Region	Metropolitan Area Regional Office
County	New York
County	
Council	New York City
Network	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
Reporting Organization	New York Presbyterian Hospital - Allen Hospital
Reporting Organization Id	3975
Reporting Organization Type	Hospital (pfi)
Data Entity	New York Presbyterian Hospital - Allen Hospital

RN DAY SHIFT STAFFING

	Planned average number of Registered Nurses	Planned total hours of		What is the planned
Provide a description of Clinical Unit, including a	(RN) on the unit providing direct patient care per day on the Day	RN nursing care per	Planned average number of patients on the unit per day on the Day Shift?	average number of patients for which one RN on the unit will
description of typical	Shift? (Please provide a	adjustment for case mix	(Please provide a	provide direct patient
patient services provided	number with up to 5	and acuity on the Day	number with up to 5	care per day on the Day
on the unit and the	digits. Ex: 101.50)	Shift (Please provide a	digits. Ex: 101.50)	Shift (Please provide a
unit's location in		number with up to 5		number with up to 5
the hospital.		digits. Ex: 101.50)		digits. Ex: 101.50) ?
609337 Pre/Post Anesthesia		5	11	2
609382 ENDO	3	8	9	11
609430 OR	7	8	11	1
606904 NI-8 Orthopedics	1.5	8	5.5	1
606504 (60-6694, 60-6516,				
60-6871) Comprehensive				
Health	2.5	8	44.26	1
606520/664832 Family				
Planning	1.5	8	44.98	1
606786 Washington Heights				
Family Health	5	8	85.16	1
606906 VC 10 Specialties	1.5	8	33.9	1
606791 Rangel Practice	3.5	8	17.91	1
606902 Ophthalmology	1.5	8	44.3	1
606587 Farrell Family				
Medicine	3.5	8	46.27	1
606839 Dermatology	1.5	8	23.78	1
606785 Broadway Practice	7.5	8	81.36	1
606911 Peds OB-GYN	9	8	99.99	1
606877 AIM/AIM East	9.5	8	99.99	1
609400 Allen Cardiac Diagnostic Center	1	8	0.87	1
Diagnostic Center	1	õ	0.87	1

609338 EMERGENCY				
DEPARTMENT	11.5	2.51	34.42	6
609336 AL-1-RW-LABOR-				
DELV	10	11.51	6.52	0.65
609416 2RW				
SURGICAL/ORTHO/SPINE	6	2	22.14	3.69
609335 NURSERY NICU	2	4	3.35	1.68
609342 ICU	5	4	9.71	1.94
609341 2RE ICU STEPDOWN	7	3	20.85	2.98
609333 1RW/3W/NURSERY				
PST & ANTEPARTUM	5	1	26.85	5.37
609345 2FE MED SURG	8	2	28.49	3.56
609346 2FW GERIATRICS				
MED SURG	8	2	29.24	3.66

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)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
606904 NI-8 Orthopedics	0	0
606504 (60-6694, 60-6516,		
60-6871) Comprehensive		
Health	0	0

606520/664832 Family		
Planning	0	0
606786 Washington Heights		
Family Health	0	0
606906 VC 10 Specialties	0	0
606791 Rangel Practice	0	0
606902 Ophthalmology	0	0
606587 Farrell Family		
Medicine	0	0
606839 Dermatology	0	0
606785 Broadway Practice	0	0
606911 Peds OB-GYN	0	0
606877 AIM/AIM East	0	0
609400 Allen Cardiac		
Diagnostic Center	0	0
609338 EMERGENCY		
DEPARTMENT	0	0
609336 AL-1-RW-LABOR-		
DELV	0	0
609416 2RW		
SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY		
PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS		
MED SURG	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
606904 NI-8 Orthopedics	7	0
606504 (60-6694, 60-6516,		
60-6871) Comprehensive		
Health	7	0
606520/664832 Family		
Planning	7	0
606786 Washington Heights		
Family Health	7	0
606906 VC 10 Specialties	7	0
606791 Rangel Practice	7	0
606902 Ophthalmology	7	0
606587 Farrell Family		
Medicine	7	0
606839 Dermatology	15	0
606785 Broadway Practice	15	0
606911 Peds OB-GYN	17	0
606877 AIM/AIM East	0	0
609400 Allen Cardiac		
Diagnostic Center	0	0
609338 EMERGENCY		
	0	0
609336 AL-1-RW-LABOR-	0	
DELV	0	0

609416 2RW		
SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY		
PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS		
MED SURG	0	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
609337 Pre/Post Anesthesia	1	1
609382 ENDO	4	11
609430 OR	10	13
606904 NI-8 Orthopedics	1.5	2.05
606504 (60-6694, 60-6516, 60-6871) Comprehensive		0.76
Health	4.5	0.76
606520/664832 Family	0.5	4.50
Planning	9.5	1.58
606786 Washington Heights Family Health	10.5	0.92
606906 VC 10 Specialties	2.5	0.55

606791 Rangel Practice	6	2.51
606902 Ophthalmology	4.5	0.76
606587 Farrell Family		
Medicine	7.5	1.22
606839 Dermatology	0	0
606785 Broadway Practice	13	1.2
606911 Peds OB-GYN	13	0.79
606877 AIM/AIM East	13	0.7
609400 Allen Cardiac		
Diagnostic Center	2	15
609338 EMERGENCY		
DEPARTMENT	2	0.44
609336 AL-1-RW-LABOR-		
DELV	1	1.15
609416 2RW		
SURGICAL/ORTHO/SPINE	3	1
609335 NURSERY NICU	0	0
609342 ICU	1	1
609341 2RE ICU STEPDOWN	2	1
609333 1RW/3W/NURSERY		
PST & ANTEPARTUM	2	1
609345 2FE MED SURG	3	1
609346 2FW GERIATRICS		
MED SURG	3	1

DAY SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.
609337 Pre/Post Anesthesia	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, physical therapy and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
609382 ENDO	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, biomed, supply chain, IT. Each shift has a Charge RN supporting the team as well. "

609430 OR	"Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
606904 NI-8 Orthopedics	and transport team.

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606504 (60-6694, 60-6516,	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
	-
60-6871) Comprehensive	EKG techs, unit assistants,
Health	and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational
	therapy aides, wound/ostomy care team.
	wound/ostomy care team,
	wound/ostomy care team, respiratory therapists,
	wound/ostomy care team,
	wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy
606520/664832 Family	wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,

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	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
606786 Washington Heights	EKG techs, unit assistants,
Family Health	and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing
	services include physical therapy aides, occupational
	therapy aides, wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
606906 VC 10 Specialties	and transport team.

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	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
606791 Rangel Practice	and transport team.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
606902 Ophthalmology	and transport team.

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	This unit has available to it nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
606587 Farrell Family	EKG techs, unit assistants,
Medicine	and transport team.
	Additional resources include
	4 University-employed
606839 Dermatology	support staff.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
606785 Broadway Bractica	EKG techs, unit assistants,
606785 Broadway Practice	and transport team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
	EKG techs, unit assistants,
606911 Peds OB-GYN	and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical
	therapy aides, occupational therapy aides,
	wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
606877 AIM/AIM East	and transport team.
609400 Allen Cardiac	No addiitonal resources
Diagnostic Center	required.

	This unit has available to it nurse and support staff
	float pools to supplement
	unit staffing. Other support personnel that aid nursing
	services include physical
	therapy aides, occupational therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
609338 EMERGENCY	EKG techs, unit assistants,
DEPARTMENT	and transport team.
	This unit has available to it
	nurse and support staff
	float pools to supplement unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
	lactation consultants,
609336 AL-1-RW-LABOR-	perinatal safety nurse, and
DELV	transport team.

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609416 2RW	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
SURGICAL/ORTHO/SPINE	and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides,
	wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,
	care managers, IV team, EKG techs, unit assistants,
	lactation consultants, and

609342 ICU	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
005542100	
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
609341 2RE ICU STEPDOWN	and transport team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
	lactation consultants,
600222 1 D/M/2/M//NILIDSEDV	
609333 1RW/3W/NURSERY PST & ANTEPARTUM	perinatal safety nurse, and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
	EKG techs, unit assistants,
	and transport team.

	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
609346 2FW GERIATRICS	EKG techs, unit assistants,
MED SURG	and transport team.

DAY 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):
609337 Pre/Post Anesthesia	Yes			
609382 ENDO	Yes			
609430 OR	Yes			

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		Presbyterian Allen Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		
		submitted to the Clinical		
		Staffing Committee on each	The Hospital believes that	Employee members of the
		of these in-patient nursing	adopted staffing and	clinical staffing committee
		units. While the Clinical	support are appropriate	submitted their position in a
		Staffing Committee did not	based upon unit census and	staffing guideline format;
		reach consensus on a plan	acuity. Consensus was	the Hospital did not receive
		for the Hospital, the	reached for the Nursing	anything additional from
		discussions we had with our	staff. Comittee unable to	the employee members of
		non-management partners	reach consensus for the	the Clinical Staffing
606904 NI-8 Orthopedics	No	were insightful and	Ancillary staff.	Commitee.
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	Presbyterian Allen Hospital		
	° °		
	encompasses in-patient		
	nursing care units at the		
	Hospital. Over the last year		
	Hospital management has		
	worked collaboratively with		
	the non-management		
	members of the Clinical		
	Staffing Committee		
	discussing with them the		
	working conditions, staffing,		
	physical environment,		
	available resources, census,		
	acuity, and feedback		
	submitted to the Clinical		
	Staffing Committee on each		Employee members of the
	of these in-patient nursing		clinical staffing committee
	units. While the Clinical		submitted their position in a
	Staffing Committee did not		staffing guideline format;
	•	The Hospital believes that	the Hospital did not receive
		•	anything additional from
	discussions we had with our		the employee members of
	non-management partners		the Clinical Staffing
No	e 1		Commitee.
	Νο	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners

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		Presbyterian Allen Hospital ("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		
		submitted to the Clinical		
		Staffing Committee on each	The Hospital believes that	Employee members of the
		of these in-patient nursing	adopted staffing and	clinical staffing committee
		units. While the Clinical	support are appropriate	submitted their position in a
		Staffing Committee did not	based upon unit census and	staffing guideline format;
		reach consensus on a plan	acuity. Consensus was	the Hospital did not receive
		for the Hospital, the	reached for the Nursing	anything additional from
		discussions we had with our	staff. Comittee unable to	the employee members of
606786 Washington Heights		non-management partners	reach consensus for the	the Clinical Staffing
Family Health	No	were insightful and	Ancillary staff.	Commitee.

