

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	Kings
<b>Council</b>	New York City
<b>Network</b>	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
<b>Reporting Organization</b>	New York - Presbyterian Brooklyn Methodist Hospital
<b>Reporting Organization Id</b>	1306
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	New York - Presbyterian Brooklyn Methodist Hospital

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
109728 Pre/Post Anesthesia	10	7	16.5	2
109711 OR	5	8	16.5	1
109727 Endo	5	8	14.4	1
106929 Endo	2	8	10.4	1
105335/105325 Pre/Post Anesthesia	6	4	22.5	2
105320 OR	11	8	22.5	1
105485 EMERGENCY DEPARTMENT	19.5	1.89	77.27	6
105530 6N PSYCH ADULT	4	2	21.85	5.46
105250 LABOR-DELIVERY NP4S	14	8.32	12.62	0.9
105140 INFILL 3 PEDIATRICS/PICU	4	3	10.92	2.73
105240 NEONATAL ICU	8	3	20.39	2.55
105220 POSTARTUM / NURSERY	6	1	47.92	7.99
105123 8 SOUTH REHAB	4	2	20.8	5.2
105131 BUCKLEY WEST 5 - TELEMETRY	6	2	27.1	4.52
105143 INFILL 6 ONCOLOGY	5	2	27.42	5.48
105141 INFILL 4 SURGERY/ORTHO	4	2	23.99	6

105129 7 SOUTH MED/SURG	6	2	31.37	5.23
105142 INFILL 5 MED/SURG UROLOGY	4	2	23.22	5.81
105144 INFILL 7 MEDICINE / VENT UNIT	4	2	22.42	5.61
105126 7 NORTH SURGERY	4	2	20.54	5.14
105125 8 NORTH MED/SURG NEURO	5	2	25.04	5.01
105124 BUCKLEY 4 MED/SURG	3	2	12.99	4.33
105127 MINER 8 MED/SURG	5	2	26.12	5.22
105128 MINER 7 MED/SURG	5	2	27.3	5.46
105121 MINER 5 MED/SURG HEMO	4	2	19.71	4.93
105150 8N/7N/I7 - STEPDOWN	5	3	17	3.4
105428 INFILL 5 / CT STEPDOWN	2	3	5.64	2.82
105420 SICU/MICU	10	5	17.6	1.76
105133 CORONARY CARE UNIT/PCI	4	4	9.31	2.33
105427 MINER 3/CT ICU	5	6	7.23	1.45

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)
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY NP4S	0	0
105140 INFILL 3 PEDIATRICS/PICU	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 - TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0

105129 7 SOUTH MED/SURG	0	0
105142 INFILL 5 MED/SURG UROLOGY	0	0
105144 INFILL 7 MEDICINE / VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH MED/SURG NEURO	0	0
105124 BUCKLEY 4 MED/SURG	0	0
105127 MINER 8 MED/SURG	0	0
105128 MINER 7 MED/SURG	0	0
105121 MINER 5 MED/SURG HEMO	0	0
105150 8N/7N/I7 - STEPDOWN	0	0
105428 INFILL 5 / CT STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	0	0
105427 MINER 3/CT ICU	0	0

DAY SHIFT ANCILLARY STAFF

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b></p>	<p><b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b></p>
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109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY NP4S	0	0
105140 INFILL 3 PEDIATRICS/PICU	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 - TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0
105129 7 SOUTH MED/SURG	0	0
105142 INFILL 5 MED/SURG UROLOGY	0	0
105144 INFILL 7 MEDICINE / VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH MED/SURG NEURO	0	0
105124 BUCKLEY 4 MED/SURG	0	0
105127 MINER 8 MED/SURG	0	0

105128 MINER 7 MED/SURG	0	0
105121 MINER 5 MED/SURG HEMO	0	0
105150 8N/7N/I7 - STEPDOWN	0	0
105428 INFILL 5 / CT STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	0	0
105427 MINER 3/CT ICU	0	0

DAY SHIFT UNLICENSED STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
109728 Pre/Post Anesthesia	4	3
109711 OR	13	21
109727 Endo	7	11
106929 Endo	4	16
105335/105325 Pre/Post Anesthesia	1	1
105320 OR	17	12
105485 EMERGENCY DEPARTMENT	4	0.39
105530 6N PSYCH ADULT	3	2
105250 LABOR-DELIVERY NP4S	1	0.59

