

HOSPITAL INFORMATION

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

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 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?
Operating Room - 6 rooms	14.56	7.77	15	1
Cardiac Catheterization /EP procedures	5	15	4	1
Thrombectomy Certified Unit	1.06	4	2	1
Oncology & Therapeutic Infusion services	4.66	1.66	21	1
Pretesting procedures	1.66	0.65	19	1
Endoscopy procedures	4.8	7.2	5	1
ICU Intensive Care Unit	3	4	6	2
4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem Pool	3.06	4.08	6	2
IMCU Telemetry	4	2.66	12	3
4 EAST Medical Surgical Unit	7	1.27	44	6
3 WEST Medical Surgical Unit	5	1.29	31	7
3 EAST Medical Surgical Unit	4	1.18	27	7
2 EAST Medical/Surgical Unit	3	1.33	18	7

LPN DAY SHIFT STAFFING

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

DAY SHIFT ANCILLARY STAFF

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

DAY SHIFT UNLICENSED STAFFING

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

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
Operating Room - 6 rooms	Unit Clerk support and Per Diems
Cardiac Catheterization /EP procedures	Per Diem RNs
Thrombectomy Certified Unit	Registrar support
Oncology & Therapeutic Infusion services	Registrar support
Pretesting procedures	Registrar and Medical Secretary support
Endoscopy procedures	Registrar support
ICU Intensive Care Unit	<p>Unit Secretary, Break Nurse without an assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis</p>

4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem Pool	Additional resources Per Diem Pool of RN's
IMCU Telemetry	Unit Secretary, there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
4 EAST Medical Surgical Unit	Unit clerk , there are other members of the ancillary team that are not easily attributed to definitive work- hours whom support the unit on a regular basis
3 WEST Medical Surgical Unit	Unit Secretary, there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
3 EAST Medical Surgical Unit	Unit Secretary, there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
2 EAST Medical/Surgical Unit	Unit Secretary, there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis

DAY SHIFT CONSENSUS INFORMATION

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>	<p>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</p>
<p>Operating Room - 6 rooms</p>	<p>No</p>	<p>8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must</p>

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

<p>4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem Pool</p>	<p>No</p>	<p>8.10.23 CEO: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must</p>
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IMCU Telemetry	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It</p>
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4 EAST Medical Surgical Unit	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It</p>
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<p>3 WEST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It</p>
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<p>3 EAST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It</p>
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<p>2 EAST Medical/Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p> <p>7/1/2023 Adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate</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 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
Operating Room - 6 Rooms	6.43	5.72	9	1
Cardiac Catheterization / EP procedures	3.33	20	2	1
Thrombectomy Certified Unit	0.26	2	1	1
Oncology & Therapeutic Infusion services	2	1.66	9	1
Pretesting procedures	0.46	0.58	6	1
Endoscopy procedures	0.73	1.1	5	1
4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem Pool	5	5.63	4	2
ICU Intensive Care Unit	3	4	6	2
IMCU Telemetry	4	2.66	12	3
4 EAST Medical Surgical Unit	7	1.27	44	6
3 WEST Medical Surgical Unit	5	1.29	31	7
3 EAST Medical Surgical Unit	4	1.18	27	7
2 East Medical Surgical Unit	3	1.33	18	7

LPN EVENING SHIFT STAFFING

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

EVENING SHIFT ANCILLARY STAFF

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

EVENING SHIFT UNLICENSED STAFFING

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

EVENING SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
Operating Room - 6 Rooms	Unit clerk and per diem support
Cardiac Catheterization / EP procedures	Per Diem RNs
Thrombectomy Certified Unit	Registrar support
Oncology & Therapeutic Infusion services	Registrar support
Pretesting procedures	Registrar and Medical Secretary support
Endoscopy procedures	Registrar support
4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem Pool	Additional resources Per Diem Pool of RN's

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

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

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>	<p>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</p>
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Operating Room - 6 Rooms	No	<p>8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must</p>
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<p>Cardiac Catheterization / EP procedures</p>	<p>No</p>	<p>8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must</p>
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<p>Thrombectomy Certified Unit</p>	<p>No</p>	<p>8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must</p>
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<p>Oncology & Therapeutic Infusion services</p>	<p>No</p>	<p>8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must</p>
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<p>Pretesting procedures</p>	<p>No</p>	<p>8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must</p>
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Endoscopy procedures	No	<p>8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must</p>
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<p>4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem Pool</p>	<p>No</p>	<p>8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>adequate staffing is crucial for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost- cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must</p>
<p>ICU Intensive Care Unit</p>	<p>Yes</p>			

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

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	Operating Room - 6 Rooms	1.25	10	1
Endoscopy	Endoscopy procedures	0.06	0	0
Dialysis - Acute	4-bedded Dialysis Unit; Staffed with 5FTE RNs, 2FTE Techs and RN Per-Diem Pool	2.31	18.5	1
Intensive Care	ICU Intensive Care Unit	3	4	6
Stepdown	IMCU Telemetry	4	2.66	12
Medical/Surgical	4 EAST Medical Surgical Unit	7	1.27	44
Medical/Surgical	3 WEST Medical Surgical Unit	5	1.29	31
Medical/Surgical	3 EAST Medical Surgical Unit	4	1.18	27
Medical/Surgical	2 EAST Medical Surgical Unit	3	1.33	18

LPN NIGHT SHIFT STAFFING

Name of Clinical Unit:	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
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Other	1	0
Endoscopy	1	0
Dialysis - Acute	2	0
Intensive Care	2	0
Stepdown	3	0
Medical/Surgical	6	0
Medical/Surgical	7	0
Medical/Surgical	7	0
Medical/Surgical	7	0

NIGHT SHIFT ANCILLARY STAFF

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

NIGHT SHIFT UNLICENSED STAFFING

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

NIGHT SHIFT ADDITIONAL RESOURCES

Name of Clinical Unit:	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0
Endoscopy	0
Dialysis - Acute	1.5
Intensive Care	1.33
Stepdown	1.33
Medical/Surgical	1.09
Medical/Surgical	1.29
Medical/Surgical	1.18
Medical/Surgical	1.33

NIGHT SHIFT CONSENSUS INFORMATION

<p>Name of Clinical Unit:</p>	<p>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>
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Other	Unit clerk and per diem support	No	8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.
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Endoscopy	Registrar support	No	<p>8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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Dialysis - Acute	Additional resources Per Diem Pool of RN's	No	8.10.23 CEO/Exec Director: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	8.10.23 Hospital Admin: Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.
Intensive Care	Break Nurse without an assignment. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis	Yes		

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

<p>We have one or more collective bargaining agreements:</p>	<p>Yes</p>
<p>If yes, then:</p> <p>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</p> <p>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.)</p>	<p>SEIU 1199</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/2026 12:00 AM</p>

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

1359