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

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		Presbyterian Allen Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		
		submitted to the Clinical		
		Staffing Committee on each	The Hospital believes that	Employee members of the
		of these in-patient nursing	adopted staffing and	clinical staffing committee
		units. While the Clinical	support are appropriate	submitted their position in a
		Staffing Committee did not	based upon unit census and	staffing guideline format;
		reach consensus on a plan	acuity. Consensus was	the Hospital did not receive
		for the Hospital, the	reached for the Nursing	anything additional from
		discussions we had with our	staff. Comittee unable to	the employee members of
		non-management partners	reach consensus for the	the Clinical Staffing
606902 Ophthalmology	No	were insightful and	Ancillary staff.	Commitee.

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

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

		Presbyterian Allen Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		
		submitted to the Clinical		
		Staffing Committee on each	The Hospital believes that	Employee members of the
		of these in-patient nursing	adopted staffing and	clinical staffing committee
		units. While the Clinical	support are appropriate	submitted their position in a
		Staffing Committee did not	based upon unit census and	staffing guideline format;
		reach consensus on a plan	acuity. Consensus was	the Hospital did not receive
		for the Hospital, the	reached for the Nursing	anything additional from
		discussions we had with our	staff. Comittee unable to	the employee members of
		non-management partners	reach consensus for the	the Clinical Staffing
606785 Broadway Practice	No	were insightful and	Ancillary staff.	Commitee.

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		Presbyterian Allen Hospital ("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		
		submitted to the Clinical		
		Staffing Committee on each	The Hospital believes that	Employee members of the
		of these in-patient nursing	adopted staffing and	clinical staffing committee
		units. While the Clinical	support are appropriate	submitted their position in a
		Staffing Committee did not	based upon unit census and	staffing guideline format;
		reach consensus on a plan	acuity. Consensus was	the Hospital did not receive
		for the Hospital, the	reached for the Nursing	anything additional from
		discussions we had with our	staff. Comittee unable to	the employee members of
		non-management partners	reach consensus for the	the Clinical Staffing
606911 Peds OB-GYN	No	were insightful and	Ancillary staff.	Commitee.

members of the
ffing committee
heir position in a
ideline format;
l did not receive
additional from
ee members of
nical Staffing
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tal did not receive
ative proposal or
nent from the
e members of the
affing committee.
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		Presbyterian Allen Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient	Management and non-	
		nursing care units at the	management staffing	
		Hospital. Over the last year	committee members were	
		Hospital management has	unable to reach consensus	
		worked collaboratively with	on this unit's staffing plan.	
		the non-management	The Hospital believes the	
		members of the Clinical	adopted guidelines, which	
		Staffing Committee	include the staffing levels	
		discussing with them the	stated in the collective	
		working conditions, staffing,	bargaining agreement	
		physical environment,	between NYSNA and the	
		available resources, census,	Hospital dated 1/1/23, are	
		acuity, and feedback	safe and appropriate. Other	
		submitted to the Clinical	support personnel that aid	
		Staffing Committee on each	nursing services include	Employee members of the
		of these in-patient nursing	physical therapy aides,	clinical staffing committee
		units. While the Clinical	wound/ostomy care team,	submitted their position in a
		Staffing Committee did not	respiratory therapists,	staffing guideline format;
		reach consensus on a plan	phlebotomists, pharmacy	the Hospital did not receive
		for the Hospital, the	technicians, security, social	anything additional from
		discussions we had with our	workers, care managers, IV	the employee members of
609338 EMERGENCY		non-management partners	team, EKG techs and	the Clinical Staffing
DEPARTMENT	No	were insightful and	transport team.	Commitee.

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		Presbyterian Allen Hospital	reached consensus on Unit	EMTALA:1:1 (initial
		("Hospital"), I submit the	Clerk staffing. While the	encounter) 1:2 (NST, stable,
		Hospital's Clinical Staffing	parties have reached a	until disposition)
		Plan. This Staffing Plan	consensus on the number	TRIAGE: 1:1 (laboring) 1:2-3
		encompasses in-patient	of unlicensed ancillary	(stable, non-laboring, NST)
		nursing care units at the	personnel to staff the night	LABOR: 1:2 (Stage 1)
		Hospital. Over the last year	shift, the Hospital does not	1:1(Stage2 up to 2 hrs post
		Hospital management has	agree that all such	delivery)
		worked collaboratively with	personnel must be Nursing	
		the non-management	Attendants and maintains	Immediate
		members of the Clinical	that utilizing unlicensed	Preop/Intraop/PostOp: 1:1
		Staffing Committee	ancillary personnel	up to 2 hours does. ot
		discussing with them the	(including but not limited to	include neonate
		working conditions, staffing,	Nursing Attendants)	PACU:1:2 (C-section, stable)
		physical environment,	adequately meets patient	1:1 (vaginal/C-sections
		available resources, census,	needs. The Hospital	unstable)
		acuity, and feedback	disagreed with and did not	Neonate: 1:1 for each
		submitted to the Clinical	adopt the non-management	neonate during 2 HOL until
		Staffing Committee on each	committee members'	stable
		of these in-patient nursing	proposal for remaining	
		units. While the Clinical	staffing levels. The Hospital	Scrub Tech and PCT Ratios
		Staffing Committee did not	believes the adopted	Scrub Tech 1:1 per
		reach consensus on a plan	guidelines, which include	Operating room (additional
		for the Hospital, the	the staffing levels stated in	Scrub Tech for some cases)
		discussions we had with our	the collective bargaining	PCT 1:8
609336 AL-1-RW-LABOR-		non-management partners	agreement between NYSNA	
DELV	No	were insightful and	and the Hospital dated	Additional Patient Care

		Presbyterian Allen Hospital	reached consensus on Unit	
		("Hospital"), I submit the	Clerk staffing for the day	
		Hospital's Clinical Staffing	and evening shifts. The	
		Plan. This Staffing Plan	Hospital disagreed with the	
		encompasses in-patient	non-management	
		nursing care units at the	committee members'	
		Hospital. Over the last year	proposal for remaining	"RN Ratios
		Hospital management has	staffing levels. The Hospital	1:3 Spine
		worked collaboratively with	believes the adopted	1:4 Telemetry, Ortho, Med-
		the non-management	guidelines, which include	Surg
		members of the Clinical	the staffing levels stated in	
		Staffing Committee	the collective bargaining	PCA Ratios
		discussing with them the	agreement between NYSNA	1:6
		working conditions, staffing,	and the Hospital dated	
		physical environment,	1/1/23, are safe and	Additional Patient Care
		available resources, census,	appropriate. Further, while	Information:
		acuity, and feedback	the non-management	Charge RN shall not be a
		submitted to the Clinical	members of the clinical	part of the ratios
		Staffing Committee on each	staffing committee maintain	Complete Care; 28 beds are
		of these in-patient nursing	that the Hospital must	Telemetry-capable
		units. While the Clinical	utilize Nursing Attendants	Ortho General Surgery, High
		Staffing Committee did not	solely, the Hospital	Pain Mgmt.
		reach consensus on a plan	maintains that utilizing	Spine RNs trained
		for the Hospital, the	unlicensed ancillary	specifically for this unit's
		discussions we had with our	personnel (including but not	patient population
609416 2RW		non-management partners	limited to Nursing	Primarily Spine unit, but will
SURGICAL/ORTHO/SPINE	No	were insightful and	Attendants) adequately	receive post-op surgery"

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		Presbyterian Allen Hospital	reached consensus for RN	
		("Hospital"), I submit the	staffing at census points 1	
		Hospital's Clinical Staffing	and 2. The Hospital	
		Plan. This Staffing Plan	disagreed with the non-	
		encompasses in-patient	management committee	
		nursing care units at the	members' proposal for	"RN Ratios
		Hospital. Over the last year	remaining staffing levels.	1:2 Level 3
		Hospital management has	The Hospital believes the	
		worked collaboratively with	adopted guidelines, which	PCA Tech Ratios
		the non-management	include the staffing levels	1:06
		members of the Clinical	stated in the collective	
		Staffing Committee	bargaining agreement	Additional Patient Care
		discussing with them the	between NYSNA and the	Information:
		working conditions, staffing,	Hospital dated 1/1/23, are	Charge RN shall not be
		physical environment,	safe and appropriate.	included in the ratio
		available resources, census,	Further, while the non-	Level 3 - less than 32 week
		acuity, and feedback	management members of	gestation, less than 1500
		submitted to the Clinical	the clinical staffing	grams
		Staffing Committee on each	committee maintain that	Level 2 Care
		of these in-patient nursing	the Hospital must utilize	Isolation RN shall not be
		units. While the Clinical	Nursing Attendants solely,	assigned outside isolation
		Staffing Committee did not	the Hospital maintains that	Neonatal abstinence
		reach consensus on a plan	utilizing unlicensed ancillary	syndrome
		for the Hospital, the	personnel (including but not	UAC and UAV lines, blood
		discussions we had with our	limited to Nursing	transfusions, CPAP
		non-management partners	Attendants) adequately	Any census above 6 -
609335 NURSERY NICU	No	were insightful and	meets patient needs. The	patients transferred"

