

## HOSPITAL INFORMATION

<b>Region</b>	Central Regional Office
<b>County</b>	Cortland
<b>Council</b>	Central New York
<b>Network</b>	THE GUTHRIE CLINIC
<b>Reporting Organization</b>	Guthrie Cortland Medical Center
<b>Reporting Organization Id</b>	0158
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	Guthrie Cortland Medical Center

RN 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 Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
Cardiac Rehab-program for cardiac outpatients	1	0	5	5
Cancer center/medical infusion	5	0	25	5
Outpatient Cardiac Services	1	0	5	5
Interventional Radiology	1	0	5	5
PACU-post anesthesia care unit	4	0	10	3
Endoscopic procedures	9	0	15	2
Pre and Post Surgery care	6	0	15	3
Surgical Services-Operating Room	7	0	12	1
Emergency Care	7	2.8	35	5
Psychiatric Unit (1E)	2	4.36	11	5.5
Maternity (2E)	2	12	4	2
Medical Surgical (2C)	3	4	18	9
Telemetry (2S)	4	4	24	8
Intensive Care Unit (ICU)	4	9.6	10	3.33
Medical Surgical (2C)	3	4	18	9
Telemetry (2S)	4	4	24	8
Intensive Care Unit (ICU)	4	9.6	10	3.33

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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
Cardiac Rehab-program for cardiac outpatients	0	0
Cancer center/medical infusion	0	0
Outpatient Cardiac Services	1	0
Interventional Radiology	0	0
PACU-post anesthesia care unit	0	0
Endoscopic procedures	0	0
Pre and Post Surgery care	0	0
Surgical Services-Operating Room	0	0
Emergency Care	0	0
Psychiatric Unit (1E)	0	0
Maternity (2E)	0	0
Medical Surgical (2C)	2	2.67
Telemetry (2S)	3	3
Intensive Care Unit (ICU)	0	0
Medical Surgical (2C)	2	2.67
Telemetry (2S)	3	3
Intensive Care Unit (ICU)	0	0

DAY SHIFT ANCILLARY STAFF

<b>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.</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>
Cardiac Rehab-program for cardiac outpatients	0	0
Cancer center/medical infusion	0	0
Outpatient Cardiac Services	2	0
Interventional Radiology	0	0
PACU-post anesthesia care unit	0	0
Endoscopic procedures	0	0
Pre and Post Surgery care	0	0
Surgical Services-Operating Room	6	0
Emergency Care	0	0
Psychiatric Unit (1E)	1	2.18
Maternity (2E)	0	0
Medical Surgical (2C)	0	0
Telemetry (2S)	0	0
Intensive Care Unit (ICU)	0	0
Medical Surgical (2C)	0	0
Telemetry (2S)	0	0
Intensive Care Unit (ICU)	0	0

DAY SHIFT UNLICENSED STAFFING

<b>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.</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>
Cardiac Rehab-program for cardiac outpatients	1	0
Cancer center/medical infusion	0	0
Outpatient Cardiac Services	0	0
Interventional Radiology	0	0
PACU-post anesthesia care unit	0	0
Endoscopic procedures	5	0
Pre and Post Surgery care	1	0
Surgical Services-Operating Room	0	0
Emergency Care	5	1
Psychiatric Unit (1E)	2	4.36
Maternity (2E)	0	0
Medical Surgical (2C)	2	2.67
Telemetry (2S)	3	3
Intensive Care Unit (ICU)	2	6.4
Medical Surgical (2C)	2	2.67
Telemetry (2S)	3	3
Intensive Care Unit (ICU)	2	6.4

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.
Cardiac Rehab-program for cardiac outpatients	None
Cancer center/medical infusion	Pharmacy runner-Monday through Friday
Outpatient Cardiac Services	None
Interventional Radiology	None
PACU-post anesthesia care unit	None
Endoscopic procedures	Registration clerk
Pre and Post Surgery care	None
Surgical Services-Operating Room	Surgical Scheduler
Emergency Care	Radiology, MRI and Unit Clerk, Rehab, Wound Care RN and Educator-Monday through Friday
Psychiatric Unit (1E)	Unit Coordinator-Monday through Friday and Social Worker-Monday through Friday
Maternity (2E)	None

Medical Surgical (2C)	Case Management, Unit Secretary, Rehab staff and Wound care RN coverage Monday through Friday
Telemetry (2S)	Case Management, Unit Secretary, Rehab staff and Wound care RN coverage Monday through Friday
Intensive Care Unit (ICU)	Rehab staff and Wound care RN coverage Monday through Friday
Medical Surgical (2C)	Unit Secretary
Telemetry (2S)	Unit Secretary
Intensive Care Unit (ICU)	None

