HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
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County	Queens
Council	New York City
Network	MOUNT SINAI HEALTH SYSTEM
Reporting Organization	Mount Sinai Hospital - Mount Sinai Hospital of Queens
Reporting Organization Id	1639
Reporting Organization Type	Hospital (pfi)
Data Entity	Mount Sinai Hospital - Mount Sinai Hospital of Queens

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) ?
Operating Room & rooms	14.56	7 77	15	1
Operating Room - 6 rooms Cardiac Catheterization /EP	14.56	7.77	15	1
procedures	5	15	4	1
Thrombectomy Certified	3	13	4	1
Unit	1.06	4	2	1
Oncology & Therapeutic	1.00	4		1
Infusion services	4.66	1.66	21	1
Pretesting procedures	1.66	0.65	19	1
Endoscopy procedures	4.8	7.2	5	1
ICU Intensive Care Unit	3	4	6	2
4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem				
Pool	3.06	4.08	6	2
IMCU Telemetry	4	2.66	12	3
4 EAST Medical Surgical Unit 3 WEST Medical Surgical	7	1.27	44	6
Unit	5	1.29	31	7
3 EAST Medical Surgical Unit	4	1.18	27	7
2 EAST Medical/Surgical Unit	3	1.33	18	7

LPN DAY SHIFT STAFFING		
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Operating Room - 6 rooms	0	0
Cardiac Catheterization /EP		
procedures	0	0
Thrombectomy Certified		
Unit	0	0
Oncology & Therapeutic		
Infusion services	0	0
Pretesting procedures	0	0
Endoscopy procedures	0	0
ICU Intensive Care Unit	0	0
4-bedded Dialysis Unit;		
Staffed with 5FTE RNs, 2FTE		
Techs and RN Per-Diem		
Pool	0	0
IMCU Telemetry	0	0
4 EAST Medical Surgical Unit	0	0
3 WEST Medical Surgical	_	_
Unit	0	0
3 EAST Medical Surgical		
Unit	0	0
2 EAST Medical/Surgical		
Unit	0	0

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Operating Room - 6 rooms	0	0
Cardiac Catheterization /EP procedures	0	0
Thrombectomy Certified Unit	0	0
Oncology & Therapeutic Infusion services	0	0
Pretesting procedures	0	0
Endoscopy procedures	0	0
ICU Intensive Care Unit	0	0
4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem		
Pool	0	0
IMCU Telemetry	0	0
4 EAST Medical Surgical Unit	0	0
3 WEST Medical Surgical Unit	0	0
3 EAST Medical Surgical Unit	0	0
2 EAST Medical/Surgical Unit	0	0

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Operating Room - 6 rooms	9.25	4.93
Cardiac Catheterization /EP		_
procedures	3.2	6
Thrombectomy Certified		
Unit	1.46	5.5
Oncology & Therapeutic	_	
Infusion services	5	1.78
Pretesting procedures	1.66	0.65
Endoscopy procedures	2.73	4.1
ICU Intensive Care Unit	1	1.33
4-bedded Dialysis Unit;		
Staffed with 5FTE RNs, 2FTE		
Techs and RN Per-Diem	4.05	4.44
Pool	1.06	1.41
IMCU Telemetry	2	1.33
4 EAST Medical Surgical Unit	6	1.09
3 WEST Medical Surgical		
Unit	5	1.29
3 EAST Medical Surgical		
Unit	4	1.18
2 EAST Medical/Surgical Unit	3	1.33
Unit	3	1.33

	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
Provide a description of	staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
	Unit Clerk support and Per
Operating Room - 6 rooms	Diems
Cardiac Catheterization /EP	
procedures	Per Diem RNs
Thrombectomy Certified	
Unit	Registrar support
Oncology & Therapeutic	
Infusion services	Registrar support
	Registrar and Medical
Pretesting procedures	Secretary support
Endoscopy procedures	Registrar support
	Unit Secretary, Break Nurse
	without an assignment.
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
ICII Intoneti e Cere II di	support the unit on a
ICU Intensive Care Unit	regular basis