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		Presbyterian Allen Hospital	reached consensus for Unit	
		("Hospital"), I submit the	Clerk staffing on the day	
		Hospital's Clinical Staffing	and evening shifts. While	
		Plan. This Staffing Plan	the parties have reached a	
		encompasses in-patient	consensus on the number	
		nursing care units at the	of unlicensed ancillary	
		Hospital. Over the last year	personnel to staff the day	
		Hospital management has	and evening shift at census	
		worked collaboratively with	points 5 and 6, the Hospital	
		the non-management	does not agree that all such	
		members of the Clinical	personnel must be Nursing	
		Staffing Committee	Attendants and maintains	
		discussing with them the	that utilizing unlicensed	
		working conditions, staffing,	ancillary personnel	"RN Ratios
		physical environment,	(including but not limited to	1:1 Post-Arrest
		available resources, census,	Nursing Attendants)	1:2 ICU
		acuity, and feedback	adequately meets patient	
		submitted to the Clinical	needs. The Hospital	PCA Ratios
		Staffing Committee on each	disagreed with and did not	1:6
		of these in-patient nursing	adopt the non-management	
		units. While the Clinical	committee members'	Additional Patient Care
		Staffing Committee did not	proposal for remaining	Information:
		reach consensus on a plan	staffing levels. The Hospital	Charge RN shall not be
		for the Hospital, the	believes the adopted	included in the ratio
		discussions we had with our	guidelines, which include	Medicine, Ortho, Spine
		non-management partners	the staffing levels stated in	CRRT or any other esclation
609342 ICU	No	were insightful and	the collective bargaining	sent to Milstein ICUs"

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		Presbyterian Allen Hospital	management staffing	
		("Hospital"), I submit the	committee members were	
		Hospital's Clinical Staffing	unable to reach consensus	
		Plan. This Staffing Plan	on this unit's staffing plan.	
		encompasses in-patient	The Hospital believes the	
		nursing care units at the	adopted guidelines, which	
		Hospital. Over the last year	include the staffing levels	
		Hospital management has	stated in the collective	
		worked collaboratively with	bargaining agreement	
		the non-management	between NYSNA and the	
		members of the Clinical	Hospital dated 1/1/23, are	
		Staffing Committee	safe and appropriate.	
		discussing with them the	Further, while the non-	
		working conditions, staffing,	management members of	
		physical environment,	the clinical staffing	
		available resources, census,	committee maintain that	
		acuity, and feedback	the Hospital must utilize	"RN Ratios
		submitted to the Clinical	Nursing Attendants solely,	1:3
		Staffing Committee on each	the Hospital maintains that	
		of these in-patient nursing	utilizing unlicensed ancillary	Additional Patient Care
		units. While the Clinical	personnel (including but not	Information:
		Staffing Committee did not	limited to Nursing	Charge RN shall not be a
		reach consensus on a plan	Attendants) adequately	part of the ratios
		for the Hospital, the	meets patient needs. The	1:1s should not be included
		discussions we had with our	Hospital believes that for	in PCT ratio
		non-management partners	overnight shifts, there is	8 Vent Capable Rooms
609341 2RE ICU STEPDOWN	No	were insightful and	cross-coverage of units	П

		Presbyterian Allen Hospital	Committee reached	1:1 Newborn care; COVID,
		("Hospital"), I submit the	consensus on RN staffing	Pre/Postop, Pain
		Hospital's Clinical Staffing	and Unit Clerk staffing on	management
		Plan. This Staffing Plan	the day shift. The Hospital	1:3 Newborn; Post Level II,
		encompasses in-patient	disagreed with and did not	Continuing care
		nursing care units at the	adopt the non-management	1:3 Dyad care (1 RN: 3
		Hospital. Over the last year	committee members'	mothers/3 newborns),
		Hospital management has	proposal for remaining	uncomplicated, routine
		worked collaboratively with	staffing levels. The Hospital	care, stable
		the non-management	believes the adopted	
		members of the Clinical	guidelines, which include	PCA Ratios
		Staffing Committee	the staffing levels stated in	1:8
		discussing with them the	the collective bargaining	Day shift: 1 in Well Baby
		working conditions, staffing,	agreement between NYSNA	Nursery
		physical environment,	and the Hospital dated	
		available resources, census,	1/1/23, are safe and	Additional Patient Care
		acuity, and feedback	appropriate. Further, while	Information:
		submitted to the Clinical	the non-management	Charge RN shall not be a
		Staffing Committee on each	members of the clinical	part of the ratios
		of these in-patient nursing	staffing committee maintain	Postpartum/Postoperative:
		units. While the Clinical	that the Hospital must	Vaginal delivery, C-section,
		Staffing Committee did not	utilize Nursing Attendants	BTL
		reach consensus on a plan	solely, the Hospital	Discharge Planning: Dyad
		for the Hospital, the	maintains that utilizing	Complex Cases:
		discussions we had with our	unlicensed ancillary	Chorioamnionitis, PPH/QBL
609333 1RW/3W/NURSERY		non-management partners	personnel (including but not	Disorders of Pregnancy:
PST & ANTEPARTUM	No	were insightful and	limited to Nursing	Diabetes, Hypertension

		Presbyterian Allen Hospital	Committee reached	
		("Hospital"), I submit the	consensus on RN staffing.	
		Hospital's Clinical Staffing	The Hospital disagreed with	
		Plan. This Staffing Plan	and did not adopt the non-	
		encompasses in-patient	management committee	
		nursing care units at the	members' proposal for	
		Hospital. Over the last year	remaining staffing levels.	
		Hospital management has	The Hospital believes the	
		worked collaboratively with	adopted guidelines, which	
		the non-management	include the staffing levels	
		members of the Clinical	stated in the collective	
		Staffing Committee	bargaining agreement	
		discussing with them the	between NYSNA and the	
		working conditions, staffing,	Hospital dated 1/1/23, are	
		physical environment,	safe and appropriate.	"RN Ratios
		available resources, census,	Further, while the non-	1:4
		acuity, and feedback	management members of	
		submitted to the Clinical	the clinical staffing	Additional Patient Care
		Staffing Committee on each	committee maintain that	Information:
		of these in-patient nursing	the Hospital must utilize	Charge RN shall not be a
		units. While the Clinical	Nursing Attendants solely,	part of the ratios
		Staffing Committee did not	the Hospital maintains that	1:1s should not be included
		reach consensus on a plan	utilizing unlicensed ancillary	in PCT Ratio
		for the Hospital, the	personnel (including but not	1:1s (alcohol withdrawl,
		discussions we had with our	limited to Nursing	suicide watch)
		non-management partners	Attendants) adequately	Bed Max: 31
609345 2FE MED SURG	No	were insightful and	meets patient needs. For	4 Vent Capable Beds"

		Presbyterian Allen Hospital	Committee reached	
		("Hospital"), I submit the	consensus on RN staffing for	
		Hospital's Clinical Staffing	census points 22 through	
		Plan. This Staffing Plan	33. The Hospital disagreed	
		encompasses in-patient	with and did not adopt the	
		nursing care units at the	non-management	
		Hospital. Over the last year	committee members'	
		Hospital management has	proposal for remaining	
		worked collaboratively with	staffing levels. The Hospital	
		the non-management	believes the adopted	
		members of the Clinical	guidelines, which include	
		Staffing Committee	the staffing levels stated in	
		discussing with them the	the collective bargaining	
		working conditions, staffing,	agreement between NYSNA	
		physical environment,	and the Hospital dated	
		available resources, census,	1/1/23, are safe and	
		acuity, and feedback	appropriate. Further, while	
		submitted to the Clinical	the non-management	
		Staffing Committee on each	members of the clinical	"RN Ratios
		of these in-patient nursing	staffing committee maintain	1:4
		units. While the Clinical	that the Hospital must	
		Staffing Committee did not	utilize Nursing Attendants	Additional Patient Care
		reach consensus on a plan	solely, the Hospital	Information:
		for the Hospital, the	maintains that utilizing	Charge RN shall not be part
		discussions we had with our	unlicensed ancillary	of the ratio
609346 2FW GERIATRICS		non-management partners	personnel (including but not	1:1s should not be included
MED SURG	No	were insightful and	limited to Nursing	in PCT ratio"

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)?
609337 Pre/Post Anesthesia	4	6	5	2
609382 ENDO	3	8	3	1
609430 OR	3	8	4	1
606904 NI-8 Orthopedics	0.38	8	1.57	1
606504 (60-6694, 60-6516, 60-6871)Comprehensive Health	1	8	22.13	1
606520/664832 Family				_
Planning	0.75	8	25.7	1
606786 Washington Heights				_
Family Health	2.19	8	42.58	1
606906 VC 10 Specialties	0.38	8	9.68	1
606791 Rangel Practice	0.88	8	5.12	1
606902 Opthalmology	0.38	8	12.66	1
606587 Farrell Family				
Medicine	1.97	8	29.75	1
606839 Dermatology	0.84	8	17.12	1
606785 Broadway Practice 606911 Peds/Gyn	3.28 2.25	8	43.81 37.82	<u>1</u> 1
606877 AIM/AIM East	4.75	8	79.26	1
609400 Allen Cardiac Diagnostic Center	0.19	8	0.27	1
Diagnostic Center	0.15	0	0.27	±

