation for
		recommended by the		minimal staffing on this unit
		Clinical staffing committee.		is not consistent with the
		We aim to offer quality care		legislation NYSHCSC Law
		to our community and		2805-t. Sufficient staffing is
		providing a safe work	The recommendation of	crucial for patient care, and
		environment for our team	LIJFH admin team members	improved outcomes, and
		members. Factors that are	is to remain consistent with	ensures patients receive the
		part of my evaluation	our previously submitted	needed attention,
		include, but are not limited	2023 staffing plan. This	expertise, and support. It
		to quality metrics, the	decision is based on review	allows for swift responses
		average daily census and	of unit performance and	to emergencies and reduces
		the level of acuity of our	quality metrics. Our quality	the risk of errors.
		patients. Over the past year	indicators support that a	Insufficient staffing also
		our census has actually had	safe environment was	drives worker turnover and
		minor decreases. This is also	maintained, in addition our	exacerbates the workforce
		true for the level of acuity	census and acuity indicators	crisis. To achieve high-
		of our patients. Our quality	demonstrate a slight	quality care, adequate
		metrics however have	decrease in average daily	staffing is required in this
		maintained.	census and a lowered acuity	unit. We feel our proposal
		We will consistently re-	rating. Based on these data	met the requirements of
Acute dialysis unit providing		evaluate our staffing needs	points we believe that our	the law, improves patient
comprehensive inpatient		and responding to the	staffing plan is safe and	care, and enhances staff
renal replacement therapy	No	acuity and surges of patient	effective.	retention and recruitment.

	director LIJ Forest Hills		for patient care and safety.
	hospital, I have the		Management's
	responsibility of reviewing		recommendation for
	the staffing plans		minimal staffing is not
	recommended by the		consistent with the
	Clinical staffing committee.		legislation NYSHCSC Law
	We aim to offer quality care		2805-t. Sufficient staffing
	to our community and		ensures patients receive the
	providing a safe work	The recommendation of	attention, expertise, and
	environment for our team	LIJFH admin team members	support they need. It allows
	members. Factors that are	is to remain consistent with	for swift responses to
	part of my evaluation	our previously submitted	emergencies, reduces the
	include, but are not limited	l '	risk of errors, and improves
	to quality metrics, the	decision is based on review	outcomes. Insufficient
		of unit performance and	staffing jeopardizes lives
		· · · · · · · · · · · · · · · · · · ·	and compromises care
	•	' ' '	quality. Management's
	1.		suggestion prioritizes cost-
	1		cutting over patients. To
	true for the level of acuity	•	achieve our goal, we must
		·	recognize that adequate
	metrics however have	l	staffing is non-negotiable. It
	maintained.	l ,	· ·
		· · · · · · · · · · · · · · · · · · ·	and patient well-being.
		_	Patient safety depends on
		'	it, and management must
No			acknowledge the
	No	hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently reevaluate our staffing needs and responding to the	hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently reevaluate our staffing needs and responding to the

	director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work		for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the
	responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and		recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing
	the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and		minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing
	recommended by the Clinical staffing committee. We aim to offer quality care to our community and		consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing
	Clinical staffing committee. We aim to offer quality care to our community and		legislation NYSHCSC Law 2805-t. Sufficient staffing
	We aim to offer quality care to our community and		2805-t. Sufficient staffing
	We aim to offer quality care to our community and		ı
	•		ensures patients receive the
	providing a cafe work		
· ·	providing a safe work	The recommendation of	attention, expertise, and
	environment for our team	LIJFH admin team members	support they need. It allows
	members. Factors that are	is to remain consistent with	for swift responses to
	part of my evaluation	our previously submitted	emergencies, reduces the
	include, but are not limited	2022 staffing plan. This	risk of errors, and improves
	to quality metrics, the	decision is based on review	outcomes. Insufficient
	· ' '	of unit performance and	staffing jeopardizes lives
	· '	·	and compromises care
	•	' <i>'</i>	quality. Management's
	l' ' '	safe environment was	suggestion prioritizes cost-
	· ·	maintained, in addition our	cutting over patients. To
		, ·	achieve our goal, we must
	•		recognize that adequate
	· · · · · · · · · · · · · · · · · · ·	•	staffing is non-negotiable. It
	maintained.		
		'	and patient well-being.
	•	-	Patient safety depends on
		'	it, and management must
No	, ,	Ŭ.	acknowledge the
	No	members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently reevaluate our staffing needs and responding to the	members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently reevaluate our staffing needs and responding to the is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and