4-bedded Dialysis Unit;	
Staffed with 5FTE RNs, 2FTE	
Techs and RN Per-Diem	Additional resources Per
Pool	Diem Pool of RN's
	Unit Secretary, there are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
IMCU Telemetry	regular basis
	Unit clerk , there are other
	members of the ancillary
	team that are not easily
	attributed to definitive work-
	hours whom support the
4 EAST Medical Surgical Unit	unit on a regular basis
	Unit Secretary, there are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
3 WEST Medical Surgical	support the unit on a
Unit	regular basis
	Unit Secretary, there are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
3 EAST Medical Surgical	support the unit on a
Unit	regular basis
	Unit Secretary, there are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
2 EAST Medical/Surgical	support the unit on a
Unit	regular basis
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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):
		8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards	8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance	adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being.
Operating Room - 6 rooms	No	and alignment of fiscal responsibility.	with the mission of the organization.	Patient safety depends on it, and management must

				adequate staffing is crucial
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces the
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improves
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cost-
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we must
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable. It
		staffing law, national	operational demands of	is essential for optimal care
		nursing practice standards	each unit in accordance	and patient well-being.
Cardiac Catheterization /EP		and alignment of fiscal	with the mission of the	Patient safety depends on
procedures	No	responsibility.	organization.	it, and management must

				adequate staffing is crucial
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces the
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improves
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cost-
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we must
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable. It
		staffing law, national	operational demands of	is essential for optimal care
		nursing practice standards	each unit in accordance	and patient well-being.
Thrombectomy Certified		and alignment of fiscal	with the mission of the	Patient safety depends on
Unit	No	responsibility.	organization.	it, and management must

1				
				adequate staffing is crucial
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces the
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improves
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cost-
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we must
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable. It
		staffing law, national	operational demands of	is essential for optimal care
		nursing practice standards	each unit in accordance	and patient well-being.
Oncology & Therapeutic		and alignment of fiscal	with the mission of the	Patient safety depends on
Infusion services	No	responsibility.	organization.	it, and management must

				adequate staffing is crucia
				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 t
				attention, expertise, and
				support they need. It allow
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces th
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improv
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cos
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we mus
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable.
		staffing law, national	operational demands of	is essential for optimal ca
		nursing practice standards	each unit in accordance	and patient well-being.
		and alignment of fiscal	with the mission of the	Patient safety depends o
Pretesting procedures	No	responsibility.	organization.	it, and management mus

	in addressing current clinical acuity, workflow and unique	plans which constitute safe	and compromises care quality. Management's
	experiences of hospital/nursing leadership	Nursing/Hospital Management submitted	outcomes. Insufficient staffing jeopardizes lives
	Submitted staffing plans reflect knowledge, skills and	8.10.23 Hospital Admin:	emergencies, reduces the risk of errors, and improves
	8.10.23 CEO/Exec Director:		attention, expertise, and support they need. It allow for swift responses to
			legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive th
			recommendation for minimal staffing is not consistent with the
			adequate staffing is crud for patient care and safe Management's

				adequate staffing is crucial
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
		8.10.23 CEO: Submitted		for swift responses to
		staffing plans reflect		emergencies, reduces the
		knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improves
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cost-
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we must
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable. It
4-bedded Dialysis Unit;		staffing law, national	operational demands of	is essential for optimal care
Staffed with 5FTE RNs, 2FTE		nursing practice standards	each unit in accordance	and patient well-being.
Techs and RN Per-Diem		and alignment of fiscal	with the mission of the	Patient safety depends on
Pool	No	responsibility.	organization.	it, and management must

				(Workforce) voted for staff
				resulting in new, additional
				allocations of staff to the
				patient assignment.
				7/1/2023 Adequate staffing
				is crucial for patient care
				and safety. Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
		Submitted staffing plans		ensures patients receive th
		reflect knowledge, skills and		attention, expertise, and
		experiences of	Nursing/Hospital	support they need. It allow
		hospital/nursing leadership	Management have	for swift responses to
		in addressing current clinical	submitted plans which	emergencies, reduces the
		acuity, workflow and unique	constitute safe staffing and	risk of errors, and improve
		needs of the patient	address all elements of the	outcomes. Insufficient
		population served. These	staffing law under	staffing jeopardizes lives
		staffing plans are in	consideration and meets	and compromises care
		accordance with elements	the clinical and emotional	quality. Management's
		for consideration in the	needs of our patients and	suggestion prioritizes cost
		staffing law, national	families, operational	cutting over patients. To
		nursing practice standards	demands of each unit in	achieve our goal, we must
		and alignment of fiscal	accordance with the	recognize that adequate
IMCU Telemetry	No	responsibility.	mission of the organization.	staffing is non-negotiable. I