609338 EMERGENCY				
DEPARTMENT	15	2.51	44.77	6
609336 AL-1-RW-LABOR-				
DELV	10	11.51	6.52	0.65
609416 2RW				
SURGICAL/ORTHO/SPINE	6	2	22.14	3.69
609335 NURSERY NICU	2	4	3.35	1.68
609342 ICU	5	4	9.71	1.94
609341 2RE ICU STEPDOWN	7	3	20.85	2.98
609333 1RW/3W/NURSERY				
PST & ANTEPARTUM	5	1	26.85	5.37
609345 2FE MED SURG	8	2	28.49	3.56
609346 2FW GERIATRICS				
MED SURG	8	2	29.24	3.66

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)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
606904 NI-8 Orthopedics	0	0
606504 (60-6694, 60-6516, 60-6871)Comprehensive	0	0
Health	0	0
606520/664832 Family Planning	0	0

COC796 Washington Haights		
606786 Washington Heights		
Family Health	0	0
606906 VC 10 Specialties	0	0
606791 Rangel Practice	0	0
606902 Opthalmology	0	0
606587 Farrell Family		
Medicine	0	0
606839 Dermatology	0	0
606785 Broadway Practice	0	0
606911 Peds/Gyn	0	0
606877 AIM/AIM East	0	0
609400 Allen Cardiac		
Diagnostic Center	0	0
609338 EMERGENCY		
DEPARTMENT	0	0
609336 AL-1-RW-LABOR-		
DELV	0	0
609416 2RW		
SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY		
PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS		
MED SURG	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
606904 NI-8 Orthopedics	0	0
606504 (60-6694, 60-6516, 60-6871)Comprehensive Health	0	0
606520/664832 Family		
Planning	0	0
606786 Washington Heights Family Health	0	0
606906 VC 10 Specialties	0	0
606791 Rangel Practice	0	0
606902 Opthalmology	0	0
606587 Farrell Family Medicine	0	0
606839 Dermatology	0	0
606785 Broadway Practice	0	0
606911 Peds/Gyn	0	0
606877 AIM/AIM East	0	0
609400 Allen Cardiac		
Diagnostic Center	0	0
609338 EMERGENCY		
	0	0
609336 AL-1-RW-LABOR- DELV	0	0

609416 2RW		
SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY		
PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS		
MED SURG	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)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	4	11
609430 OR	7	19
606904 NI-8 Orthopedics	0.28	1.34
606504 (60-6694, 60-6516, 60-6871)Comprehensive Health	0.84	0.28
606520/664832 Family Planning	4.75	1.39
606786 Washington Heights Family Health	4.59	0.81
606906 VC 10 Specialties	0.47	0.36
606791 Rangel Practice	1.13	1.66

606902 Opthalmology	0.84	0.5
606587 Farrell Family		
Medicine	4.22	1.06
606839 Dermatology	0	0
606785 Broadway Practice	5.69	0.97
606911 Peds/Gyn	2.44	0.48
606877 AIM/AIM East	6.5	0.62
609400 Allen Cardiac		
Diagnostic Center	0.38	15
609338 EMERGENCY		
DEPARTMENT	2	0.34
609336 AL-1-RW-LABOR-		
DELV	1	1.15
609416 2RW		
SURGICAL/ORTHO/SPINE	3	1
609335 NURSERY NICU	0	0
609342 ICU	1	1
609341 2RE ICU STEPDOWN	2	1
609333 1RW/3W/NURSERY		
PST & ANTEPARTUM	1	1
609345 2FE MED SURG	3	1
609346 2FW GERIATRICS		
MED SURG	3	1

EVENING SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.
the hospital.	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, physical therapy and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "
609382 ENDO	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, biomed, supply chain, IT. Each shift has a Charge RN supporting the team as well. "

609430 OR	"Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
606904 NI-8 Orthopedics	and transport team.

606504 (60-6694, 60-6516,	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
60-6871)Comprehensive	EKG techs, unit assistants,
Health	and transport team.
	This unit has available to it
	nurse and support staff
	nurse and support staff float pools to supplement
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy
606520/664832 Family	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,

r	
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
606786 Washington Heights	EKG techs, unit assistants,
Family Health	and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing
	services include physical therapy aides, occupational
	therapy aides, wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
606906 VC 10 Specialties	and transport team.

	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
606791 Rangel Practice	and transport team.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
EDEDDO Onthelmeler	EKG techs, unit assistants,
606902 Opthalmology	and transport team.

	1 1
	This unit has available to it nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
606587 Farrell Family	EKG techs, unit assistants,
Medicine	and transport team.
	Additional resources include
	4 University-employed
606839 Dermatology	support staff.
	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
606785 Broadway Bractica	EKG techs, unit assistants,
606785 Broadway Practice	and transport team.

606911 Peds/Gyn	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.	
606877 AIM/AIM Fast	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.	
606877 AIM/AIM East	and transport team.	
609400 Allen Cardiac Diagnostic Center	No addiitonal resources required.	
	i cquircu.	

	This unit has available to it nurse and support staff
	float pools to supplement
	unit staffing. Other support personnel that aid nursing
	services include physical
	therapy aides, occupational therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
609338 EMERGENCY	EKG techs, unit assistants,
DEPARTMENT	and transport team.
	This unit has available to it
	nurse and support staff
	float pools to supplement unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
	EKG techs, unit assistants,
	lactation consultants,
609336 AL-1-RW-LABOR-	perinatal safety nurse, and
DELV	transport team.

	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy technicians, social workers,
	care managers, IV team,
609416 2RW	EKG techs, unit assistants,
SURGICAL/ORTHO/SPINE	and transport team.
	· · ·
	This unit has available to it
	nurse and support staff
	float pools to supplement
	float pools to supplement unit staffing. Other support
	float pools to supplement unit staffing. Other support personnel that aid nursing
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
	float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,

609342 ICU	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
005542100	
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
609341 2RE ICU STEPDOWN	and transport team.

	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,
	lactation consultants,
600222 1 D/M/2/M//NILIDSEDV	
609333 1RW/3W/NURSERY PST & ANTEPARTUM	perinatal safety nurse, and transport team.
	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team,
	EKG techs, unit assistants,
	and transport team.

	This unit has available to it
	nurse and support staff
	float pools to supplement
	unit staffing. Other support
	personnel that aid nursing
	services include physical
	therapy aides, occupational
	therapy aides,
	wound/ostomy care team,
	respiratory therapists,
	phlebotomists, pharmacy
	technicians, social workers,
	care managers, IV team,
609346 2FW GERIATRICS	EKG techs, unit assistants,
MED SURG	and transport team.

EVENING SHIFT CONSENSUS INFORMATION

	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):
609337 Pre/Post Anesthesia	Yes			
609382 ENDO	Yes			
609430 OR	Yes			

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		Presbyterian Allen Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
		nursing care units at the		
		Hospital. Over the last year		
		Hospital management has		
		worked collaboratively with		
		the non-management		
		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		
		submitted to the Clinical		
		Staffing Committee on each	The Hospital believes that	Employee members of the
		of these in-patient nursing	adopted staffing and	clinical staffing committee
		units. While the Clinical	support are appropriate	submitted their position in a
		Staffing Committee did not	based upon unit census and	staffing guideline format;
		reach consensus on a plan	acuity. Consensus was	the Hospital did not receive
		for the Hospital, the	reached for the Nursing	anything additional from
		discussions we had with our	staff. Comittee unable to	the employee members of
		non-management partners	reach consensus for the	the Clinical Staffing
606904 NI-8 Orthopedics	No	were insightful and	Ancillary staff.	Commitee.
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	Presbyterian Allen Hospital		
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	nursing care units at the		
	Hospital. Over the last year		
	Hospital management has		
	worked collaboratively with		
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	members of the Clinical		
	Staffing Committee		
	discussing with them the		
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	physical environment,		
	available resources, census,		
	acuity, and feedback		
	submitted to the Clinical		
	Staffing Committee on each		Employee members of the
	of these in-patient nursing		clinical staffing committee
	units. While the Clinical		submitted their position in a
	Staffing Committee did not		staffing guideline format;
	reach consensus on a plan	The Hospital believes that	the Hospital did not receive
	for the Hospital, the	adopted staffing and	anything additional from
	discussions we had with our	support are appropriate	the employee members of
	non-management partners		the Clinical Staffing
No	were insightful and	acuity.	Commitee.
	Νο	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners

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		members of the Clinical		
		Staffing Committee		
		discussing with them the		
		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		
		submitted to the Clinical		
		Staffing Committee on each	The Hospital believes that	
		of these in-patient nursing	adopted staffing and	
		units. While the Clinical	support are appropriate	Employee members of the
		Staffing Committee did not	based upon unit census and	clinical staffing committee
		reach consensus on a plan	acuity. Consensus was	submitted their position in a
		for the Hospital, the	reached for the Nursing	staffing guideline format.
		discussions we had with our	-	Employee members
606520/664832 Family		non-management partners	reach consensus for the	proposed an increase in RNs
Planning	No	were insightful and	Ancillary staff.	by 1.
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		working conditions, staffing,		
		physical environment,		
		available resources, census,		
		acuity, and feedback		
		submitted to the Clinical		
		Staffing Committee on each	The Hospital believes that	Employee members of the
		of these in-patient nursing	adopted staffing and	clinical staffing committee
		units. While the Clinical	support are appropriate	submitted their position in a
		Staffing Committee did not	based upon unit census and	staffing guideline format;
		reach consensus on a plan	acuity. Consensus was	the Hospital did not receive
		for the Hospital, the	reached for the Nursing	anything additional from
		discussions we had with our	staff. Comittee unable to	the employee members of
606786 Washington Heights		non-management partners	reach consensus for the	the Clinical Staffing
Family Health	No	were insightful and	Ancillary staff.	Commitee.

