

## HOSPITAL INFORMATION

<b>Region</b>	Capital District Regional Office
<b>County</b>	Clinton
<b>Council</b>	North Country
<b>Network</b>	UNIVERSITY OF VERMONT HEALTH NETWORK
<b>Reporting Organization</b>	The University of Vermont Health Network- Champlain Valley Physicians Hospital
<b>Reporting Organization Id</b>	0135
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	The University of Vermont Health Network- Champlain Valley Physicians 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 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) ?
Radiation Oncology	1	0.33	24.23	24.23
Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	2	0.04	99.99	59
Medical Oncology/ Infusion Staffing Plan	16	1.08	99.99	7.38
Cardiac Rehab and Non-Invasive Cardiology	6	0.4	99.99	19.89
Invasive Cardiology/ EP	7	3.23	17.35	2.48
Interventional Radiology	6	2.47	19.43	3.23
OR/PACU/ENDO	26	3.96	52.55	0.5
Urology	2	0.59	27	13.5
ENT	1	0.57	14	14
Orthopedics	2	0.21	76	38
Obstetrics/Gynecology	2	0.21	77	38.5
Primary Care (Family Medicine Center)	4	0.35	91	22.75
Pulmonology and Sleep Lab	2	0.46	35	17.5
Cardiology - General	5	0.48	83	16.6
Endocrinology	1	0.53	15	15
Infectious Disease	0	0	7	0
Gastroenterology	1	0.38	21	21

Neurology, Neurosurgery, Pain Management	0	0	15	0
General Surgery, Plastic Surgery, Dermatology	0	0	39	0
Inpatient Dialysis	2	2.5	4	2
Skilled Nursing Facility	1	0.24	34	17
Emergency Department	6	2.4	20	5
Post Partum	2	2.96	5.4	6
Labor and Delivery	2	5.9	2.7	2
Adult Psychiatry	2	1.14	14	7
Child and Adolescent Psychiatry	2	1.33	12	6
Cardiac and Vascular Care - Observation Unit	4	2	16	4
R7 Med Surg Tele/Alternative Level of Care Beds	2	0.67	24	12
R6 Med Surg Tele	6	2	24	4
R5 Med Surg Tele	6	2	24	4
R4 Progressive Care	7	2.67	21	3
R3 Med Surg Tele	6	2	24	4
ICU	5	4	10	2

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)
Radiation Oncology	0	0

Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	0	0
Medical Oncology/ Infusion Staffing Plan	2	0.14
Cardiac Rehab and Non-Invasive Cardiology	0	0
Invasive Cardiology/ EP	0	0
Interventional Radiology	0	0
OR/PACU/ENDO	0	0
Urology	1	0.3
ENT	0	0
Orthopedics	4	0.42
Obstetrics/Gynecology	3	0.31
Primary Care (Family Medicine Center)	10	0.88
Pulmonology and Sleep Lab	3	0.69
Cardiology - General	0	0
Endocrinology	0	0
Infectious Disease	1	1.14
Gastroenterology	0	0
Neurology, Neurosurgery, Pain Management	3	1.6
General Surgery, Plastic Surgery, Dermatology	5	1.03
Inpatient Dialysis	0	0
Skilled Nursing Facility	1	0.24
Emergency Department	0	0
Post Partum	0	0
Labor and Delivery	0	0
Adult Psychiatry	0	0
Child and Adolescent Psychiatry	0	0
Cardiac and Vascular Care - Observation Unit	0	0

R7 Med Surg Tele/Alternative Level of Care Beds	2	0.67
R6 Med Surg Tele	0	0
R5 Med Surg Tele	0	0
R4 Progressive Care	0	0
R3 Med Surg Tele	0	0
ICU	0	0