**DAY SHIFT CONSENSUS INFORMATION**

<b>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.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
Cardiac Rehab-program for cardiac outpatients	Yes			
Cancer center/medical infusion	Yes			
Outpatient Cardiac Services	Yes			
Interventional Radiology	Yes			
PACU-post anesthesia care unit	Yes			
Endoscopic procedures	Yes			
Pre and Post Surgery care	Yes			
Surgical Services-Operating Room	Yes			

Emergency Care	Yes			
Psychiatric Unit (1E)	Yes			
Maternity (2E)	Yes			
Medical Surgical (2C)	Yes			
Telemetry (2S)	Yes			
Intensive Care Unit (ICU)	Yes			
Medical Surgical (2C)	Yes			
Telemetry (2S)	Yes			
Intensive Care Unit (ICU)	Yes			



**RN EVENING SHIFT STAFFING**

<b>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.</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)?</b>
Emergency Care	8	2.8	35	5
Psychiatric Unit (1E)	2	4.36	11	5.5
Maternity (2E)	2	12	4	2
Medical Surgical (2C)	3	4	18	9
Telemetry (2S)	4	4	24	8
Intensive Care Unit (ICU)	4	9.6	10	3.33

**LPN EVENING SHIFT STAFFING**

<b>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.</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>
Emergency Care	0	0
Psychiatric Unit (1E)	0	0
Maternity (2E)	0	0
Medical Surgical (2C)	2	2.67
Telemetry (2S)	3	3
Intensive Care Unit (ICU)	0	0

**EVENING SHIFT ANCILLARY STAFF**

<b>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.</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>
Emergency Care	0	0
Psychiatric Unit (1E)	0	0
Maternity (2E)	0	0
Medical Surgical (2C)	0	0
Telemetry (2S)	0	0
Intensive Care Unit (ICU)	0	0

**EVENING SHIFT UNLICENSED STAFFING**

<b>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.</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>
Emergency Care	5	0
Psychiatric Unit (1E)	2	4.36
Maternity (2E)	0	0
Medical Surgical (2C)	2	2.67
Telemetry (2S)	3	3
Intensive Care Unit (ICU)	2	6.4

**EVENING SHIFT ADDITIONAL RESOURCES**

<b>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.</b>	<b>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.</b>
Emergency Care	Unit Clerk, Radiology, and MRI
Psychiatric Unit (1E)	None
Maternity (2E)	None
Medical Surgical (2C)	Unit Secretary
Telemetry (2S)	Unit Secretary
Intensive Care Unit (ICU)	None

**EVENING SHIFT CONSENSUS INFORMATION**

<b>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.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	
Emergency Care	Yes			
Psychiatric Unit (1E)	Yes			
Maternity (2E)	Yes			
Medical Surgical (2C)	Yes			
Telemetry (2S)	Yes			
Intensive Care Unit (ICU)	Yes			

**RN NIGHT SHIFT STAFFING**

<b>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.</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)?</b>
Emergency Care	5	2.8	5	1
Psychiatric Unit (1E)	2	4.36	11	5.5
Maternity (2E)	2	12	4	2
Medical Surgical (2C)	3	4	18	9
Telemetry (2S)	4	4	24	8
Intensive Care Unit (ICU)	4	9.6	10	3.33

**LPN NIGHT SHIFT STAFFING**

<b>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.</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>
Emergency Care	0	0
Psychiatric Unit (1E)	0	0
Maternity (2E)	0	0
Medical Surgical (2C)	2	2.67
Telemetry (2S)	3	3
Intensive Care Unit (ICU)	0	0

**NIGHT SHIFT ANCILLARY STAFF**

<b>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.</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>
Emergency Care	0	0
Psychiatric Unit (1E)	0	0
Maternity (2E)	0	0
Medical Surgical (2C)	0	0
Telemetry (2S)	0	0
Intensive Care Unit (ICU)	0	0

**NIGHT SHIFT UNLICENSED STAFFING**

<b>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.</b>	<b>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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>
Emergency Care	3	0
Psychiatric Unit (1E)	2	4.36
Maternity (2E)	0	0
Medical Surgical (2C)	2	2.67
Telemetry (2S)	3	3
Intensive Care Unit (ICU)	2	6.4

**NIGHT SHIFT ADDITIONAL RESOURCES**

<b>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.</b>	<b>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b>
Emergency Care	Unit Clerk, Radiology and MRI on call
Psychiatric Unit (1E)	None
Maternity (2E)	None
Medical Surgical (2C)	None
Telemetry (2S)	None
Intensive Care Unit (ICU)	None

**NIGHT SHIFT CONSENSUS INFORMATION**

<b>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.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
Emergency Care	Yes			
Psychiatric Unit (1E)	Yes			
Maternity (2E)	Yes			
Medical Surgical (2C)	Yes			

Telemetry (2S)	Yes			
Intensive Care Unit (ICU)	Yes			

CBA INFORMATION

<p><b>We have one or more collective bargaining agreements:</b></p>	<p>No</p>
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