	Presbyterian Allen Hospital		
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	Hospital management has		
	worked collaboratively with		
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	discussing with them the		
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	Staffing Committee on each	The Hospital believes that	Employee members of the
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	•	·	the Hospital did not receive
	•	,	anything additional from
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			the Clinical Staffing
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		physical environment,		
		available resources, census,		
		acuity, and feedback		
		submitted to the Clinical		
		Staffing Committee on each		Employee members of the
		of these in-patient nursing		clinical staffing committee
		units. While the Clinical		submitted their position in a
		Staffing Committee did not		staffing guideline format;
		reach consensus on a plan	The Hospital believes that	the Hospital did not receive
		for the Hospital, the	adopted staffing and	anything additional from
		discussions we had with our	support are appropriate	the employee members of
		non-management partners	based upon unit census and	the Clinical Staffing
606902 Opthalmology	No	were insightful and	acuity.	Commitee.

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	Presbyterian Allen Hospital		
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	available resources, census,		
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	non-management partners		the Clinical Staffing
No	were insightful and	acuity.	Commitee.
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	submitted to the Clinical		
	Staffing Committee on each		Employee members of the
	of these in-patient nursing		clinical staffing committee
	units. While the Clinical		submitted their position in a
	Staffing Committee did not		staffing guideline format;
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		available resources, census,		
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		submitted to the Clinical		
		Staffing Committee on each	The Hospital believes that	Employee members of the
		of these in-patient nursing	adopted staffing and	clinical staffing committee
		units. While the Clinical	support are appropriate	submitted their position in a
		Staffing Committee did not	based upon unit census and	staffing guideline format;
		reach consensus on a plan	acuity. Consensus was	the Hospital did not receive
		for the Hospital, the	reached for the Nursing	anything additional from
		discussions we had with our	staff. Comittee unable to	the employee members of
		non-management partners	reach consensus for the	the Clinical Staffing
606785 Broadway Practice	No	were insightful and	Ancillary staff.	Commitee.

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		Presbyterian Allen Hospital		
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		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient		
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		Staffing Committee		
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		units. While the Clinical	support are appropriate	submitted their position in a
		Staffing Committee did not	based upon unit census and	staffing guideline format;
		reach consensus on a plan	acuity. Consensus was	the Hospital did not receive
		for the Hospital, the	reached for the Nursing	anything additional from
		discussions we had with our	staff. Comittee unable to	the employee members of
		non-management partners	reach consensus for the	the Clinical Staffing
606911 Peds/Gyn	No	were insightful and	Ancillary staff.	Commitee.

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ideline format;
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additional from
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Presbyterian Allen Hospital		
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nursing care units at the		
Hospital. Over the last year		
Hospital management has		
worked collaboratively with		
the non-management		
members of the Clinical		
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available resources, census,		
acuity, and feedback		
submitted to the Clinical		
Staffing Committee on each		
of these in-patient nursing		
units. While the Clinical		
Staffing Committee did not		
-	The Hospital believes that	The Hospital did not receive
•	·	an alternative proposal or
discussions we had with our		statement from the
non-management partners		employee members of the
• ·	acuity.	clinical staffing committee.
	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners

		Presbyterian Allen Hospital		
		("Hospital"), I submit the		
		Hospital's Clinical Staffing		
		Plan. This Staffing Plan		
		encompasses in-patient	Management and non-	
		nursing care units at the	management staffing	
		Hospital. Over the last year	committee members were	
		Hospital management has	unable to reach consensus	
		worked collaboratively with	on this unit's staffing plan.	
		the non-management	The Hospital believes the	
		members of the Clinical	adopted guidelines, which	
		Staffing Committee	include the staffing levels	
		discussing with them the	stated in the collective	
		working conditions, staffing,	bargaining agreement	
		physical environment,	between NYSNA and the	
		available resources, census,	Hospital dated 1/1/23, are	
		acuity, and feedback	safe and appropriate. Other	
		submitted to the Clinical	support personnel that aid	
		Staffing Committee on each	nursing services include	Employee members of the
		of these in-patient nursing	physical therapy aides,	clinical staffing committee
		units. While the Clinical	wound/ostomy care team,	submitted their position in a
		Staffing Committee did not	respiratory therapists,	staffing guideline format;
		reach consensus on a plan	phlebotomists, pharmacy	the Hospital did not receive
		for the Hospital, the	technicians, security, social	anything additional from
		discussions we had with our	workers, care managers, IV	the employee members of
609338 EMERGENCY		non-management partners	team, EKG techs and	the Clinical Staffing
DEPARTMENT	No	were insightful and	transport team.	Commitee.

			0	
		Presbyterian Allen Hospital	reached consensus on Unit	EMTALA:1:1 (initial
		("Hospital"), I submit the	Clerk staffing. While the	encounter) 1:2 (NST, stable,
		Hospital's Clinical Staffing	parties have reached a	until disposition)
		Plan. This Staffing Plan	consensus on the number	TRIAGE: 1:1 (laboring) 1:2-3
		encompasses in-patient	of unlicensed ancillary	(stable, non-laboring, NST)
		nursing care units at the	personnel to staff the night	LABOR: 1:2 (Stage 1)
		Hospital. Over the last year	shift, the Hospital does not	1:1(Stage2 up to 2 hrs post
		Hospital management has	agree that all such	delivery)
		worked collaboratively with	personnel must be Nursing	
		the non-management	Attendants and maintains	Immediate
		members of the Clinical	that utilizing unlicensed	Preop/Intraop/PostOp: 1:1
		Staffing Committee	ancillary personnel	up to 2 hours does. ot
		discussing with them the	(including but not limited to	include neonate
		working conditions, staffing,	Nursing Attendants)	PACU:1:2 (C-section, stable)
		physical environment,	adequately meets patient	1:1 (vaginal/C-sections
		available resources, census,	needs. The Hospital	unstable)
		acuity, and feedback	disagreed with and did not	Neonate: 1:1 for each
		submitted to the Clinical	adopt the non-management	neonate during 2 HOL until
		Staffing Committee on each	committee members'	stable
		of these in-patient nursing	proposal for remaining	
		units. While the Clinical	staffing levels. The Hospital	Scrub Tech and PCT Ratios
		Staffing Committee did not	believes the adopted	Scrub Tech 1:1 per
		reach consensus on a plan	guidelines, which include	Operating room (additional
		for the Hospital, the	the staffing levels stated in	Scrub Tech for some cases)
		discussions we had with our	the collective bargaining	PCT 1:8
609336 AL-1-RW-LABOR-		non-management partners	agreement between NYSNA	
DELV	No	were insightful and	and the Hospital dated	Additional Patient Care

		Presbyterian Allen Hospital	reached consensus on Unit	
		("Hospital"), I submit the	Clerk staffing for the day	
		Hospital's Clinical Staffing	and evening shifts. The	
		Plan. This Staffing Plan	Hospital disagreed with the	
		encompasses in-patient	non-management	
		nursing care units at the	committee members'	
		Hospital. Over the last year	proposal for remaining	"RN Ratios
		Hospital management has	staffing levels. The Hospital	1:3 Spine
		worked collaboratively with	believes the adopted	1:4 Telemetry, Ortho, Med-
		the non-management	guidelines, which include	Surg
		members of the Clinical	the staffing levels stated in	
		Staffing Committee	the collective bargaining	PCA Ratios
		discussing with them the	agreement between NYSNA	1:6
		working conditions, staffing,	and the Hospital dated	
		physical environment,	1/1/23, are safe and	Additional Patient Care
		available resources, census,	appropriate. Further, while	Information:
		acuity, and feedback	the non-management	Charge RN shall not be a
		submitted to the Clinical	members of the clinical	part of the ratios
		Staffing Committee on each	staffing committee maintain	Complete Care; 28 beds are
		of these in-patient nursing	that the Hospital must	Telemetry-capable
		units. While the Clinical	utilize Nursing Attendants	Ortho General Surgery, High
		Staffing Committee did not	solely, the Hospital	Pain Mgmt.
		reach consensus on a plan	maintains that utilizing	Spine RNs trained
		for the Hospital, the	unlicensed ancillary	specifically for this unit's
		discussions we had with our	personnel (including but not	patient population
609416 2RW		non-management partners	limited to Nursing	Primarily Spine unit, but will
SURGICAL/ORTHO/SPINE	No	were insightful and	Attendants) adequately	receive post-op surgery"

			· · · · · · · · · · · · · · · · · · ·	
		Presbyterian Allen Hospital	reached consensus for RN	
		("Hospital"), I submit the	staffing at census points 1	
		Hospital's Clinical Staffing	and 2. The Hospital	
		Plan. This Staffing Plan	disagreed with the non-	
		encompasses in-patient	management committee	
		nursing care units at the	members' proposal for	"RN Ratios
		Hospital. Over the last year	remaining staffing levels.	1:2 Level 3
		Hospital management has	The Hospital believes the	
		worked collaboratively with	adopted guidelines, which	PCA Tech Ratios
		the non-management	include the staffing levels	1:06
		members of the Clinical	stated in the collective	
		Staffing Committee	bargaining agreement	Additional Patient Care
		discussing with them the	between NYSNA and the	Information:
		working conditions, staffing,	Hospital dated 1/1/23, are	Charge RN shall not be
		physical environment,	safe and appropriate.	included in the ratio
		available resources, census,	Further, while the non-	Level 3 - less than 32 week
		acuity, and feedback	management members of	gestation, less than 1500
		submitted to the Clinical	the clinical staffing	grams
		Staffing Committee on each	committee maintain that	Level 2 Care
		of these in-patient nursing	the Hospital must utilize	Isolation RN shall not be
		units. While the Clinical	Nursing Attendants solely,	assigned outside isolation
		Staffing Committee did not	the Hospital maintains that	Neonatal abstinence
		reach consensus on a plan	utilizing unlicensed ancillary	syndrome
		for the Hospital, the	personnel (including but not	UAC and UAV lines, blood
		discussions we had with our	limited to Nursing	transfusions, CPAP
		non-management partners	Attendants) adequately	Any census above 6 -
609335 NURSERY NICU	No	were insightful and	meets patient needs. The	patients transferred"