DAY SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Radiation Oncology	1	8
Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	3	24
Medical Oncology/ Infusion Staffing Plan	13	99.99
Cardiac Rehab and Non-Invasive Cardiology	0	0
Invasive Cardiology/ EP	0	0
Interventional Radiology	0	0
OR/PACU/ENDO	6	48
Urology	3	24
ENT	2	16
Orthopedics	4	0.42
Obstetrics/Gynecology	4	32

Primary Care (Family Medicine Center)	8	64
Pulmonology and Sleep Lab	4	32
Cardiology - General	10	80
Endocrinology	1	8
Infectious Disease	1	8
Gastroenterology	5	40
Neurology, Neurosurgery, Pain Management	2	16
General Surgery, Plastic Surgery, Dermatology	8	64
Inpatient Dialysis	0	0
Skilled Nursing Facility	3	24
Emergency Department	4	26.2
Post Partum	4	18.2
Labor and Delivery	4	18.2
Adult Psychiatry	4	27
Child and Adolescent Psychiatry	3	19
Cardiac and Vascular Care - Observation Unit	6	28.38
R7 Med Surg Tele/Alternative Level of Care Beds	6	28.38
R6 Med Surg Tele	6	28.38
R5 Med Surg Tele	6	28.38
R4 Progressive Care	6	28.38
R3 Med Surg Tele	5	28.38
ICU	6	28.38

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)
Radiation Oncology	5	1.65
Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	31.2	2.11
Medical Oncology/ Infusion Staffing Plan	3.8	0.26
Cardiac Rehab and Non-Invasive Cardiology	11.4	0.76
Invasive Cardiology/ EP	6	2.77
Interventional Radiology	5	2.06
OR/PACU/ENDO	15	2.28
Urology	1	0.3
ENT	0	0
Orthopedics	3	0.32
Obstetrics/Gynecology	5	0.52
Primary Care (Family Medicine Center)	1	0.09
Pulmonology and Sleep Lab	4	0.91
Cardiology - General	11	1.06
Endocrinology	1.6	0.85
Infectious Disease	0	0
Gastroenterology	1	0.38
Neurology, Neurosurgery, Pain Management	1	0.53

General Surgery, Plastic Surgery, Dermatology	0	0
Inpatient Dialysis	1	1.25
Skilled Nursing Facility	5	1.18
Emergency Department	3	1.2
Post Partum	2	2.96
Labor and Delivery	1	8
Adult Psychiatry	2	1.14
Child and Adolescent Psychiatry	3	2
Cardiac and Vascular Care - Observation Unit	2	1
R7 Med Surg Tele/Alternative Level of Care Beds	3	1
R6 Med Surg Tele	2	0.67
R5 Med Surg Tele	2	0.67
R4 Progressive Care	2	0.76
R3 Med Surg Tele	2	0.67
ICU	0	0

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>
Radiation Oncology	unit clerk



Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	Radiology tech aide
Medical Oncology/ Infusion Staffing Plan	Office Coordinator, Unit Clerk, Charge Specialist, Certified Tumor Register, CSP Program Coordinator
Cardiac Rehab and Non-Invasive Cardiology	N/A
Invasive Cardiology/ EP	N/A
Interventional Radiology	N/A
OR/PACU/ENDO	Perioperative support tech, OR Anesthesia Support Tech, Unit Clerk
Urology	Patient Access Team Representative
ENT	Surgical Scheduler and Patient Access Team Representative
Orthopedics	Patient Access Team Representative, Surgical Scheduler
Obstetrics/Gynecology	Patient Access Team Representative, Medical Assistant
Primary Care (Family Medicine Center)	Healthcare (Certified) Access Associate
Pulmonology and Sleep Lab	Patient Access Team Representative, Surgical Scheduler
Cardiology - General	Patient Access Team Representative, Front Office Coordinator, Surgical Clinic Coordinator
Endocrinology	Patient Access Team Representative
Infectious Disease	Healthcare Access Associate

