

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Bronx
Council	New York City
Network	NYC H+H
Reporting Organization	Jacobi Medical Center
Reporting Organization Id	1165
Reporting Organization Type	Hospital (pfi)
Data Entity	Jacobi Medical Center

RN DAY SHIFT STAFFING

<p>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.</p>	<p>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)</p>	<p>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)</p>	<p>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)</p>	<p>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) ?</p>
<p>JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process</p>	<p>7</p>	<p>10.5</p>	<p>5.3</p>	<p>2</p>
<p>JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>3</p>	<p>1.41</p>	<p>17</p>	<p>7</p>
<p>JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>3</p>	<p>1.29</p>	<p>18.6</p>	<p>7</p>
<p>JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>3</p>	<p>1.35</p>	<p>17.8</p>	<p>7</p>
<p>JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>3</p>	<p>1.42</p>	<p>16.9</p>	<p>7</p>
<p>JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby plan #patients reflect couplets</p>	<p>4</p>	<p>2.94</p>	<p>10.9</p>	<p>3</p>

JA IP 7NJ NICU 7th floor of Bldg 1. neonates who need specialized, intermediate or intensive care	9	4.41	16.3	2
JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric medical / surgical floor	2	1.37	11.7	6
JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	2	4.14	3.9	2
JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	5	4.66	8.6	2
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	5	4.1	9.8	2
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	6	4.64	10.3	2
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	4	5.25	6.1	2
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	3	2.39	10	4
JA IP 6A MED/TELE 6th floor of Bldg 6. medical patients typically found on a routine medical floor	6	1.5	32	6
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	6	1.55	30.9	6

JA IP 5A MED/TELE 5th floor of Bldg 6. medical patients requiring telemetry monitoring	4	2.13	15	4
JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients, medical	3	1.51	15.9	6
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	4	1.42	22.5	7
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	5	1.31	30.5	6
JA IP 3B MED 3rd floor of Bldg 6. medical and oncology patients requiring intermediate level of care	3	2.22	10.8	4
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	4	1.53	20.9	6

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 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)
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	0	0
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0.43	0.2
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0.86	0.37
JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby plan #patients reflect couplets	0.43	0.32

JA IP 7NJ NICU 7th floor of Bldg 1. neonates who need specialized, intermediate or intensive care	0	0
JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric medical / surgical floor	0	0
JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	0	0
JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	0	0
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	0	0
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	0	0
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	0	0
JA IP 6A MED/TELE 6th floor of Bldg 6. medical patients typically found on a routine medical floor	0	0
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	0.43	0.11

JA IP 5A MED/TELE 5th floor of Bldg 6. medical patients requiring telemetry monitoring	0	0
JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients, medical	0	0
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	0	0
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	0.86	0.22
JA IP 3B MED 3rd floor of Bldg 6. medical and oncology patients requiring intermediate level of care	0	0
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
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JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	0	0
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby plan #patients reflect couplets	0	0
JA IP 7NJ NICU 7th floor of Bldg 1. neonates who need specialized, intermediate or intensive care	0	0
JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric medical / surgical floor	0	0
JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	0	0
JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	0	0

JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	0	0
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	0	0
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	0	0
JA IP 6A MED/TELE 6th floor of Bldg 6. medical patients typically found on a routine medical floor	0	0
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	0	0
JA IP 5A MED/TELE 5th floor of Bldg 6. medical patients requiring telemetry monitoring	0	0
JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients, medical	0	0
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	0	0
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	0	0

JA IP 3B MED 3rd floor of Bldg 6. medical and oncology patients requiring intermediate level of care	0	0
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	2	3
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.41
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.29
JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.35

JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.42
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby plan #patients reflect couplets	2	1.47
JA IP 7NJ NICU 7th floor of Bldg 1. neonates who need specialized, intermediate or intensive care	2	0.98
JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric medical / surgical floor	1	0.68
JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	1	2.07
JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	1	0.93
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	1	0.82
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	1	0.77
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	1	1.31
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	1	0.8

JA IP 6A MED/TELE 6th floor of Bldg 6. medical patients typically found on a routine medical floor	3	0.75
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	3	0.78
JA IP 5A MED/TELE 5th floor of Bldg 6. medical patients requiring telemetry monitoring	1.5	0.8
JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients, medical	1.5	0.75
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	2	0.71
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	3	0.79
JA IP 3B MED 3rd floor of Bldg 6. medical and oncology patients requiring intermediate level of care	1	0.74
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	2	0.77