			0	
		Presbyterian Allen Hospital	reached consensus for Unit	
		("Hospital"), I submit the	Clerk staffing on the day	
		Hospital's Clinical Staffing	and evening shifts. While	
		Plan. This Staffing Plan	the parties have reached a	
		encompasses in-patient	consensus on the number	
		nursing care units at the	of unlicensed ancillary	
		Hospital. Over the last year	personnel to staff the day	
		Hospital management has	and evening shift at census	
		worked collaboratively with	points 5 and 6, the Hospital	
		the non-management	does not agree that all such	
		members of the Clinical	personnel must be Nursing	
		Staffing Committee	Attendants and maintains	
		discussing with them the	that utilizing unlicensed	
		working conditions, staffing,	ancillary personnel	"RN Ratios
		physical environment,	(including but not limited to	1:1 Post-Arrest
		available resources, census,	Nursing Attendants)	1:2 ICU
		acuity, and feedback	adequately meets patient	
		submitted to the Clinical	needs. The Hospital	PCA Ratios
		Staffing Committee on each	disagreed with and did not	1:6
		of these in-patient nursing	adopt the non-management	
		units. While the Clinical	committee members'	Additional Patient Care
		Staffing Committee did not	proposal for remaining	Information:
		reach consensus on a plan	staffing levels. The Hospital	Charge RN shall not be
		for the Hospital, the	believes the adopted	included in the ratio
		discussions we had with our	guidelines, which include	Medicine, Ortho, Spine
		non-management partners	the staffing levels stated in	CRRT or any other esclation
609342 ICU	No	were insightful and	the collective bargaining	sent to Milstein ICUs"

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		Presbyterian Allen Hospital	management staffing	
		("Hospital"), I submit the	committee members were	
		Hospital's Clinical Staffing	unable to reach consensus	
		Plan. This Staffing Plan	on this unit's staffing plan.	
		encompasses in-patient	The Hospital believes the	
		nursing care units at the	adopted guidelines, which	
		Hospital. Over the last year	include the staffing levels	
		Hospital management has	stated in the collective	
		worked collaboratively with	bargaining agreement	
		the non-management	between NYSNA and the	
		members of the Clinical	Hospital dated 1/1/23, are	
		Staffing Committee	safe and appropriate.	
		discussing with them the	Further, while the non-	
		working conditions, staffing,	management members of	
		physical environment,	the clinical staffing	
		available resources, census,	committee maintain that	
		acuity, and feedback	the Hospital must utilize	"RN Ratios
		submitted to the Clinical	Nursing Attendants solely,	1:3
		Staffing Committee on each	the Hospital maintains that	
		of these in-patient nursing	utilizing unlicensed ancillary	Additional Patient Care
		units. While the Clinical	personnel (including but not	Information:
		Staffing Committee did not	limited to Nursing	Charge RN shall not be a
		reach consensus on a plan	Attendants) adequately	part of the ratios
		for the Hospital, the	meets patient needs. The	1:1s should not be included
		discussions we had with our	Hospital believes that for	in PCT ratio
		non-management partners	overnight shifts, there is	8 Vent Capable Rooms
609341 2RE ICU STEPDOWN	No	were insightful and	cross-coverage of units	П

		Presbyterian Allen Hospital	Committee reached	1:1 Newborn care; COVID,
		("Hospital"), I submit the	consensus on RN staffing	Pre/Postop, Pain
		Hospital's Clinical Staffing	and Unit Clerk staffing on	management
		Plan. This Staffing Plan	the day shift. The Hospital	1:3 Newborn; Post Level II,
		encompasses in-patient	disagreed with and did not	Continuing care
		nursing care units at the	adopt the non-management	1:3 Dyad care (1 RN: 3
		Hospital. Over the last year	committee members'	mothers/3 newborns),
		Hospital management has	proposal for remaining	uncomplicated, routine
		worked collaboratively with	staffing levels. The Hospital	care, stable
		the non-management	believes the adopted	
		members of the Clinical	guidelines, which include	PCA Ratios
		Staffing Committee	the staffing levels stated in	1:8
		discussing with them the	the collective bargaining	Day shift: 1 in Well Baby
		working conditions, staffing,	agreement between NYSNA	Nursery
		physical environment,	and the Hospital dated	
		available resources, census,	1/1/23, are safe and	Additional Patient Care
		acuity, and feedback	appropriate. Further, while	Information:
		submitted to the Clinical	the non-management	Charge RN shall not be a
		Staffing Committee on each	members of the clinical	part of the ratios
		of these in-patient nursing	staffing committee maintain	Postpartum/Postoperative:
		units. While the Clinical	that the Hospital must	Vaginal delivery, C-section,
		Staffing Committee did not	utilize Nursing Attendants	BTL
		reach consensus on a plan	solely, the Hospital	Discharge Planning: Dyad
		for the Hospital, the	maintains that utilizing	Complex Cases:
		discussions we had with our	unlicensed ancillary	Chorioamnionitis, PPH/QBL
609333 1RW/3W/NURSERY		non-management partners	personnel (including but not	Disorders of Pregnancy:
PST & ANTEPARTUM	No	were insightful and	limited to Nursing	Diabetes, Hypertension

		Presbyterian Allen Hospital	Committee reached	
		("Hospital"), I submit the	consensus on RN staffing.	
		Hospital's Clinical Staffing	The Hospital disagreed with	
		Plan. This Staffing Plan	and did not adopt the non-	
		encompasses in-patient	management committee	
		nursing care units at the	members' proposal for	
		Hospital. Over the last year	remaining staffing levels.	
		Hospital management has	The Hospital believes the	
		worked collaboratively with	adopted guidelines, which	
		the non-management	include the staffing levels	
		members of the Clinical	stated in the collective	
		Staffing Committee	bargaining agreement	
		discussing with them the	between NYSNA and the	
		working conditions, staffing,	Hospital dated 1/1/23, are	
		physical environment,	safe and appropriate.	"RN Ratios
		available resources, census,	Further, while the non-	1:4
		acuity, and feedback	management members of	
		submitted to the Clinical	the clinical staffing	Additional Patient Care
		Staffing Committee on each	committee maintain that	Information:
		of these in-patient nursing	the Hospital must utilize	Charge RN shall not be a
		units. While the Clinical	Nursing Attendants solely,	part of the ratios
		Staffing Committee did not	the Hospital maintains that	1:1s should not be included
		reach consensus on a plan	utilizing unlicensed ancillary	in PCT Ratio
		for the Hospital, the	personnel (including but not	1:1s (alcohol withdrawl,
		discussions we had with our	limited to Nursing	suicide watch)
		non-management partners	Attendants) adequately	Bed Max: 31
609345 2FE MED SURG	No	were insightful and	meets patient needs. For	4 Vent Capable Beds"

			· · · · · · · · · · · · · · · · · · ·	I
		Presbyterian Allen Hospital	Committee reached	
		("Hospital"), I s"On behalf	consensus on RN staffing for	
		of New York Presbyterian	census points 22 through	
		Allen Hospital ("Hospital"), I	33. The Hospital disagreed	
		submit the Hospital's	with and did not adopt the	
		Clinical Staffing Plan. This	non-management	
		Staffing Plan encompasses	committee members'	
		in-patient nursing care units	proposal for remaining	
		at the Hospital. Over the	staffing levels. The Hospital	
		last year Hospital	believes the adopted	
		management has worked	guidelines, which include	
		collaboratively with the non-	the staffing levels stated in	
		management members of	the collective bargaining	
		the Clinical Staffing	agreement between NYSNA	
		Committee discussing with	and the Hospital dated	
		them the working	1/1/23, are safe and	
		conditions, staffing, physical	appropriate. Further, while	
		environment, available	the non-management	
		resources, census, acuity,	members of the clinical	"RN Ratios
		and feedback submitted to	staffing committee maintain	1:4
		the Clinical Staffing	that the Hospital must	
		Committee on each of these	utilize Nursing Attendants	Additional Patient Care
		in-patient nursing units.	solely, the Hospital	Information:
		While the Clinical Staffing	maintains that utilizing	Charge RN shall not be part
		Committee did not reach	unlicensed ancillary	of the ratio
609346 2FW GERIATRICS		consensus on a plan for the	personnel (including but not	1:1s should not be included
MED SURG	No	Hospital, the discussions we	limited to Nursing	in PCT ratio"

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	600227 Dro (Doct Aposthosia	0	0	0
	609337 Pre/Post Anesthesia		0	0
Endoscopy	609382 ENDO	0	0	0
Other	609430 OR	1	8	1
Outpatient Clinics	606904 NI-8 Orthopedics 606504 (60-6694, 60-6516, 60-6871) Comprehensive	0	0	0
Outpatient Clinics	Health	0	0	0
Outpatient Clinics	606520/664832 Family Planning 606786 Washington Heights	0	0	0
Outpatient Clinics	Family Health	0	0	0
Outpatient Clinics	606906 VC 10 Specialties	0	0	0
Outpatient Clinics	606791 Rangel Practice	0	0	0
Outpatient Clinics	606902 Opthalmology	0	0	0
Outpatient Clinics	606587 Farrell Family Medicine	0	0	0
Outpatient Clinics	606839 Dermatology	0	0	0
Outpatient Clinics	606785 Broadway Practice	0	0	0
Outpatient Clinics	606911 Peds OB-GYN	0	0	0
Outpatient Clinics	606877 AIM/AIM East	0	0	0
Cardiovascular	609400 Allen Cardiac Diagnostic Center	0	0	0
Emergency Department	609338 EMERGENCY DEPARTMENT	8	2.51	23.88
Obstetrics/Gynecology	609336 AL-1-RW-LABOR- DELV	10	11.51	6.52