				(Workforce) voted for staff
				resulting in new, additional
				allocations of staff to the
				patient assignment.
				7/1/2023 Adequate staffing
				is crucial for patient care
				and safety. Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
		Submitted staffing plans		ensures patients receive the
		reflect knowledge, skills and		attention, expertise, and
		experiences of	Nursing/Hospital	support they need. It allows
		hospital/nursing leadership	Management have	for swift responses to
		in addressing current clinical	submitted plans which	emergencies, reduces the
		acuity, workflow and unique	constitute safe staffing and	risk of errors, and improve
		needs of the patient	address all elements of the	outcomes. Insufficient
		population served. These	staffing law under	staffing jeopardizes lives
		staffing plans are in	consideration and meets	and compromises care
		accordance with elements	the clinical and emotional	quality. Management's
		for consideration in the	needs of our patients and	suggestion prioritizes cost-
		staffing law, national	families, operational	cutting over patients. To
		nursing practice standards	demands of each unit in	achieve our goal, we must
		and alignment of fiscal	accordance with the	recognize that adequate
EAST Medical Surgical Unit	No	responsibility.	mission of the organization.	staffing is non-negotiable. If

				(Workforce) voted for staff
				resulting in new, additional
				allocations of staff to the
				patient assignment.
				7/1/2023 Adequate staffing
				is crucial for patient care
				and safety. Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
		Code weight and a traffic and a large		2805-t. Sufficient staffing
		Submitted staffing plans		ensures patients receive th
		reflect knowledge, skills and		attention, expertise, and
		experiences of	Nursing/Hospital	support they need. It allow
		hospital/nursing leadership	_	for swift responses to
		in addressing current clinical	•	emergencies, reduces the
		acuity, workflow and unique	_	risk of errors, and improve
		needs of the patient	address all elements of the	outcomes. Insufficient
		population served. These	staffing law under	staffing jeopardizes lives
		staffing plans are in	consideration and meets	and compromises care
		accordance with elements	the clinical and emotional	quality. Management's
		for consideration in the	needs of our patients and	suggestion prioritizes cost-
		staffing law, national	families, operational	cutting over patients. To
		nursing practice standards	demands of each unit in	achieve our goal, we must
3 WEST Medical Surgical		and alignment of fiscal	accordance with the	recognize that adequate
Unit	No	responsibility.	mission of the organization.	staffing is non-negotiable. I

				, , -
				(Workforce) voted for staff
				resulting in new, additional
				allocations of staff to the
				patient assignment.
				7/1/2023 Adequate staffing
				is crucial for patient care
				and safety. Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
		Submitted staffing plans		ensures patients receive the
		reflect knowledge, skills and		attention, expertise, and
		experiences of	Nursing/Hospital	support they need. It allows
		hospital/nursing leadership	Management have	for swift responses to
		in addressing current clinical	submitted plans which	emergencies, reduces the
		acuity, workflow and unique	constitute safe staffing and	risk of errors, and improves
		needs of the patient	address all elements of the	outcomes. Insufficient
		population served. These	staffing law under	staffing jeopardizes lives
		staffing plans are in	consideration and meets	and compromises care
		accordance with elements	the clinical and emotional	quality. Management's
		for consideration in the	needs of our patients and	suggestion prioritizes cost-
		staffing law, national	families, operational	cutting over patients. To
		nursing practice standards	demands of each unit in	achieve our goal, we must
3 EAST Medical Surgical		and alignment of fiscal	accordance with the	recognize that adequate
Unit	No	responsibility.	mission of the organization.	staffing is non-negotiable. It