DAY SHIFT ADDITIONAL RESOURCES

<p>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.</p>	<p>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.</p>
<p>JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

<p>JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

<p>JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby plan #patients reflect couplets</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IP 7NJ NICU 7th floor of Bldg 1. neonates who need specialized, intermediate or intensive care</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric medical / surgical floor</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

<p>JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.</p>	<p>Dedicated clerical, monitor techs and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.</p>	<p>Dedicated clerical, monitor techs and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IP 6A MED/TELE 6th floor of Bldg 6. medical patients typically found on a routine medical floor	Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 5A MED/TELE 5th floor of Bldg 6. medical patients requiring telemetry monitoring	Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients, medical	Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

<p>JA IP 3B MED 3rd floor of Bldg 6. medical and oncology patients requiring intermediate level of care</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

DAY SHIFT CONSENSUS INFORMATION

<p>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.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>	<p>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</p>
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<p>JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>

<p>JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby plan #patients reflect couplets</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 7NJ NICU 7th floor of Bldg 1. neonates who need specialized, intermediate or intensive care</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric medical / surgical floor</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>

JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.

JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 6A MED/TELE 6th floor of Bldg 6. medical patients typically found on a routine medical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.

JA IP 5A MED/TELE 5th floor of Bldg 6. medical patients requiring telemetry monitoring	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients, medical	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.

<p>JA IP 3B MED 3rd floor of Bldg 6. medical and oncology patients requiring intermediate level of care</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	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)	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)?
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	7	10.5	5.3	2
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.41	17	7
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.29	18.6	7
JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.35	17.8	7
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.42	16.9	7
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby the planned patients are couplets	4	2.94	10.9	3

JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	9	4.41	16.3	2
JA IP 6D PEDIATRICS 6th floor of Bldg 6. are pediatric patients typically found on routine pediatric medical/ surgical floor	2	1.37	11.7	6
JA IP 6B PICU ICU 6th floor of Bldg 6. pediatric ICU level patients	2	4.14	3.9	2
JA IP 5B ICU 5th floor of Bldg 6. cardiac and medical ICU level patients.	5	4.66	8.6	2
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	5	4.1	9.8	2
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	6	4.64	10.3	2
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	4	5.25	6.1	2
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	3	2.3	10	4
JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	6	1.5	32	6
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	6	1.55	30.9	6

JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	4	2.13	15	4
JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catherization patients, stroke patietns and other medical patients	3	1.51	15.9	6
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	4	1.42	22.5	7
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	5	1.31	30.5	6
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	3	2.22	10.8	4
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	4	1.53	20.9	6

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
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JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	0	0
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0.08	0.04
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0.16	0.07
JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0.08	0.04
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby the planned patients are couplets	0.08	0.06
JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	0	0
JA IP 6D PEDIATRICS 6th floor of Bldg 6. are pediatric patients typically found on routine pediatric medical/ surgical floor	0	0
JA IP 6B PICU ICU 6th floor of Bldg 6. pediatric ICU level patients	0	0

JA IP 5B ICU 5th floor of Bldg 6. cardiac and medical ICU level patients.	0	0
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	0	0
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	0	0
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	0	0
JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	0	0
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	0.48	0.12
JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	0	0
JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients and other medical patients	0	0
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	0	0

JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	0.48	0.13
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	0	0
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	0	0
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0

JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby the planned patients are couplets	0	0
JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	0	0
JA IP 6D PEDIATRICS 6th floor of Bldg 6. are pediatric patients typically found on routine pediatric medical/ surgical floor	0	0
JA IP 6B PICU ICU 6th floor of Bldg 6. pediatric ICU level patients	0	0
JA IP 5B ICU 5th floor of Bldg 6. cardiac and medical ICU level patients.	0	0
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	0	0
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	0	0

JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	0	0
JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	0	0
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	0	0
JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	0	0
JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients and other medical patients	0	0
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	0	0
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	0	0
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	0	0

JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	0	0
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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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	2	3
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.41
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.29
JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.35
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.42

JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby the planned patients are couplets	2	1.47
JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	2	0.98
JA IP 6D PEDIATRICS 6th floor of Bldg 6. are pediatric patients typically found on routine pediatric medical/ surgical floor	1	0.68
JA IP 6B PICU ICU 6th floor of Bldg 6. pediatric ICU level patients	1	2.07
JA IP 5B ICU 5th floor of Bldg 6. cardiac and medical ICU level patients.	1	0.93
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	1	0.82
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	1	0.77
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	1	1.31
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	1	0.8

JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	3	0.75
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	3	0.78
JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	1.5	0.8
JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catherization patients, stroke patietns and other medical patients	1.5	0.75
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	2	0.71
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	3	0.79
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	1	0.74
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	2	0.77

EVENING SHIFT ADDITIONAL RESOURCES

<p>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.</p>	<p>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.</p>
<p>JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process</p>	<p>Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby the planned patients are couplets	Dedicated clerical and HN resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 6D PEDIATRICS 6th floor of Bldg 6. are pediatric patients typically found on routine pediatric medical/ surgical floor	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IP 6B PICU ICU 6th floor of Bldg 6. pediatric ICU level patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 5B ICU 5th floor of Bldg 6. cardiac and medical ICU level patients.	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists, monitor tech and social workers are available to support the planned number of patients on this unit.
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, monitor techs, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

<p>JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor</p>	<p>Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor</p>	<p>Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring</p>	<p>Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, monitor techs, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients and other medical patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	Dedicated clerical resources are planned to support this unit. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	

<p>JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	
<p>JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	
<p>JA IPP 7D PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	
<p>JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	

<p>JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby the planned patients are couplets</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	
<p>JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	
<p>JA IP 6D PEDIATRICS 6th floor of Bldg 6. are pediatric patients typically found on routine pediatric medical/surgical floor</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	
<p>JA IP 6B PICU ICU 6th floor of Bldg 6. pediatric ICU level patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	

<p>JA IP 5B ICU 5th floor of Bldg 6. cardiac and medical ICU level patients.</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	
<p>JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	
<p>JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	
<p>JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	

<p>JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	
<p>JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	
<p>JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	
<p>JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	

<p>JA IP 5A MED/TELE 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients and other medical patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	
<p>JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	
<p>JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	
<p>JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	

JA IP 3A SURGERY 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	
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RN NIGHT 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 Night 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 Night 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 Night 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 Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	7	10.5	5.3	2
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.41	17	7
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.29	18.6	7
JA IPP 7D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.35	17.8	7
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.42	16.9	7
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby are planned couplets	4	2.94	10.9	3

JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	9	4.41	16.3	2
JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric patients typically found on a routine pediatric medical/ surgical floor	2	1.37	11.7	6
JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	2	4.14	3.9	2
JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	5	4.66	8.6	2
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	5	4.1	9.8	2
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	6	4.64	10.3	2
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	4	5.25	6.1	2
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	3	2.39	10	4
JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	6	1.5	32	6
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	6	1.55	30.9	6

JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	4	2.13	15	4
JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catherization patients, stroke patients and medical patients	3	1.51	15.9	6
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	4	1.42	22.5	7
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients typically found on a routine medical/surgical floor	5	1.31	30.5	6
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	3	2.22	10.8	4
JA IP 3A SURGERY Med/Surg 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	4	1.53	20.9	6

LPN NIGHT 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 Night 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 Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	0	0
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 7D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0.43	0.2
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby are planned couplets	0	0
JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	0	0

JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric patients typically found on a routine pediatric medical/surgical floor	0	0
JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	0	0
JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	0	0
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	0	0
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	0	0
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	0	0
JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	0	0
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	0.43	0.11
JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	0	0

JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients and medical patients	0	0
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	0	0
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients typically found on a routine medical/surgical floor	0	0
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	0	0
JA IP 3A SURGERY Med/Surg 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	0	0

NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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)
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JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	0	0
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 7D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	0	0
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby are planned couplets	0	0
JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	0	0
JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric patients typically found on a routine pediatric medical/surgical floor	0	0
JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	0	0

JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	0	0
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	0	0
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	0	0
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	0	0
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	0	0
JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	0	0
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	0	0
JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	0	0
JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients and medical patients	0	0
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	0	0

JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients typically found on a routine medical/surgical floor	0	0
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	0	0
JA IP 3A SURGERY Med/Surg 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	0	0

NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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)
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	2	3
JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.41

JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.29
JA IPP 7D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.35
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	3	1.42
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby are planned couplets	2	1.47
JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	2	0.98
JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric patients typically found on a routine pediatric medical/ surgical floor	1	0.68
JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients	1	2.07
JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	1	0.93
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	1	0.82
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	1	0.77

JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	1	1.31
JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	1	0.8
JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	3	0.75
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	3	0.78
JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	1.5	0.8
JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients and medical patients	1.5	0.75
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	2	0.71
JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients typically found on a routine medical/surgical floor	3	0.79

JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	1	0.74
JA IP 3A SURGERY Med/Surg 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	2	0.77

NIGHT SHIFT ADDITIONAL RESOURCES

<p>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.</p>	<p>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.</p>
<p>JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process</p>	<p>Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.</p>

JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
JA IPP 7D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby are planned couplets	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care	Dedicated HN resource is planned to support this unit. Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.