Gastroenterology	Medical Assistant, Patient Access Team Representative
Neurology, Neurosurgery, Pain Management	Patient Access Team Representative
General Surgery, Plastic Surgery, Dermatology	Patient Access Team Representative, Surgical Scheduler, Surgical Clinic Coordinator
Inpatient Dialysis	N/A
Skilled Nursing Facility	Unit Clerk, Activities Aide, Charge RN
Emergency Department	Unit Clerk, Throughput RN, Break Relief Nurse
Post Partum	Unit Clerk, Discharge Planning, Utilization Review, Lactation Consultant
Labor and Delivery	Unit Clerk, Discharge Planning, Utilization Review, Lactation Consultant
Adult Psychiatry	Unit Clerk, Discharge Planning, Monitor Watcher
Child and Adolescent Psychiatry	Unit Clerk, Discharge Planning, Utilization Review
Cardiac and Vascular Care - Observation Unit	Unit Clerk, Discharge Planning, Utilization Review
R7 Med Surg Tele/Alternative Level of Care Beds	Unit Clerk, Discharge Planning, Utilization Review
R6 Med Surg Tele	Unit Clerk, Discharge Planning, Utilization Review

R5 Med Surg Tele	Unit Clerk, Discharge Planning, Utilization Review
R4 Progressive Care	Unit Clerk, Discharge Planning, Utilization Review
R3 Med Surg Tele	Unit Clerk, Discharge Planning, Utilization Review
ICU	Unit Clerk, Discharge Planning, Resource RN (Code RN, unit helper), Utilization Review

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>
Radiation Oncology	Yes			
Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	Yes			
Medical Oncology/ Infusion Staffing Plan	Yes			
Cardiac Rehab and Non-Invasive Cardiology	Yes			
Invasive Cardiology/ EP	Yes			
Interventional Radiology	Yes			
OR/PACU/ENDO	Yes			
Urology	Yes			
ENT	Yes			

Orthopedics	Yes			
Obstetrics/Gynecology	Yes			
Primary Care (Family Medicine Center)	Yes			
Pulmonology and Sleep Lab	Yes			
Cardiology - General	Yes			
Endocrinology	Yes			
Infectious Disease	Yes			
Gastroenterology	Yes			
Neurology, Neurosurgery, Pain Management	Yes			
General Surgery, Plastic Surgery, Dermatology	Yes			
Inpatient Dialysis	No	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and leaving limited duration as is.</p>	<p>Desired use of the term "ratio" and defining limited duration as no more than 4 hours.</p>

Skilled Nursing Facility	No	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.	Desired use of the term "ratio" and defining limited duration as no more than 4 hours.
Emergency Department	No	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.	Desired use of the term "ratio" and defining limited duration as no more than 4 hours.

<p>Post Partum</p>	<p>No</p>	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.</p>	<p>Desired use of the term "ratio" and defining limited duration as no more than 4 hours.</p>
<p>Labor and Delivery</p>	<p>No</p>	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.</p>	<p>Desired use of the term "ratio" and defining limited duration as no more than 4 hours.</p>

<p>Adult Psychiatry</p>	<p>No</p>	<p>Adopted the use of the term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 24 hours.</p>	<p>Desired use of the term "ratio" and defining limited duration as no more than 4 hours.</p>
<p>Child and Adolescent Psychiatry</p>	<p>No</p>	<p>Adopted the use of the term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 24 hours.</p>	<p>Desired use of the term "ratio" and defining limited duration as no more than 4 hours.</p>