				(Workforce) voted for staff
				resulting in new, additional
				allocations of staff to the
				patient assignment.
				7/1/2023 Adequate staffing
				is crucial for patient care
				and safety. Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
		Submitted staffing plans		2805-t. Sufficient staffing
		reflect knowledge, skills and		ensures patients receive th
		experiences of	Nursing/Hospital	attention, expertise, and
		hospital/nursing leadership	Management have	support they need. It allow
		in addressing current clinical	submitted plans which	for swift responses to
		acuity, workflow and unique	constitute safe staffing and	emergencies, reduces the
		needs of the patient	address all elements of the	risk of errors, and improve
		population served. These	staffing law under	outcomes. Insufficient
		staffing plans are in	consideration and meets	staffing jeopardizes lives
		accordance with elements	the clinical and emotional	and compromises care
		for consideration in the	needs of our patients and	quality. Management's
		staffing law, national	families, operational	suggestion prioritizes cost
		nursing practice standards	demands of each unit in	cutting over patients. To
2 EAST Medical/Surgical		and alignment of fiscal	accordance with the	achieve our goal, we must
Unit	No	responsibility.	mission of the organization.	recognize that adequate

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)?
Operating Room - 6 Rooms	6.43	5.72	9	1
Cardiac Catheterization / EP			_	
procedures	3.33	20	2	1
Thrombectomy Certified		_		
Unit	0.26	2	1	1
Oncology & Therapeutic		4.66		_
Infusion services	2	1.66	9	1
Pretesting procedures	0.46	0.58	6	1
Endoscopy procedures	0.73	1.1	5	1
4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem				
Pool	5	5.63	4	2
ICU Intensive Care Unit	3	4	6	2
IMCU Telemetry	4	2.66	12	3
4 EAST Medical Surgical Unit 3 WEST Medical Surgical	7	1.27	44	6
Unit	5	1.29	31	7
3 EAST Medical Surgical Unit	4	1.18	27	7
2 East Medical Surgical Unit	3	1.33	18	7

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)
Operating Room - 6 Rooms	0	0
Cardiac Catheterization / EP		
procedures	0	0
Thrombectomy Certified		
Unit	0	0
Oncology & Therapeutic		
Infusion services	0	0
Pretesting procedures	0	0
Endoscopy procedures	0	0
4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem		
Pool	0	0
ICU Intensive Care Unit	0	0
IMCU Telemetry	0	0
4 EAST Medical Surgical Unit	0	0
3 WEST Medical Surgical		
Unit	0	0
3 EAST Medical Surgical Unit	0	0
2 East Medical Surgical Unit	0	0

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Operating Room - 6 Rooms	0	0
Cardiac Catheterization / EP procedures	0	0
Thrombectomy Certified Unit	0	0
Oncology & Therapeutic Infusion services	0	0
Pretesting procedures	0	0
Endoscopy procedures	0	0
4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem		
Pool	0	0
ICU Intensive Care Unit	0	0
IMCU Telemetry	0	0
4 EAST Medical Surgical Unit	0	0
3 WEST Medical Surgical Unit	0	0
3 EAST Medical Surgical Unit	0	0
2 East Medical Surgical Unit	0	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Operating Room - 6 Rooms	7.87	7
Cardiac Catheterization / EP		
procedures	1.33	5
Thrombectomy Certified		
Unit	0.66	5
Oncology & Therapeutic		
Infusion services	1.4	1.16
Pretesting procedures	0.46	0.58
Endoscopy procedures	0.46	0.7
4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem		
Pool	1.75	3.5
ICU Intensive Care Unit	1	1.33
IMCU Telemetry	2	1.33
4 EAST Medical Surgical Unit	6	1.09
3 WEST Medical Surgical Unit	5	1.29
3 EAST Medical Surgical Unit	4	1.18
2 East Medical Surgical Unit	3	1.33

EVENING SHIFT ADDITIONAL RESOURCES

	Description of additional
	resources available to
	support unit level
	patient care on the
	Evening Shift. These
	resources include but are
	not limited to unit
Provide a description of	clerical staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
•	Unit clerk and per diem
Operating Room - 6 Rooms	support
Cardiac Catheterization / EP	
procedures	Per Diem RNs
Thrombectomy Certified	
Unit	Registrar support
Oncology & Therapeutic	
Infusion services	Dogistror support
illiusion services	Registrar support
	Registrar and Medical
Pretesting procedures	Registrar and Medical Secretary support
Pretesting procedures Endoscopy procedures	Registrar and Medical
Pretesting procedures Endoscopy procedures 4-bedded Dialysis Unit;	Registrar and Medical Secretary support
Pretesting procedures Endoscopy procedures	Registrar and Medical Secretary support
Pretesting procedures Endoscopy procedures 4-bedded Dialysis Unit;	Registrar and Medical Secretary support