<p>JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric patients typically found on a routine pediatric medical/ surgical floor</p>	<p>Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.</p>
<p>JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients</p>	<p>Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.</p>
<p>JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.</p>	<p>Additional resources such as pharmacists, monitor tech and respiratory therapists are available to support the planned number of patients on this unit.</p>
<p>JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.</p>	<p>Additional resources such as pharmacists, monitor techs, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients</p>	<p>Additional resources such as pharmacists, respiratory therapists are available to support the planned number of patients on this unit.</p>
<p>JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients</p>	<p>Additional resources such as pharmacists, respiratory therapists are available to support the planned number of patients on this unit.</p>

JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor	Additional resources such as pharmacists, and respiratory therapists are available to support the planned number of patients on this unit.
JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring	Additional resources such as pharmacists, monitor techs and respiratory therapists are available to support the planned number of patients on this unit.
JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients and medical patients	. Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.

JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients typically found on a routine medical/surgical floor	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.
JA IP 3A SURGERY Med/Surg 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor	Additional resources such as pharmacists and respiratory therapists are available to support the planned number of patients on this unit.

NIGHT 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):
JA IP 7EJ L&D 7th floor of Bldg 1. obstetrical patients anywhere in the laboring process	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.	In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.

<p>JA IPP 8D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IPP 8A PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IPP 7D PSYCHIATRY 8th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IPP 7A PSYCHIATRY 7th floor of Bldg 6. behavioral health patients requiring inpatient treatment</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>

<p>JA IP 7W MOTHER BABY 7th floor of Bldg 1. both mother & newborn baby are planned couplets</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 7NJ NICU 7th floor of Bldg 1. neonatal patients who need specialized, intermediate or intensive care</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 6D PEDIATRICS 6th floor of Bldg 6. pediatric patients typically found on a routine pediatric medical/surgical floor</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 6B PICU 6th floor of Bldg 6. pediatric ICU level patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>

JA IP 5B CCU 5th floor of Bldg 6. cardiac and medical ICU level patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 4B MICU ICU 4th floor of Bldg 6. medical ICU level patients.	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 2B SURGICAL ICU 2nd floor of Bldg 6. ICU level surgical / trauma patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.
JA IP 2A BURN ICU 2nd floor of Bldg 6. burn patients and ICU level surgical patients	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.	In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.

<p>JA IP 3A STEPDOWN 3rd floor of Bldg 6. intermediate level surgical patients.</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 6A MED/TELE Med/Surg 6th floor of Bldg 6. medical patients typically found on a routine medical floor</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 5D MED/TELE 5th floor of Bldg 6. medical patients typically found on a routine medical floor</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 5A MED/TELE Telemetry 5th floor of Bldg 6. patients requiring telemetry monitoring</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>

<p>JA IP 5A MED/TELE Med/Surg 5th floor of Bldg 6. post cardiac catheterization patients, stroke patients and medical patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IPR 4D REHAB 4th floor of Bldg 6. acute rehabilitation patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 4A MED/SURG 4th floor of Bldg 6. both medical and surgical patients typically found on a routine medical/surgical floor</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
<p>JA IP 3B MED Stepdown 3rd floor of Bldg 6. medical patients requiring an intermediate level of care and oncologic patients</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>

<p>JA IP 3A SURGERY Med/Surg 3rd floor of Bldg 6. surgical patients typically found on a routine surgical floor</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for current nursing and auxiliary staff ratios.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nursing and auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the current nursing and auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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CBA INFORMATION

<p>We have one or more collective bargaining agreements:</p>	<p>Yes</p>
<p>If yes, then:</p> <p>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</p> <p>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.) represented.</p>	<p>DC 37,New York State Nurses Associati on,SEIU 1199</p>

Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:

03/02/20
23 12:00
AM

The number of hospital employees represented by New York State Nurses Association is:

831

Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:

04/09/20
22 12:00
AM

<p>The number of hospital employees represented by SEIU 1199 is:</p>	<p>201</p>
<p>Our general hospital's collective bargaining agreement with DC 37 expires on the following date:</p>	<p>11/06/2026 12:00 AM</p>
<p>The number of hospital employees represented by DC37 is:</p>	<p>1527</p>