<p>Cardiac and Vascular Care - Observation Unit</p>	<p>No</p>	<p>term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the Clinical Assistant guideline of 1:8-12 based on current recruitment challenges and the range supports the flexibility needed while we work together to recruit during this workforce shortage. Added a statement, *When the guideline for Clinical Assistants is 1:12, the</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours and Clinical Assistant guideline of 1:8-12.</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, maintaining current guideline/ratio of 1:8 for Clinical Assistants and adding a statement, “If patient in assignment is Progressive Care status, follow PCU R4 1:3 ratio”.</p>
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<p>R7 Med Surg Tele/Alternative Level of Care Beds</p>	<p>No</p>	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:10</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, "The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges."</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, Unit Clerk coverage 24/7 and maintaining current guidelines/ratios of 1:4 for Registered Nurses and 1:8 for Clinical Assistants.</p>
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<p>R6 Med Surg Tele</p>	<p>No</p>	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Adopted the definition of limited duration being no more 16 hours based upon this care setting. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:8-12 based on current recruitment challenges and the range supports the flexibility needed while we work together to recruit during this workforce</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, "The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges."</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, Unit Clerk coverage 24/7 and maintaining current guidelines/ratios of 1:4 for Registered Nurses and 1:8 for Clinical Assistants.</p>
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R5 Med Surg Tele	No	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:8-12</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, "The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges."</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, Unit Clerk coverage 24/7 and maintaining current guidelines/ratios of 1:4 for Registered Nurses and 1:8 for Clinical Assistants.</p>
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<p>R4 Progressive Care</p>	<p>No</p>	<p>term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the Clinical Assistant guideline of 1:7-11 based on current recruitment challenges and the range supports the flexibility needed while we work together to recruit during this workforce</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk for 12 hours Monday-Saturday instead of 24/7.</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, Unit Clerk coverage 24/7 and maintaining current guideline/ratio of 1:7 for Clinical Assistants.</p>
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<p>R3 Med Surg Tele</p>	<p>No</p>	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:8-12</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, "The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges."</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, Unit Clerk coverage 24/7 and maintaining current guidelines/ratios of 1:4 for Registered Nurses and 1:8 for Clinical Assistants.</p>
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ICU	No	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 8 hours.</p>	<p>Desired use of the term "ratio" and defining limited duration as no more than 4 hours.</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)?
Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	0	0	0	0
Skilled Nursing Facility	1	0.24	34	17
Emergency Department	10	2.1	38	5
Post Partum	2	2.96	5.4	6
Labor and Delivery	2	5.9	2.7	2
Adult Psychiatry	2	1.14	14	7
Child and Adolescent Psychiatry	2	1.33	12	6
Cardiac and Vascular Care - Observation Unit	4	2	16	4
R7 Med Surg Tele/Alternative Level of Care Beds	2	0.67	24	12
R6 Med Surg Tele	6	2	24	4
R5 Med Surg Tele	6	2	24	4
R4 Progressive Care	7	2.67	21	3
R3 Med Surg Tele	6	2	24	4
ICU	5	4	10	2

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)
Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	0	0
Skilled Nursing Facility	1	0.24
Emergency Department	0	0
Post Partum	0	0
Labor and Delivery	0	0
Adult Psychiatry	0	0
Child and Adolescent Psychiatry	0	0
Cardiac and Vascular Care - Observation Unit	0	0
R7 Med Surg Tele/Alternative Level of Care Beds	2	0.67
R6 Med Surg Tele	0	0
R5 Med Surg Tele	0	0
R4 Progressive Care	0	0
R3 Med Surg Tele	0	0
ICU	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)
Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	4	32
Skilled Nursing Facility	1	8
Emergency Department	4	14.2
Post Partum	3	13.2
Labor and Delivery	3	13.2
Adult Psychiatry	4	19
Child and Adolescent Psychiatry	3	11
Cardiac and Vascular Care - Observation Unit	3	13.2
R7 Med Surg Tele/Alternative Level of Care Beds	3	13.2
R6 Med Surg Tele	3	13.2
R5 Med Surg Tele	3	13.2
R4 Progressive Care	3	13.2
R3 Med Surg Tele	3	13.2
ICU	3	13.2