	Unit Sacrotary Proak Nursa
	Unit Secretary, Break Nurse without an assignment
	There are other members of
	the ancillary team that are
	not easily attributed to
	definitive work-hours whom
	support the unit on a
ICU Intensive Care Unit	regular basis
	unit Secretary, There are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
IMCU Telemetry	regular basis
	Unit Secretary, There are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
4 EAST Medical Surgical Unit	regular basis
	Unit Secretary, there are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
3 WEST Medical Surgical	support the unit on a
Unit	regular basis
	Unit Secretary, There are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
3 EAST Medical Surgical	support the unit on a
Unit	regular basis

	Unit Secretary, there are
	other members of the
	ancillary team that are not
	easily attributed to
	definitive work-hours whom
	support the unit on a
2 East Medical Surgical Unit	regular basis

EVENING 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):

				adequate staffing is crucial
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive th
				attention, expertise, and
				support they need. It allow
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces the
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improve
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cost
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we mus
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable.
		staffing law, national	operational demands of	is essential for optimal care
		nursing practice standards	each unit in accordance	and patient well-being.
		and alignment of fiscal	with the mission of the	Patient safety depends on
Operating Room - 6 Rooms	No	responsibility.	organization.	it, and management must

				adequate staffing is crucial
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces the
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improves
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cost-
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we must
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable. It
		staffing law, national	operational demands of	is essential for optimal care
		nursing practice standards	each unit in accordance	and patient well-being.
Cardiac Catheterization / EP		and alignment of fiscal	with the mission of the	Patient safety depends on
procedures	No	responsibility.	organization.	it, and management must

				adequate staffing is crucial
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces the
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improves
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cost-
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we must
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable. It
		staffing law, national	operational demands of	is essential for optimal care
		nursing practice standards	each unit in accordance	and patient well-being.
Thrombectomy Certified		and alignment of fiscal	with the mission of the	Patient safety depends on
Unit	No	responsibility.	organization.	it, and management must

1				
				adequate staffing is crucial
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces the
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improves
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cost-
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we must
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable. It
		staffing law, national	operational demands of	is essential for optimal care
		nursing practice standards	each unit in accordance	and patient well-being.
Oncology & Therapeutic		and alignment of fiscal	with the mission of the	Patient safety depends on
Infusion services	No	responsibility.	organization.	it, and management must

				adequate staffing is crucia
				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 t
				attention, expertise, and
				support they need. It allow
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces th
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improv
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cos
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we mus
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable.
		staffing law, national	operational demands of	is essential for optimal ca
		nursing practice standards	each unit in accordance	and patient well-being.
		and alignment of fiscal	with the mission of the	Patient safety depends o
Pretesting procedures	No	responsibility.	organization.	it, and management mus

				adequate staffing is crucia
				for patient care and safety
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allow
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces th
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improv
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cos
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we mus
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable.
		staffing law, national	operational demands of	is essential for optimal ca
		nursing practice standards	each unit in accordance	and patient well-being.
		and alignment of fiscal	with the mission of the	Patient safety depends o
Endoscopy procedures	No	responsibility.	organization.	it, and management mus

				adequate staffing is crucial
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
		8.10.23 CEO/Exec Director:		for swift responses to
		Submitted staffing plans		emergencies, reduces the
		reflect knowledge, skills and	8.10.23 Hospital Admin:	risk of errors, and improves
		experiences of	Nursing/Hospital	outcomes. Insufficient
		hospital/nursing leadership	Management submitted	staffing jeopardizes lives
		in addressing current clinical	plans which constitute safe	and compromises care
		acuity, workflow and unique	staffing and address all	quality. Management's
		needs of the patient	elements of the staffing law	suggestion prioritizes cost-
		population served. These	under consideration and	cutting over patients. To
		staffing plans are in	meets the clinical and	achieve our goal, we must
		accordance with elements	emotional needs of our	recognize that adequate
		for consideration in the	patients and families,	staffing is non-negotiable. It
4-bedded Dialysis Unit;		staffing law, national	operational demands of	is essential for optimal care
Staffed with 5FTE RNs, 2FTE		nursing practice standards	each unit in accordance	and patient well-being.
Techs and RN Per-Diem		and alignment of fiscal	with the mission of the	Patient safety depends on
Pool	No	responsibility.	organization.	it, and management must
ICU Intensive Care Unit	Yes			