105140 INFILL 3 PEDIATRICS/PICU	1	1
105240 NEONATAL ICU	1	1
105220 POSTARTUM / NURSERY	2	1
105123 8 SOUTH REHAB	2	1
105131 BUCKLEY WEST 5 - TELEMETRY	3	1
105143 INFILL 6 ONCOLOGY	3	1
105141 INFILL 4 SURGERY/ORTHO	2	1
105129 7 SOUTH MED/SURG	3	1
105142 INFILL 5 MED/SURG UROLOGY	2	1
105144 INFILL 7 MEDICINE / VENT UNIT	2	1
105126 7 NORTH SURGERY	2	1
105125 8 NORTH MED/SURG NEURO	3	1
105124 BUCKLEY 4 MED/SURG	1	1
105127 MINER 8 MED/SURG	3	1
105128 MINER 7 MED/SURG	3	1
105121 MINER 5 MED/SURG HEMO	2	1
105150 8N/7N/I7 - STEPDOWN	3	2
105428 INFILL 5 / CT STEPDOWN	1	2
105420 SICU/MICU	1	1
105133 CORONARY CARE UNIT/PCI	1	1
105427 MINER 3/CT ICU	1	2

DAY SHIFT ADDITIONAL RESOURCES



<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>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.</b></p>
<p>109728 Pre/Post Anesthesia</p>	<p>Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.</p>
<p>109711 OR</p>	<p>Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.</p>

109727 Endo	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
106929 Endo	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
105335/105325 Pre/Post Anesthesia	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
105320 OR	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.

105485 EMERGENCY DEPARTMENT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).
105530 6N PSYCH ADULT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, EKG Technicians, Rehab Medicine (OT, PT, SLP), and Wound/Ostomy/Continence RN.

105250 LABOR-DELIVERY  
NP4S

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105140 INFILL 3  
PEDIATRICS/PICU

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105240 NEONATAL ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105220 POSTARTUM /  
NURSERY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105123 8 SOUTH REHAB

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).



105131 BUCKLEY WEST 5 -  
TELEMETRY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105143 INFILL 6 ONCOLOGY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105141 INFILL 4  
SURGERY/ORTHO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

<p>105129 7 SOUTH MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105142 INFILL 5 MED/SURG  
UROLOGY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105144 INFILL 7 MEDICINE /  
VENT UNIT

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105126 7 NORTH SURGERY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105125 8 NORTH  
MED/SURG NEURO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).



105124 BUCKLEY 4  
MED/SURG

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

<p>105127 MINER 8 MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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<p>105128 MINER 7 MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105121 MINER 5  
MED/SURG HEMO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105150 8N/7N/I7 -  
STEPDOWN

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105428 INFILL 5 / CT  
STEPDOWN

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105420 SICU/MICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105133 CORONARY CARE  
UNIT/PCI

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).



105427 MINER 3/CT ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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**DAY SHIFT CONSENSUS INFORMATION**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
109728 Pre/Post Anesthesia	Yes			
109711 OR	Yes			
109727 Endo	Yes			
106929 Endo	Yes			

105335/105325 Pre/Post Anesthesia	Yes			
105320 OR	Yes			
105485 EMERGENCY DEPARTMENT	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held in lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>