		,		
		director LIJ Forest Hills		for patient care and safety.
		hospital, I have the		Management's
		responsibility of reviewing		recommendation for
		the staffing plans		minimal staffing is not
		recommended by the		consistent with the
		Clinical staffing committee.		legislation NYSHCSC Law
		We aim to offer quality care		2805-t. Sufficient staffing
		to our community and		ensures patients receive the
		providing a safe work	The recommendation of	attention, expertise, and
		environment for our team	LIJFH admin team members	support they need. It allows
		members. Factors that are	is to remain consistent with	for swift responses to
		part of my evaluation	our previously submitted	emergencies, reduces the
		include, but are not limited	2022 staffing plan. This	risk of errors, and improves
		to quality metrics, the	decision is based on review	outcomes. Insufficient
		average daily census and	of unit performance and	staffing jeopardizes lives
		the level of acuity of our	quality metrics. Our quality	and compromises care
		patients. Over the past year	indicators support that a	quality. Management's
		our census has actually had	safe environment was	suggestion prioritizes cost-
		minor decreases. This is also	maintained, in addition our	cutting over patients. To
		true for the level of acuity	census and acuity indicators	achieve our goal, we must
		of our patients. Our quality	demonstrate a slight	recognize that adequate
		metrics however have	decrease in average daily	staffing is non-negotiable. It
		maintained.	census and a lowered acuity	is essential for optimal care
		We will consistently re-	rating. Based on these data	and patient well-being.
		evaluate our staffing needs	points we believe that our	Patient safety depends on
		and responding to the	staffing plan is safe and	it, and management must
6 South	No	acuity and surges of patient	effective.	acknowledge the

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		We will consistently re-	rating. Based on these data	and patient well-being.
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4 South	No	acuity and surges of patient	effective.	acknowledge the

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		of our patients. Our quality	demonstrate a slight	recognize that adequate
		metrics however have	decrease in average daily	staffing is non-negotiable. It
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		evaluate our staffing needs	points we believe that our	Patient safety depends on
		and responding to the	staffing plan is safe and	it, and management must
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RN NIGHT SHIFT STAFFING

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)
Neonatal	Newborn Nursery	3	1.6	15
Obstetrics/Gynecology	Labor and Delivery	4	4.57	7
Other	ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	1	0.94	8
Emergency Department	Department specializing in emergency medicine for pediatric and adult patients	9	2.53	26.7
Obstetrics/Gynecology	Postpartum Unit	3	1.85	13
Critical Care	ICU	7	4	14
Medical/Surgical	6 South	3	1	24
Medical/Surgical	6 North	3	1.33	18
Medical/Surgical	5 South	3	1	24
Telemetry	5 North	4	1.1	29
Medical/Surgical	4 South	3	1	24
Medical/Surgical	4 North	4	1.33	24

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)
Neonatal	5	0
Obstetrics/Gynecology	1.75	0
Other	8	0
Emergency Department	2.97	0
Obstetrics/Gynecology	4.33	0
Critical Care	2	0
Medical/Surgical	8	0
Medical/Surgical	6	0
Medical/Surgical	8	0
Telemetry	1.1	0
Medical/Surgical	8	0
Medical/Surgical	6	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)
Neonatal	0	0
Obstetrics/Gynecology	0	0
Other	0	1
Emergency Department	0	1
Obstetrics/Gynecology	0	0.33

Critical Care	0	1
Medical/Surgical	0	0.25
Medical/Surgical	0	0.25
Medical/Surgical	0	0.25
Telemetry	0	0.25
Medical/Surgical	0	0.33
Medical/Surgical	0	0.34

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 digits. Ex: 101.50)
Neonatal	0	0
Obstetrics/Gynecology	0	1
Other	7.5	1
Emergency Department	7.5	4
Obstetrics/Gynecology	2.48	2
Critical Care	7.5	1
Medical/Surgical	1.88	3
Medical/Surgical	1.88	3
Medical/Surgical	1.88	3
Telemetry	1.88	3
Medical/Surgical	2.48	3
Medical/Surgical	2.55	3

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)
Neonatal	0
Obstetrics/Gynecology	1.14
Other	0.94
Emergency Department	1.12
Obstetrics/Gynecology	1.23
Critical Care	0.57
Medical/Surgical	1
Medical/Surgical	1.33
Medical/Surgical	1
Telemetry	0.83
Medical/Surgical	1
Medical/Surgical	1

NIGHT SHIFT CONSENSUS INFORMATION

pa S	• /	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):
	Assistant Nurse Manager, Rapid Response Team, Chaplain, Neonatologist	Yes		