				(Workforce) voted for staff
				resulting in new, additiona
				allocations of staff to the
				patient assignment.
				7/1/2023 Adequate staffin
				is crucial for patient care
				and safety. Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
		Submitted staffing plans		ensures patients receive th
		reflect knowledge, skills and		attention, expertise, and
		experiences of	Nursing/Hospital	support they need. It allow
		hospital/nursing leadership	Management have	for swift responses to
		in addressing current clinical	submitted plans which	emergencies, reduces the
		acuity, workflow and unique	constitute safe staffing and	risk of errors, and improve
		needs of the patient	address all elements of the	outcomes. Insufficient
		population served. These	staffing law under	staffing jeopardizes lives
		staffing plans are in	consideration and meets	and compromises care
		accordance with elements	the clinical and emotional	quality. Management's
		for consideration in the	needs of our patients and	suggestion prioritizes cost
		staffing law, national	families, operational	cutting over patients. To
		nursing practice standards	demands of each unit in	achieve our goal, we must
		and alignment of fiscal	accordance with the	recognize that adequate
IMCU Telemetry	No	responsibility.	mission of the organization.	staffing is non-negotiable.

				(Workforce) voted for staff
				resulting in new, additional
				allocations of staff to the
				patient assignment.
				7/1/2023 Adequate staffing
				is crucial for patient care
				and safety. Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
		Submitted staffing plans		ensures patients receive the
		reflect knowledge, skills and		attention, expertise, and
		experiences of	Nursing/Hospital	support they need. It allows
		hospital/nursing leadership	Management have	for swift responses to
		in addressing current clinical	submitted plans which	emergencies, reduces the
		acuity, workflow and unique	constitute safe staffing and	risk of errors, and improve
		needs of the patient	address all elements of the	outcomes. Insufficient
		population served. These	staffing law under	staffing jeopardizes lives
		staffing plans are in	consideration and meets	and compromises care
		accordance with elements	the clinical and emotional	quality. Management's
		for consideration in the	needs of our patients and	suggestion prioritizes cost-
		staffing law, national	families, operational	cutting over patients. To
		nursing practice standards	demands of each unit in	achieve our goal, we must
		and alignment of fiscal	accordance with the	recognize that adequate
EAST Medical Surgical Unit	No	responsibility.	mission of the organization.	staffing is non-negotiable. If

				(Workforce) voted for staff
				resulting in new, additional
				allocations of staff to the
				patient assignment.
				7/1/2023 Adequate staffing
				is crucial for patient care
				and safety. Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
		Submitted staffing plans		ensures patients receive th
		reflect knowledge, skills and		attention, expertise, and
		experiences of	Nursing/Hospital	support they need. It allow
		hospital/nursing leadership	l .	for swift responses to
		in addressing current clinical	_	emergencies, reduces the
		_	· ·	
		acuity, workflow and unique	address all elements of the	risk of errors, and improved outcomes. Insufficient
		needs of the patient		
		population served. These	staffing law under	staffing jeopardizes lives
		staffing plans are in	consideration and meets	and compromises care
		accordance with elements	the clinical and emotional	quality. Management's
		for consideration in the	needs of our patients and	suggestion prioritizes cost-
		staffing law, national	families, operational	cutting over patients. To
2 MECT Market Control		nursing practice standards	demands of each unit in	achieve our goal, we must
3 WEST Medical Surgical	NI.	and alignment of fiscal	accordance with the	recognize that adequate
Unit	No	responsibility.	mission of the organization.	staffing is non-negotiable. I