105530 6N PSYCH ADULT	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105250 LABOR-DELIVERY NP4S</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105140 INFILL 3 PEDIATRICS/PICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105240 NEONATAL ICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105220 POSTARTUM / NURSERY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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105123 8 SOUTH REHAB	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105131 BUCKLEY WEST 5 - TELEMETRY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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105143 INFILL 6 ONCOLOGY	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105141 INFILL 4 SURGERY/ORTHO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105129 7 SOUTH MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105142 INFILL 5 MED/SURG UROLOGY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105144 INFILL 7 MEDICINE / VENT UNIT</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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105126 7 NORTH SURGERY	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105125 8 NORTH MED/SURG NEURO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105124 BUCKLEY 4 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105127 MINER 8 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105128 MINER 7 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105121 MINER 5 MED/SURG HEMO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105150 8N/7N/I7 - STEPDOWN</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105428 INFILL 5 / CT STEPDOWN</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105420 SICU/MICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105133 CORONARY CARE UNIT/PCI</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105427 MINER 3/CT ICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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## 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)?
109728 Pre/Post Anesthesia	10	7	5.5	2
109711 OR	4	8	5.5	1
109727 Endo	5	8	3.6	1
106929 Endo	2	8	2.6	1
105335/105325 Pre/Post Anesthesia	6	2	7.5	2
105320 OR	8	8	7.5	1
105485 EMERGENCY DEPARTMENT	22	1.89	87.18	6
105530 6N PSYCH ADULT	4	2	21.85	5.46
105250 LABOR-DELIVERY NP4S	13	7.73	12.62	0.97
105140 INFILL 3 MIXED ACUITY PEDS	4	3	10.92	2.73
105240 NEONATAL ICU	8	3	20.39	2.55
105220 POSTARTUM / NURSERY	6	1	47.92	7.99
105123 8 SOUTH REHAB	4	2	20.8	5.2
105131 BUCKLEY WEST 5 - TELEMETRY	6	2	27.1	4.52
105143 INFILL 6 ONCOLOGY	5	2	27.42	5.48
105141 INFILL 4 SURGERY/ORTHO	4	2	23.99	6

105129 7 SOUTH MED/SURG	6	2	31.37	5.23
105142 INFILL 5 MED/SURG UROLOGY	4	2	23.22	5.81
105144 INFILL 7 MEDICINE / VENT UNIT	4	2	22.42	5.61
105126 7 NORTH SURGERY	4	2	20.54	5.14
105125 8 NORTH MED/SURG NEURO	5	2	25.04	5.01
105124 BUCKLEY 4 MED/SURG	3	2	12.99	4.33
105127 MINER 8 MED/SURG	5	2	26.12	5.22
105128 MINER 7 MED/SURG	5	2	27.3	5.46
105121 MINER 5 MED/SURG HEMO	4	2	19.71	4.93
105150 8N/7N/I7 - STEPDOWN	5	3	17	3.4
105428 INFILL 5 / CT STEPDOWN	2	3	5.64	2.82
105420 SICU/MICU	10	5	17.6	1.76
105133 CORONARY CARE UNIT/PCI	4	4	9.31	2.33
105427 MINER 3/CT ICU	5	6	7.23	1.45

LPN EVENING SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
109728 Pre/Post Anesthesia	0	0

109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY NP4S	0	0
105140 INFILL 3 MIXED ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 - TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0
105129 7 SOUTH MED/SURG	0	0
105142 INFILL 5 MED/SURG UROLOGY	0	0
105144 INFILL 7 MEDICINE / VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH MED/SURG NEURO	0	0
105124 BUCKLEY 4 MED/SURG	0	0
105127 MINER 8 MED/SURG	0	0
105128 MINER 7 MED/SURG	0	0

105121 MINER 5 MED/SURG HEMO	0	0
105150 8N/7N/I7 - STEPDOWN	0	0
105428 INFILL 5 / CT STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	0	0
105427 MINER 3/CT ICU	0	0

EVENING SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY NP4S	0	0
105140 INFILL 3 MIXED ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0

105220 POSTARTUM / NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 - TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0
105129 7 SOUTH MED/SURG	0	0
105142 INFILL 5 MED/SURG UROLOGY	0	0
105144 INFILL 7 MEDICINE / VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH MED/SURG NEURO	0	0
105124 BUCKLEY 4 MED/SURG	0	0
105127 MINER 8 MED/SURG	0	0
105128 MINER 7 MED/SURG	0	0
105121 MINER 5 MED/SURG HEMO	0	0
105150 8N/7N/I7 - STEPDOWN	0	0
105428 INFILL 5 / CT STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	0	0
105427 MINER 3/CT ICU	0	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 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)
109728 Pre/Post Anesthesia	4	3
109711 OR	10	20
109727 Endo	7	11
106929 Endo	4	16
105335/105325 Pre/Post Anesthesia	1	1
105320 OR	12	12
105485 EMERGENCY DEPARTMENT	4	0.34
105530 6N PSYCH ADULT	3	2
105250 LABOR-DELIVERY NP4S	2	1.19
105140 INFILL 3 MIXED ACUITY PEDS	1	1
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	2	1
105123 8 SOUTH REHAB	2	1
105131 BUCKLEY WEST 5 - TELEMETRY	3	1
105143 INFILL 6 ONCOLOGY	3	1
105141 INFILL 4 SURGERY/ORTHO	2	1
105129 7 SOUTH MED/SURG	3	1
105142 INFILL 5 MED/SURG UROLOGY	2	1