	609416 2RW			
Orthopedics	SURGICAL/ORTHO/SPINE	6	2	22.14
Neonatal	609335 NURSERY NICU	2	4	3.35
Critical Care	609342 ICU	5	4	9.71
Standown		7	2	20.95
Stepdown	609341 2RE ICU STEPDOWN	/	3	20.85
	609333 1RW/3W/NURSERY			
Obstetrics/Gynecology	PST & ANTEPARTUM	5	1	26.85
Medical/Surgical	609345 2FE MED SURG	8	2	28.49
	609346 2FW GERIATRICS			
Geriatric	MED SURG	8	2	29.24

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)
Other	0	0
Endoscopy	0	0
Other	1	0
Outpatient Clinics	0	0

Cardiovascular	0	0
Emergency Department	6	0
Obstetrics/Gynecology	0.65	0
Orthopedics	3.69	0
Neonatal	1.68	0
Critical Care	1.94	0
Stepdown	2.98	0
Obstetrics/Gynecology	5.37	0
Medical/Surgical	3.56	0
Geriatric	3.66	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
Other	0	0
Outpatient Clinics	0	0
Cardiovascular	0	0
Emergency Department	0	0

Obstetrics/Gynecology	0	0
Orthopedics	0	0
Neonatal	0	0
Critical Care	0	0
Stepdown	0	0
Obstetrics/Gynecology	0	0
Medical/Surgical	0	0
Geriatric	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
Other	0	2
Outpatient Clinics	0	0
Cardiovascular	0	0
Emergency Department	0	2
Obstetrics/Gynecology	0	1
Orthopedics	0	3
Neonatal	0	0

Critical Care	0	0
Stepdown	0	1
Obstetrics/Gynecology	0	1
Medical/Surgical	0	2
Geriatric	0	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)
Other	0
Endoscopy	0
Other	16
Outpatient Clinics	0
Cardiovascular	0
Emergency Department	0.63
Obstetrics/Gynecology	1.15
Orthopedics	1
Neonatal	0
Critical Care	0
Stepdown	1

Obstetrics/Gynecology	1
Medical/Surgical	1
Geriatric	1

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			Statement by members
	nurse, and other		lf no,	of clinical staffing
		Our Clinical Staffing		
	coverage provided to	Our Clinical Staffing	Chief Executive Officer	committee selected by
	registered nurses,	Committee reached	Statement in support of	the general hospital
	licensed practical nurses,	consensus on the clinical	clinical staffing plan for	administration
Name of Clinical Unit:	and ancillary staff.	staffing plan for this unit:	this unit:	(management members):
Other	Unit closed overnight.	Yes		
Endoscopy	Unit closed overnight.	Yes		

Other	"Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "	Yes		
Other			Presbyterian Allen Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each	The Hospital believes that
Outpatient Clinics	Unit is closed overnight.	Νο	of these in-patient nursing units. While the Clinical	adopted staffing and support are appropriate based upon unit census and acuity. Consensus was reached for the Nursing staff. Comittee unable to reach consensus for the Ancillary staff.

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

		Presbyterian Allen Hospital	
		("Hospital"), I submit the	
		Hospital's Clinical Staffing	
		Plan. This Staffing Plan	
		encompasses in-patient	
		nursing care units at the	
		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
		members of the Clinical	
		Staffing Committee	
		-	
		working conditions, staffing,	
		physical environment,	
		available resources, census,	
		acuity, and feedback	
		submitted to the Clinical	
		Staffing Committee on each	The Hospital believes that
		e e e e e e e e e e e e e e e e e e e	adopted staffing and
		units. While the Clinical	support are appropriate
		Staffing Committee did not	
		•	acuity. Consensus was
			reached for the Nursing
		discussions we had with our	staff. Comittee unable to
			reach consensus for the
Unit is closed overnight.	No	• ·	Ancillary staff.
	Unit is closed overnight.	Unit is closed overnight.	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners

		Presbyterian Allen Hospital	
		("Hospital"), I submit the	
		Hospital's Clinical Staffing	
		Plan. This Staffing Plan	
		encompasses in-patient	
		nursing care units at the	
		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
		members of the Clinical	
		Staffing Committee	
		-	
		working conditions, staffing,	
		physical environment,	
		available resources, census,	
		acuity, and feedback	
		submitted to the Clinical	
		Staffing Committee on each	The Hospital believes that
		e e e e e e e e e e e e e e e e e e e	adopted staffing and
		units. While the Clinical	support are appropriate
		Staffing Committee did not	
		•	acuity. Consensus was
			reached for the Nursing
		discussions we had with our	staff. Comittee unable to
			reach consensus for the
Unit is closed overnight.	No	• ·	Ancillary staff.
	Unit is closed overnight.	Unit is closed overnight.	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners

		Presbyterian Allen Hospital	
		("Hospital"), I submit the	
		Hospital's Clinical Staffing	
		Plan. This Staffing Plan	
		encompasses in-patient	
		nursing care units at the	
		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
		members of the Clinical	
		Staffing Committee	
		-	
		working conditions, staffing,	
		physical environment,	
		available resources, census,	
		acuity, and feedback	
		submitted to the Clinical	
		Staffing Committee on each	The Hospital believes that
		e e e e e e e e e e e e e e e e e e e	adopted staffing and
		units. While the Clinical	support are appropriate
		Staffing Committee did not	
		•	acuity. Consensus was
			reached for the Nursing
		discussions we had with our	staff. Comittee unable to
			reach consensus for the
Unit is closed overnight.	No	• ·	Ancillary staff.
	Unit is closed overnight.	Unit is closed overnight.	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners

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		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
		members of the Clinical	
		Staffing Committee	
		-	
		working conditions, staffing,	
		physical environment,	
		available resources, census,	
		acuity, and feedback	
		submitted to the Clinical	
		Staffing Committee on each	The Hospital believes that
		e e e e e e e e e e e e e e e e e e e	adopted staffing and
		units. While the Clinical	support are appropriate
		Staffing Committee did not	
		•	acuity. Consensus was
			reached for the Nursing
		discussions we had with our	staff. Comittee unable to
			reach consensus for the
Unit is closed overnight.	No	• ·	Ancillary staff.
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		Hospital's Clinical Staffing	
		Plan. This Staffing Plan	
		encompasses in-patient	
		nursing care units at the	
		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
		members of the Clinical	
		Staffing Committee	
		-	
		working conditions, staffing,	
		physical environment,	
		available resources, census,	
		acuity, and feedback	
		submitted to the Clinical	
		Staffing Committee on each	The Hospital believes that
		e e e e e e e e e e e e e e e e e e e	adopted staffing and
		units. While the Clinical	support are appropriate
		Staffing Committee did not	
		•	acuity. Consensus was
			reached for the Nursing
		discussions we had with our	staff. Comittee unable to
			reach consensus for the
Unit is closed overnight.	No	• ·	Ancillary staff.
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			nursing care units at the	
			Hospital. Over the last year	
			Hospital management has	
			worked collaboratively with	
			the non-management	
			members of the Clinical	
			Staffing Committee	
			discussing with them the	
			working conditions, staffing,	
			physical environment,	
			available resources, census,	
			acuity, and feedback	
			submitted to the Clinical	
			Staffing Committee on each	
			of these in-patient nursing	
			units. While the Clinical	
			Staffing Committee did not	
			reach consensus on a plan	The Hospital believes that
			for the Hospital, the	adopted staffing and
			discussions we had with our	
			non-management partners	based upon unit census and
Outpatient Clinics	Unit is closed overnight.	No	were insightful and	acuity.

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

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		("Hospital"), I submit the	
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		Plan. This Staffing Plan	
		encompasses in-patient	
		nursing care units at the	
		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
		members of the Clinical	
		Staffing Committee	
		-	
		working conditions, staffing,	
		physical environment,	
		available resources, census,	
		acuity, and feedback	
		submitted to the Clinical	
		Staffing Committee on each	The Hospital believes that
		e e e e e e e e e e e e e e e e e e e	adopted staffing and
		units. While the Clinical	support are appropriate
		Staffing Committee did not	
		•	acuity. Consensus was
			reached for the Nursing
		discussions we had with our	staff. Comittee unable to
			reach consensus for the
Unit is closed overnight.	No	• ·	Ancillary staff.
	Unit is closed overnight.	Unit is closed overnight.	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners

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		Plan. This Staffing Plan	
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		nursing care units at the	
		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
		members of the Clinical	
		Staffing Committee	
		-	
		working conditions, staffing,	
		physical environment,	
		available resources, census,	
		acuity, and feedback	
		submitted to the Clinical	
		Staffing Committee on each	The Hospital believes that
		e e e e e e e e e e e e e e e e e e e	adopted staffing and
		units. While the Clinical	support are appropriate
		Staffing Committee did not	
		•	acuity. Consensus was
			reached for the Nursing
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Unit is closed overnight.	No	• ·	Ancillary staff.
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		Plan. This Staffing Plan	
		encompasses in-patient	
		nursing care units at the	
		Hospital. Over the last year	
		Hospital management has	
		worked collaboratively with	
		the non-management	
		members of the Clinical	
		Staffing Committee	
		-	
		working conditions, staffing,	
		physical environment,	
		available resources, census,	
		acuity, and feedback	
		submitted to the Clinical	
		Staffing Committee on each	The Hospital believes that
		e e e e e e e e e e e e e e e e e e e	adopted staffing and
		units. While the Clinical	support are appropriate
		Staffing Committee did not	
		•	acuity. Consensus was
			reached for the Nursing
		discussions we had with our	staff. Comittee unable to
			reach consensus for the
Unit is closed overnight.	No	• ·	Ancillary staff.
	Unit is closed overnight.	Unit is closed overnight.	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners

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

		Presbyterian Allen Hospital	
		("Hospital"), I submit the	
		Hospital's Clinical Staffing	
		Plan. This Staffing Plan	
		encompasses in-patient	Management and non-
		nursing care units at the	management staffing
		Hospital. Over the last year	committee members were
		Hospital management has	unable to reach consensus
		worked collaboratively with	on this unit's staffing plan.
		the non-management	The Hospital believes the
		members of the Clinical	adopted guidelines, which
		Staffing Committee	include the staffing levels
This unit has available to it		discussing with them the	stated in the collective
nurse and support staff		working conditions, staffing,	bargaining agreement
float pools to supplement		physical environment,	between NYSNA and the
unit staffing. Other support		available resources, census,	Hospital dated 1/1/23, are
		acuity, and feedback	safe and appropriate. Other
		submitted to the Clinical	support personnel that aid
		Staffing Committee on each	nursing services include
			physical therapy aides,
•••			wound/ostomy care team,
			respiratory therapists,
		-	phlebotomists, pharmacy
			technicians, security, social
		discussions we had with our	workers, care managers, IV
-			team, EKG techs and
and transport team.	No	were insightful and	transport team.
	nurse and support staff float pools to supplement init staffing. Other support personnel that aid nursing services include physical herapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy echnicians, social workers, care managers, IV team, EKG techs, unit assistants,	nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical herapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy echnicians, social workers, care managers, IV team, EKG techs, unit assistants,	 ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical herapy aides, occupational therapy aides, occupational therapy aides, physical environment, submitted to the Clinical Staffing Committee on each of these in-patient nursing wound/ostomy care team, respiratory therapists, phelbotomists, pharmacy echnicians, social workers, care managers, IV team, EKG techs, unit assistants,

				· · · · · · · · · · · · · · · · · · ·
			Presbyterian Allen Hospital	reached consensus on Unit
			("Hospital"), I submit the	Clerk staffing. While the
			Hospital's Clinical Staffing	parties have reached a
			Plan. This Staffing Plan	consensus on the number
			encompasses in-patient	of unlicensed ancillary
			nursing care units at the	personnel to staff the night
			Hospital. Over the last year	shift, the Hospital does not
			Hospital management has	agree that all such
			worked collaboratively with	personnel must be Nursing
			the non-management	Attendants and maintains
	This unit has available to it		members of the Clinical	that utilizing unlicensed
	nurse and support staff		Staffing Committee	ancillary personnel
	float pools to supplement		discussing with them the	(including but not limited to
	unit staffing. Other support		working conditions, staffing,	Nursing Attendants)
	personnel that aid nursing		physical environment,	adequately meets patient
	services include physical		available resources, census,	needs. The Hospital
	therapy aides, occupational		acuity, and feedback	disagreed with and did not
	therapy aides,		submitted to the Clinical	adopt the non-management
	wound/ostomy care team,		Staffing Committee on each	committee members'
	respiratory therapists,		of these in-patient nursing	proposal for remaining
	phlebotomists, pharmacy		units. While the Clinical	staffing levels. The Hospital
	technicians, social workers,		Staffing Committee did not	believes the adopted
	care managers, IV team,		reach consensus on a plan	guidelines, which include
	EKG techs, unit assistants,		for the Hospital, the	the staffing levels stated in
	lactation consultants,		discussions we had with our	the collective bargaining
	perinatal safety nurse, and		non-management partners	agreement between NYSNA
Obstetrics/Gynecology	transport team.	No	were insightful and	and the Hospital dated

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

			Presbyterian Allen Hospital	reached consensus for RN
			("Hospital"), I submit the	staffing at census points 1
			Hospital's Clinical Staffing	and 2. The Hospital
			Plan. This Staffing Plan	disagreed with the non-
			encompasses in-patient	management committee
			nursing care units at the	members' proposal for
			Hospital. Over the last year	remaining staffing levels.
			Hospital management has	The Hospital believes the
			worked collaboratively with	adopted guidelines, which
			the non-management	include the staffing levels
			members of the Clinical	stated in the collective
	This unit has available to it		Staffing Committee	bargaining agreement
	nurse and support staff		discussing with them the	between NYSNA and the
	float pools to supplement		working conditions, staffing,	Hospital dated 1/1/23, are
	unit staffing. Other support		physical environment,	safe and appropriate.
	personnel that aid nursing		available resources, census,	Further, while the non-
	services include physical		acuity, and feedback	management members of
	therapy aides, occupational		submitted to the Clinical	the clinical staffing
	therapy aides,		Staffing Committee on each	committee maintain that
	wound/ostomy care team,		of these in-patient nursing	the Hospital must utilize
	respiratory therapists,		units. While the Clinical	Nursing Attendants solely,
	phlebotomists, pharmacy		Staffing Committee did not	the Hospital maintains that
	technicians, social workers,		reach consensus on a plan	utilizing unlicensed ancillary
	care managers, IV team,		for the Hospital, the	personnel (including but not
	EKG techs, unit assistants,		discussions we had with our	limited to Nursing
	lactation consultants, and		non-management partners	Attendants) adequately
Neonatal	transport team.	No	were insightful and	meets patient needs. The

		Presbyterian Allen Hospital	reached consensus for Unit
		("Hospital"), I submit the	Clerk staffing on the day
		Hospital's Clinical Staffing	and evening shifts. While
		Plan. This Staffing Plan	the parties have reached a
		encompasses in-patient	consensus on the number
		nursing care units at the	of unlicensed ancillary
		Hospital. Over the last year	personnel to staff the day
		Hospital management has	and evening shift at census
		worked collaboratively with	points 5 and 6, the Hospita
		the non-management	does not agree that all such
		members of the Clinical	personnel must be Nursing
		Staffing Committee	Attendants and maintains
This unit has available to it		discussing with them the	that utilizing unlicensed
nurse and support staff		working conditions, staffing,	ancillary personnel
float pools to supplement		physical environment,	(including but not limited to
unit staffing. Other support		available resources, census,	Nursing Attendants)
personnel that aid nursing		acuity, and feedback	adequately meets patient
services include physical		submitted to the Clinical	needs. The Hospital
therapy aides, occupational		Staffing Committee on each	disagreed with and did not
		u u u u u u u u u u u u u u u u u u u	adopt the non-managemen
•••		units. While the Clinical	committee members'
•		Staffing Committee did not	proposal for remaining
		u u u u u u u u u u u u u u u u u u u	staffing levels. The Hospital
			believes the adopted
			guidelines, which include
			the staffing levels stated in
and transport team.	No	were insightful and	the collective bargaining
	nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,	nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants,	("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, social workers, care managers, IV team, EKG techs, unit assistants,Staffing Committee discussing we had with our non-management partners

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

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

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

				· · · · · · · · · · · · · · · · · · ·
			Presbyterian Allen Hospital	Committee reached
			("Hospital"), I submit the	consensus on RN staffing for
			Hospital's Clinical Staffing	census points 22 through
			Plan. This Staffing Plan	33. The Hospital disagreed
			encompasses in-patient	with and did not adopt the
			nursing care units at the	non-management
			Hospital. Over the last year	committee members'
			Hospital management has	proposal for remaining
			worked collaboratively with	staffing levels. The Hospital
			the non-management	believes the adopted
			members of the Clinical	guidelines, which include
			Staffing Committee	the staffing levels stated in
	This unit has available to it		discussing with them the	the collective bargaining
	nurse and support staff		working conditions, staffing,	agreement between NYSNA
	float pools to supplement		physical environment,	and the Hospital dated
	unit staffing. Other support		available resources, census,	1/1/23, are safe and
	personnel that aid nursing		acuity, and feedback	appropriate. Further, while
	services include physical		submitted to the Clinical	the non-management
	therapy aides, occupational		Staffing Committee on each	members of the clinical
	therapy aides,		of these in-patient nursing	staffing committee maintair
	wound/ostomy care team,		units. While the Clinical	that the Hospital must
	respiratory therapists,		Staffing Committee did not	utilize Nursing Attendants
	phlebotomists, pharmacy		reach consensus on a plan	solely, the Hospital
	technicians, social workers,		for the Hospital, the	maintains that utilizing
	care managers, IV team,		discussions we had with our	unlicensed ancillary
	EKG techs, unit assistants,		non-management partners	personnel (including but not
Geriatric	and transport team.	No	were insightful and	limited to Nursing

CBA INFORMATION

We have one or more collective bargaining agreements:	Yes
If yes, then:	
Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply): **Please select association and identify staff	New York State Nurses Associatio n,SEIU
(e.g. nurses, ancillary staff, etc.)	n,SEIU 1199
Our general hospital's collective bargaining agreement with New York State	
Nurses Association expires on the following	12/31/20
date:	26 12:00 AM

The number of hospital employees represented by New York State Nurses Association is:	619
	019
Our general hospital's collective	00/20/20
	09/30/20
bargaining agreement with SEIU 1199	26 12:00
expires on the following date:	AM
The number of hospital employees	
represented by SEIU 1199 is:	889
Tepresented by 5110 1155 15.	009