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Obstetrics/Gynecology	Assistant Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplain, Physician Assistants, OB/GYN Physicians, Anesthesiologist	Yes		
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			director LIJ Forest Hills	
			hospital, I have the	
			responsibility of reviewing	
			the staffing plans	
			recommended by the Clinical staffing committee.	
			We aim to offer quality care	
			to our community and	
			providing a safe work	The recommendation of
			environment for our team	LIJFH admin team members
			members. Factors that are	is to remain consistent with
			part of my evaluation	our previously submitted
			include, but are not limited	2022 staffing plan. This
			to quality metrics, the	decision is based on review
			average daily census and	of unit performance and
			the level of acuity of our	quality metrics. Our quality
			patients. Over the past year	indicators support that a
			our census has actually had	safe environment was
	Nursing Director, Nurse		minor decreases. This is also	
	Educator, Unit Clerical		true for the level of acuity	census and acuity indicators
	Support, 1:1 Patient		of our patients. Our quality	demonstrate a slight
	Observer, Patient Transport		metrics however have	decrease in average daily
	Team, Rapid Response		maintained.	census and a lowered acuity
	Team, Chaplain, Hospitalist,		We will consistently re-	rating. Based on these data
	Nurse Practitioners, Medical		evaluate our staffing needs	points we believe that our
	Residents, Clinical		and responding to the	staffing plan is safe and
Other	Pharmacist	No	acuity and surges of patient	effective.

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			to quality metrics, the	decision is based on review
			average daily census and	of unit performance and
			the level of acuity of our	quality metrics. Our quality
	Unit Nurse Manager, Unit		patients. Over the past year	indicators support that a
	Assistant Nurse Manager,		our census has actually had	safe environment was
	Nurse Educator, Unit		minor decreases. This is also	maintained, in addition our
	Clerical Support, 1:1 Patient		true for the level of acuity	census and acuity indicators
	Observer, Patient Transport		of our patients. Our quality	demonstrate a slight
	Team, Rapid Response		metrics however have	decrease in average daily
	Team, Chaplain, Emergency		maintained.	census and a lowered acuity
	Medicine Physicians, Nurse		We will consistently re-	rating. Based on these data
	Practitioners, Medical		evaluate our staffing needs	points we believe that our
	Residents, Clinical		and responding to the	staffing plan is safe and
Emergency Department	Pharmacist	No	acuity and surges of patient	effective.

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			the level of acuity of our	quality metrics. Our quality
			patients. Over the past year	indicators support that a
			our census has actually had	safe environment was
			minor decreases. This is also	maintained, in addition our
	Assistant Nurse Manager,		true for the level of acuity	census and acuity indicators
	Staff Educator, Unit Clerical		of our patients. Our quality	demonstrate a slight
	Support, 1:1 Patient		metrics however have	decrease in average daily
	Observer, Rapid Response		maintained.	census and a lowered acuity
	Team, Clinical Pharmacist,		We will consistently re-	rating. Based on these data
	Chaplain, Physician		evaluate our staffing needs	points we believe that our
	Assistants, OB/GYN		and responding to the	staffing plan is safe and
Obstetrics/Gynecology	Physicians	No	acuity and surges of patient	effective.

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			the level of acuity of our	quality metrics. Our quality
			patients. Over the past year	indicators support that a
			our census has actually had	safe environment was
	Assistant Nurse Manager,		minor decreases. This is also	maintained, in addition our
	Staff Educator, 1:1 Patient		true for the level of acuity	census and acuity indicators
	Observer, Telemetry		of our patients. Our quality	demonstrate a slight
	Technician, Cardiac		metrics however have	decrease in average daily
	Monitors, Rapid Response		maintained.	census and a lowered acuity
	Team, Clinical Pharmacist,		We will consistently re-	rating. Based on these data
	Chaplain, Medical		evaluate our staffing needs	points we believe that our
	Residents, Nurse		and responding to the	staffing plan is safe and
Critical Care	Practitioner, Intensivist	No	acuity and surges of patient	effective.

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			Clinical staffing committee.	
			We aim to offer quality care	
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			providing a safe work	The recommendation of
			environment for our team	LIJFH admin team members
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			the level of acuity of our	quality metrics. Our quality
			patients. Over the past year	indicators support that a
			our census has actually had	safe environment was
			minor decreases. This is also	maintained, in addition our
			true for the level of acuity	census and acuity indicators
			of our patients. Our quality	demonstrate a slight
	Assistant Nurse Manager,		metrics however have	decrease in average daily
	Staff Educator, 1:1 Patient		maintained.	census and a lowered acuity
	Observer, Rapid Response		We will consistently re-	rating. Based on these data
	Team, Clinical Pharmacist,		evaluate our staffing needs	points we believe that our
	Chaplain, Hospitalist, Nurse		and responding to the	staffing plan is safe and
Medical/Surgical	Practitioner	No	acuity and surges of patient	effective.