105144 INFILL 7 MEDICINE / VENT UNIT	2	1
105126 7 NORTH SURGERY	2	1
105125 8 NORTH MED/SURG NEURO	3	1
105124 BUCKLEY 4 MED/SURG	1	1
105127 MINER 8 MED/SURG	3	1
105128 MINER 7 MED/SURG	3	1
105121 MINER 5 MED/SURG HEMO	2	1
105150 8N/7N/I7 - STEPDOWN	3	2
105428 INFILL 5 / CT STEPDOWN	1	2
105420 SICU/MICU	1	1
105133 CORONARY CARE UNIT/PCI	1	1
105427 MINER 3/CT ICU	0	0

**EVENING SHIFT ADDITIONAL RESOURCES**

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
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109728 Pre/Post Anesthesia	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
109711 OR	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
109727 Endo	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
106929 Endo	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.

105335/105325 Pre/Post Anesthesia	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
105320 OR	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.

105485 EMERGENCY DEPARTMENT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).
105530 6N PSYCH ADULT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, EKG Technicians, Rehab Medicine (OT, PT, SLP), and Wound/Ostomy/Continence RN.

105250 LABOR-DELIVERY  
NP4S

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105140 INFILL 3 MIXED  
ACUITY PEDS

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105240 NEONATAL ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105220 POSTARTUM /  
NURSERY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105123 8 SOUTH REHAB

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).



105131 BUCKLEY WEST 5 -  
TELEMETRY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105143 INFILL 6 ONCOLOGY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105141 INFILL 4  
SURGERY/ORTHO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

<p>105129 7 SOUTH MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105142 INFILL 5 MED/SURG  
UROLOGY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105144 INFILL 7 MEDICINE /  
VENT UNIT

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105126 7 NORTH SURGERY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105125 8 NORTH  
MED/SURG NEURO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).



105124 BUCKLEY 4  
MED/SURG

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

<p>105127 MINER 8 MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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<p>105128 MINER 7 MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105121 MINER 5  
MED/SURG HEMO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105150 8N/7N/I7 -  
STEPDOWN

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105428 INFILL 5 / CT  
STEPDOWN

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105420 SICU/MICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105133 CORONARY CARE  
UNIT/PCI

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).



105427 MINER 3/CT ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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**EVENING SHIFT CONSENSUS INFORMATION**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	
109728 Pre/Post Anesthesia	Yes			
109711 OR	Yes			
109727 Endo	Yes			
106929 Endo	Yes			
105335/105325 Pre/Post Anesthesia	Yes			
105320 OR	Yes			

<p>105485 EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105530 6N PSYCH ADULT</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105250 LABOR-DELIVERY NP4S</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105140 INFILL 3 MIXED ACUITY PEDS</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105240 NEONATAL ICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105220 POSTARTUM / NURSERY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105123 8 SOUTH REHAB</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105131 BUCKLEY WEST 5 - TELEMETRY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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105143 INFILL 6 ONCOLOGY	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105141 INFILL 4 SURGERY/ORTHO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105129 7 SOUTH MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105142 INFILL 5 MED/SURG UROLOGY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105144 INFILL 7 MEDICINE / VENT UNIT</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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105126 7 NORTH SURGERY	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105125 8 NORTH MED/SURG NEURO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105124 BUCKLEY 4 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105127 MINER 8 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105128 MINER 7 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105121 MINER 5 MED/SURG HEMO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105150 8N/7N/I7 - STEPDOWN</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105428 INFILL 5 / CT STEPDOWN</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105420 SICU/MICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105133 CORONARY CARE UNIT/PCI</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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<p>105427 MINER 3/CT ICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	
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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)?
109728 Pre/Post Anesthesia	0	0	0	0
109711 OR	0	0	0	0
109727 Endo	0	0	0	0
106929 Endo	0	0	0	0
105335/105325 Pre/Post Anesthesia	3	6	5	2
105320 OR	1	8	2	1
105485 EMERGENCY DEPARTMENT	17	1.89	67.37	6
105530 6N PSYCH ADULT	4	2	21.85	5.46
105250 LABOR-DELIVERY NP4S	13	7.73	12.62	0.97
105140 INFILL 3 MIXED ACUITY PEDS	4	3	10.92	2.73
105240 NEONATAL ICU	8	3	20.39	2.55
105220 POSTARTUM / NURSERY	6	1	47.92	7.99
105123 8 SOUTH REHAB	4	2	20.8	5.2
105131 BUCKLEY WEST 5 - TELEMETRY	6	2	27.1	4.52
105143 INFILL 6 ONCOLOGY	5	2	27.42	5.48
105141 INFILL 4 SURGERY/ORTHO	4	2	23.99	6
105129 7 SOUTH MED/SURG	6	2	31.37	5.23