				(Workforce) voted for staff
				resulting in new, additional
				allocations of staff to the
				patient assignment.
				7/1/2023 Adequate staffing
				is crucial for patient care
				and safety. Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
		Submitted staffing plans		ensures patients receive th
		reflect knowledge, skills and		attention, expertise, and
		experiences of	Nursing/Hospital	support they need. It allow
		hospital/nursing leadership	Management have	for swift responses to
		in addressing current clinical	submitted plans which	emergencies, reduces the
		acuity, workflow and unique	constitute safe staffing and	risk of errors, and improve
		needs of the patient	address all elements of the	outcomes. Insufficient
		population served. These	staffing law under	staffing jeopardizes lives
		staffing plans are in	consideration and meets	and compromises care
		accordance with elements	the clinical and emotional	quality. Management's
		for consideration in the	needs of our patients and	suggestion prioritizes cost
		staffing law, national	families, operational	cutting over patients. To
		nursing practice standards	demands of each unit in	achieve our goal, we must
3 EAST Medical Surgical		and alignment of fiscal	accordance with the	recognize that adequate
Unit	No	responsibility.	mission of the organization.	staffing is non-negotiable. I

				(Workforce) voted for staff
				resulting in new, additional
				allocations of staff to the
				patient assignment.
				7/1/2023 Adequate staffing
				is crucial for patient care
				and safety. Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
		Submitted staffing plans		ensures patients receive the
		reflect knowledge, skills and		attention, expertise, and
		experiences of	Nursing/Hospital	support they need. It allows
		hospital/nursing leadership	Management have	for swift responses to
		in addressing current clinical	submitted plans which	emergencies, reduces the
		acuity, workflow and unique	constitute safe staffing and	risk of errors, and improve
		needs of the patient	address all elements of the	outcomes. Insufficient
		population served. These	staffing law under	staffing jeopardizes lives
		staffing plans are in	consideration and meets	and compromises care
		accordance with elements	the clinical and emotional	quality. Management's
		for consideration in the	needs of our patients and	suggestion prioritizes cost-
		staffing law, national	families, operational	cutting over patients. To
		nursing practice standards	demands of each unit in	achieve our goal, we must
		and alignment of fiscal	accordance with the	recognize that adequate
P East Medical Surgical Unit	No	responsibility.	mission of the organization.	staffing is non-negotiable. It

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)
Other	Operating Room - 6 Rooms	1.25	10	1
Endoscopy	Endoscopy procedures	0.06	0	0
Ξσσσσργ	4-bedded Dialysis Unit;	0.00	•	
	Staffed with 5FTE RNs, 2FTE			
	Techs and RN Per-Diem			
Dialysis - Acute	Pool	2.31	18.5	1
Intensive Care	ICU Intensive Care Unit	3	4	6
Stepdown	IMCU Telemetry	4	2.66	12
Medical/Surgical	4 EAST Medical Surgical Unit	7	1.27	44
Medical/Surgical	3 WEST Medical Surgical Unit	5	1.29	31
Medical/Surgical	3 EAST Medical Surgical Unit	4	1.18	27
Medical/Surgical	2 EAST Medical Surgical Unit	3	1.33	18

LPN NIGHT SHIFT STAFFING

	What is the planned	
	average number of	Planned average number
	patients for which one	of Licensed Practical
	RN on the unit will	Nurses (LPN) on the unit
	provide direct patient	providing direct patient
	care per day on the Night	care per day on the Night
	Shift (Please provide a	Shift? (Please provide a
	number with up to 5	number with up to 5
Name of Clinical Unit:	digits. Ex: 101.50)?	digits. Ex: 101.50)

Other	1	0
Endoscopy	1	0
Dialysis - Acute	2	0
Intensive Care	2	0
Stepdown	3	0
Medical/Surgical	6	0
Medical/Surgical	7	0
Medical/Surgical	7	0
Medical/Surgical	7	0

NIGHT SHIFT ANCILLARY STAFF

Name of Clinical Unit:	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	0
Endoscopy	0	0
Dialysis - Acute	0	0
Intensive Care	0	0
Stepdown	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 digits. Ex: 101.50)
Other	0	0
Endoscopy	0	0
Dialysis - Acute	0	0.18
Intensive Care	0	1
Stepdown	0	2
Medical/Surgical	0	6
Medical/Surgical	0	5
Medical/Surgical	0	4
Medical/Surgical	0	3

NIGHT SHIFT ADDITIONAL RESOURCES

	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
Name of Clinical Unit:	up to 5 digits. Ex: 101.50)
Other	0
Endoscopy	0
Endoscopy Dialysis - Acute	0 1.5
	Ů.
Dialysis - Acute	1.5
Dialysis - Acute Intensive Care	1.5 1.33
Dialysis - Acute Intensive Care Stepdown	1.5 1.33 1.33
Dialysis - Acute Intensive Care Stepdown Medical/Surgical	1.5 1.33 1.33 1.09

NIGHT SHIFT CONSENSUS INFORMATION

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

			8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards	Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance
	Unit clerk and per diem		and alignment of fiscal	with the mission of the
Other	support	No	responsibility.	organization.