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			environment for our team	LIJFH admin team members
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			the level of acuity of our	quality metrics. Our quality
			patients. Over the past year	indicators support that a
			our census has actually had	safe environment was
	Assistant Nurse Manager,		minor decreases. This is also	maintained, in addition our
	Staff Educator, 1:1 Patient		true for the level of acuity	census and acuity indicators
	Observer, Rapid Response		of our patients. Our quality	demonstrate a slight
	Team, Telemetry		metrics however have	decrease in average daily
	Technician, Clinical		maintained.	census and a lowered acuity
	Pharmacist, Chaplain,		We will consistently re-	rating. Based on these data
	Hospitalist, Nurse		evaluate our staffing needs	points we believe that our
	Practitioner, Physician		and responding to the	staffing plan is safe and
Medical/Surgical	Assistants	No	acuity and surges of patient	effective.

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			providing a safe work	The recommendation of
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			true for the level of acuity	census and acuity indicators
	Staff Educator, 1:1 Patient		of our patients. Our quality	demonstrate a slight
	Observer, Rapid Response		metrics however have	decrease in average daily
	Team, Clinical Pharmacist,		maintained.	census and a lowered acuity
	Telemetry Technician,		We will consistently re-	rating. Based on these data
	Chaplaincy, Hospitalist,		evaluate our staffing needs	points we believe that our
	Medical Residents, Nurse		and responding to the	staffing plan is safe and
Medical/Surgical	Practitioner	No	acuity and surges of patient	effective.

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			true for the level of acuity	census and acuity indicators
	Assistant Nurse Manager,		of our patients. Our quality	demonstrate a slight
	Staff Educator, 1:1 Patient		metrics however have	decrease in average daily
	Observer, Rapid Response		maintained.	census and a lowered acuity
	Team, Clinical Pharmacist,		We will consistently re-	rating. Based on these data
	Telemetry Technician,		evaluate our staffing needs	points we believe that our
	Chaplaincy, Hospitalist,		and responding to the	staffing plan is safe and
Telemetry	Medical Residents	No	acuity and surges of patient	effective.

	 		,	
			director LIJ Forest Hills	
			hospital, I have the	
			responsibility of reviewing	
			the staffing plans	
			recommended by the	
			Clinical staffing committee.	
			We aim to offer quality care	
			to our community and	
			providing a safe work	The recommendation of
			environment for our team	LIJFH admin team members
			members. Factors that are	is to remain consistent with
			part of my evaluation	our previously submitted
			include, but are not limited	2022 staffing plan. This
			to quality metrics, the	decision is based on review
			average daily census and	of unit performance and
			the level of acuity of our	quality metrics. Our quality
			patients. Over the past year	indicators support that a
			our census has actually had	safe environment was
			minor decreases. This is also	maintained, in addition our
			true for the level of acuity	census and acuity indicators
			of our patients. Our quality	demonstrate a slight
	1:1 Patient Observer, Rapid		metrics however have	decrease in average daily
	Response Team, Clinical		maintained.	census and a lowered acuity
	Pharmacist, Chaplaincy,		We will consistently re-	rating. Based on these data
	Hospitalist, Nurse		evaluate our staffing needs	points we believe that our
	Practitioner, Hospice		and responding to the	staffing plan is safe and
Medical/Surgical	Attending	No	acuity and surges of patient	effective.

	T		,	
			director LIJ Forest Hills	
			hospital, I have the	
			responsibility of reviewing	
			the staffing plans	
			recommended by the	
			Clinical staffing committee.	
			We aim to offer quality care	
			to our community and	
			providing a safe work	The recommendation of
			environment for our team	LIJFH admin team members
			members. Factors that are	is to remain consistent with
			part of my evaluation	our previously submitted
			include, but are not limited	2022 staffing plan. This
			to quality metrics, the	decision is based on review
			average daily census and	of unit performance and
			the level of acuity of our	quality metrics. Our quality
			patients. Over the past year	indicators support that a
			our census has actually had	safe environment was
			minor decreases. This is also	maintained, in addition our
			true for the level of acuity	census and acuity indicators
			of our patients. Our quality	demonstrate a slight
	Assistant Nurse Manager,		metrics however have	decrease in average daily
	Staff Educator, 1:1 Patient		maintained.	census and a lowered acuity
	Observer, Rapid Response		We will consistently re-	rating. Based on these data
	Team, Clinical Pharmacist,		evaluate our staffing needs	points we believe that our
	Chaplain, Hospitalist, Nurse		and responding to the	staffing plan is safe and
Medical/Surgical	Practitioner, Intensivist	No	acuity and surges of patient	effective.