105142 INFILL 5 MED/SURG UROLOGY	4	2	23.22	5.81
105144 INFILL 7 MEDICINE / VENT UNIT	4	2	22.42	5.61
105126 7 NORTH SURGERY	4	2	20.54	5.14
105125 8 NORTH MED/SURG NEURO	5	2	25.04	5.01
105124 BUCKLEY 4 MED/SURG	3	2	12.99	4.33
105127 MINER 8 MED/SURG	5	2	26.12	5.22
105128 MINER 7 MED/SURG	5	2	27.3	5.46
105121 MINER 5 MED/SURG HEMO	4	2	19.71	4.93
105150 8N/7N/I7 - STEPDOWN	5	3	17	3.4
105428 INFILL 5 / CT STEPDOWN	2	3	5.64	2.82
105420 SICU/MICU	10	5	17.6	1.76
105133 CORONARY CARE UNIT/PCI	4	4	9.31	2.33
105427 MINER 3/CT ICU	5	6	7.23	1.45

LPN NIGHT SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0

106929 Endo	0	0
105335/105325 Pre/Post Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY NP4S	0	0
105140 INFILL 3 MIXED ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 - TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0
105129 7 SOUTH MED/SURG	0	0
105142 INFILL 5 MED/SURG UROLOGY	0	0
105144 INFILL 7 MEDICINE / VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH MED/SURG NEURO	0	0
105124 BUCKLEY 4 MED/SURG	0	0
105127 MINER 8 MED/SURG	0	0
105128 MINER 7 MED/SURG	0	0
105121 MINER 5 MED/SURG HEMO	0	0

105150 8N/7N/I7 - STEPDOWN	0	0
105428 INFILL 5 / CT STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	0	0
105427 MINER 3/CT ICU	0	0

NIGHT SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post Anesthesia	0	0
105320 OR	0	0
105485 EMERGENCY DEPARTMENT	0	0
105530 6N PSYCH ADULT	0	0
105250 LABOR-DELIVERY NP4S	0	0
105140 INFILL 3 MIXED ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	0	0

105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 - TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0
105129 7 SOUTH MED/SURG	0	0
105142 INFILL 5 MED/SURG UROLOGY	0	0
105144 INFILL 7 MEDICINE / VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH MED/SURG NEURO	0	0
105124 BUCKLEY 4 MED/SURG	0	0
105127 MINER 8 MED/SURG	0	0
105128 MINER 7 MED/SURG	0	0
105121 MINER 5 MED/SURG HEMO	0	0
105150 8N/7N/I7 - STEPDOWN	0	0
105428 INFILL 5 / CT STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	0	0
105427 MINER 3/CT ICU	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)
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105335/105325 Pre/Post Anesthesia	1	2
105320 OR	5	40
105485 EMERGENCY DEPARTMENT	4	0.45
105530 6N PSYCH ADULT	2	1
105250 LABOR-DELIVERY NP4S	1	0.59
105140 INFILL 3 MIXED ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	2	1
105123 8 SOUTH REHAB	2	1
105131 BUCKLEY WEST 5 - TELEMETRY	2	1
105143 INFILL 6 ONCOLOGY	2	1
105141 INFILL 4 SURGERY/ORTHO	2	1
105129 7 SOUTH MED/SURG	2	1
105142 INFILL 5 MED/SURG UROLOGY	2	1