			8.10.23 CEO/Exec Director: Submitted staffing plans	
			reflect knowledge, skills and experiences of	8.10.23 Hospital Admin: Nursing/Hospital
			hospital/nursing leadership in addressing current clinical acuity, workflow and unique	Management submitted plans which constitute safe staffing and address all
			needs of the patient population served. These	elements of the staffing law under consideration and
			staffing plans are in accordance with elements	meets the clinical and emotional needs of our
			for consideration in the staffing law, national	patients and families, operational demands of
			nursing practice standards and alignment of fiscal	each unit in accordance with the mission of the
Endoscopy	Registrar support	No	responsibility.	organization.

Dialysis - Acute	Additional resources Per Diem Pool of RN's		8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.
	assignment. There are other members of the ancillary team that are not easily attributed to definitive work-			
Intensive Care	hours whom support the unit on a regular basis	Yes		

			Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical	Nursing/Hospital Management have submitted plans which
			reflect knowledge, skills and	
			hospital/nursing leadership	Management have
			acuity, workflow and unique needs of the patient	constitute safe staffing and address all elements of the
			population served. These	staffing law under
	None during the night shift.		staffing plans are in	consideration and meets
	There are other members of		accordance with elements	the clinical and emotional
	the ancillary team that are		for consideration in the	needs of our patients and
	not easily attributed to		staffing law, national	families, operational
	definitive work-hours whom		nursing practice standards	demands of each unit in
	support the unit on a		and alignment of fiscal	accordance with the
Stepdown	regular basis	No	responsibility.	mission of the organization.

			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
			hospital/nursing leadership	Management have
			in addressing current clinical	submitted plans which
			acuity, workflow and unique	constitute safe staffing and
			needs of the patient	address all elements of the
			population served. These	staffing law under
	None during the night shift.		staffing plans are in	consideration and meets
	There are other members of		accordance with elements	the clinical and emotional
	the ancillary team that are		for consideration in the	needs of our patients and
	not easily attributed to		staffing law, national	families, operational
	definitive work-hours whom		nursing practice standards	demands of each unit in
	support the unit on a		and alignment of fiscal	accordance with the
Medical/Surgical	regular basis	No	responsibility.	mission of the organization.

			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
			hospital/nursing leadership	Management have
			in addressing current clinical	submitted plans which
			acuity, workflow and unique	constitute safe staffing and
			needs of the patient	address all elements of the
			population served. These	staffing law under
	None during the night shift.		staffing plans are in	consideration and meets
	There are other members of		accordance with elements	the clinical and emotional
	the ancillary team that are		for consideration in the	needs of our patients and
	not easily attributed to		staffing law, national	families, operational
	definitive work-hours whom		nursing practice standards	demands of each unit in
	support the unit on a		and alignment of fiscal	accordance with the
Medical/Surgical	regular basis	No	responsibility.	mission of the organization.

			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
			hospital/nursing leadership	Management have
			in addressing current clinical	
			acuity, workflow and unique	constitute safe staffing and address all elements of the
			needs of the patient population served. These	staffing law under
	None on night shift. There		staffing plans are in	consideration and meets
	are other members of the		accordance with elements	the clinical and emotional
	ancillary team that are not		for consideration in the	needs of our patients and
	easily attributed to		staffing law, national	families, operational
	definitive work-hours whom		nursing practice standards	demands of each unit in
	support the unit on a		and alignment of fiscal	accordance with the
Medical/Surgical	regular basis	No	responsibility.	mission of the organization.

			Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the
	None during night shift. There are other members of the ancillary team that are		population served. These staffing plans are in accordance with elements for consideration in the	staffing law under consideration and meets the clinical and emotional needs of our patients and
	not easily attributed to definitive work-hours whom support the unit on a		staffing law, national nursing practice standards and alignment of fiscal	families, operational demands of each unit in accordance with the
Medical/Surgical	regular basis	No	responsibility.	mission of the organization.