105144 INFILL 7 MEDICINE / VENT UNIT	2	1
105126 7 NORTH SURGERY	2	1
105125 8 NORTH MED/SURG NEURO	3	1
105124 BUCKLEY 4 MED/SURG	1	1
105127 MINER 8 MED/SURG	2	1
105128 MINER 7 MED/SURG	2	1
105121 MINER 5 MED/SURG HEMO	2	1
105150 8N/7N/I7 - STEPDOWN	2	1
105428 INFILL 5 / CT STEPDOWN	0.5	1
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	1	1
105427 MINER 3/CT ICU	0	0

**NIGHT SHIFT ADDITIONAL RESOURCES**

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
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109728 Pre/Post Anesthesia	Unit closed overnight.
109711 OR	Unit closed overnight.
109727 Endo	Unit closed overnight.
106929 Endo	Unit closed overnight.
105335/105325 Pre/Post Anesthesia	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
105320 OR	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.

<p>105485 EMERGENCY DEPARTMENT</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
<p>105530 6N PSYCH ADULT</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, EKG Technicians, Rehab Medicine (OT, PT, SLP), and Wound/Ostomy/Continence RN.</p>

<p>105250 LABOR-DELIVERY NP4S</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>
<p>105140 INFILL 3 MIXED ACUITY PEDS</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>
<p>105240 NEONATAL ICU</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>

105220 POSTARTUM / NURSERY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105123 8 SOUTH REHAB	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105131 BUCKLEY WEST 5 - TELEMETRY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians

105143 INFILL 6 ONCOLOGY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105141 INFILL 4 SURGERY/ORTHO	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105129 7 SOUTH MED/SURG	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians

105142 INFILL 5 MED/SURG UROLOGY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105144 INFILL 7 MEDICINE / VENT UNIT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105126 7 NORTH SURGERY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians

105125 8 NORTH MED/SURG NEURO	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105124 BUCKLEY 4 MED/SURG	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105127 MINER 8 MED/SURG	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians

105128 MINER 7 MED/SURG	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105121 MINER 5 MED/SURG HEMO	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105150 8N/7N/I7 - STEPDOWN	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians



105428 INFILL 5 / CT STEPDOWN	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105420 SICU/MICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
105133 CORONARY CARE UNIT/PCI	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians

105427 MINER 3/CT ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians
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NIGHT SHIFT CONSENSUS INFORMATION

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
109728 Pre/Post Anesthesia	Yes			
109711 OR	Yes			
109727 Endo	Yes			
106929 Endo	Yes			
105335/105325 Pre/Post Anesthesia	Yes			
105320 OR	Yes			

<p>105485 EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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105530 6N PSYCH ADULT	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105250 LABOR-DELIVERY NP4S</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105140 INFILL 3 MIXED ACUITY PEDS</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105240 NEONATAL ICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105220 POSTARTUM / NURSERY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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105123 8 SOUTH REHAB	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105131 BUCKLEY WEST 5 - TELEMETRY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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105143 INFILL 6 ONCOLOGY	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105141 INFILL 4 SURGERY/ORTHO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105129 7 SOUTH MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105142 INFILL 5 MED/SURG UROLOGY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105144 INFILL 7 MEDICINE / VENT UNIT</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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105126 7 NORTH SURGERY	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105125 8 NORTH MED/SURG NEURO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105124 BUCKLEY 4 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105127 MINER 8 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105128 MINER 7 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105121 MINER 5 MED/SURG HEMO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105150 8N/7N/I7 - STEPDOWN</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105428 INFILL 5 / CT STEPDOWN</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105420 SICU/MICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105133 CORONARY CARE UNIT/PCI</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105427 MINER 3/CT ICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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CBA INFORMATION

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

<p><b>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</b></p>	<p>04/30/20 26 12:00 AM</p>
<p><b>The number of hospital employees represented by New York State Nurses Association is:</b></p>	<p>1375</p>
<p><b>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</b></p>	<p>09/30/20 24 12:00 AM</p>

**The number of hospital employees  
represented by SEIU 1199 is:**

537