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)
Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	7	0.68
Skilled Nursing Facility	4	0.94
Emergency Department	4	1.05
Post Partum	2	2.96
Labor and Delivery	1	8
Adult Psychiatry	2	1.14
Child and Adolescent Psychiatry	3	2
Cardiac and Vascular Care - Observation Unit	2	1
R7 Med Surg Tele/Alternative Level of Care Beds	3	1
R6 Med Surg Tele	2	0.67
R5 Med Surg Tele	2	0.67
R4 Progressive Care	2	0.76
R3 Med Surg Tele	2	0.67
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>
<p>Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography</p>	<p>radiology tech aide</p>
<p>Skilled Nursing Facility</p>	<p>Charge RN</p>
<p>Emergency Department</p>	<p>Unit Clerk, Throughput RN, Break Relief Nurse</p>
<p>Post Partum</p>	<p>Unit Clerk, Lactation Consultant</p>
<p>Labor and Delivery</p>	<p>Unit Clerk, Lactation Consultant</p>
<p>Adult Psychiatry</p>	<p>Unit Clerk, Discharge Planning, Monitor Watcher</p>
<p>Child and Adolescent Psychiatry</p>	<p>Unit Clerk, Discharge Planning, Utilization Review</p>
<p>Cardiac and Vascular Care - Observation Unit</p>	<p>Unit Clerk, Discharge Planning, Utilization Review</p>
<p>R7 Med Surg Tele/Alternative Level of Care Beds</p>	<p>Unit Clerk, Discharge Planning, Utilization Review</p>

R6 Med Surg Tele	Unit Clerk, Discharge Planning, Utilization Review
R5 Med Surg Tele	Unit Clerk, Discharge Planning, Utilization Review
R4 Progressive Care	Unit Clerk, Discharge Planning, Utilization Review
R3 Med Surg Tele	Unit Clerk, Discharge Planning, Utilization Review
ICU	Unit Clerk, Discharge Planning, Resource RN (Code RN, unit helper)

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>	<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>
Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	Yes			

Skilled Nursing Facility	No	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.	Desired use of the term "ratio" and defining limited duration as no more than 4 hours.
Emergency Department	No	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.	Desired use of the term "ratio" and defining limited duration as no more than 4 hours.

<p>Post Partum</p>	<p>No</p>	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.</p>	<p>Desired use of the term "ratio" and defining limited duration as no more than 4 hours.</p>
<p>Labor and Delivery</p>	<p>No</p>	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.</p>	<p>Desired use of the term "ratio" and defining limited duration as no more than 4 hours.</p>

<p>Adult Psychiatry</p>	<p>No</p>	<p>Adopted the use of the term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 24 hours.</p>	<p>Desired use of the term "ratio" and defining limited duration as no more than 4 hours.</p>
<p>Child and Adolescent Psychiatry</p>	<p>No</p>	<p>Adopted the use of the term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 24 hours.</p>	<p>Desired use of the term "ratio" and defining limited duration as no more than 4 hours.</p>

<p>Cardiac and Vascular Care - Observation Unit</p>	<p>No</p>	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the Clinical Assistant guideline of 1:8-12 based on current recruitment challenges and the range supports the flexibility needed while we work together to recruit during this workforce shortage. Added a statement, *When the guideline for Clinical Assistants is 1:12, the</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours and Clinical Assistant guideline of 1:8-12.</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, maintaining current guideline/ratio of 1:8 for Clinical Assistants and adding a statement, "If patient in assignment is Progressive Care status, follow PCU R4 1:3 ratio".</p>
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<p>R7 Med Surg Tele/Alternative Level of Care Beds</p>	<p>No</p>	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:10</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, "The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges."</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, Unit Clerk coverage 24/7 and maintaining current guidelines/ratios of 1:4 for Registered Nurses and 1:8 for Clinical Assistants.</p>
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<p>R6 Med Surg Tele</p>	<p>No</p>	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:8-12</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, "The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges."</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, Unit Clerk coverage 24/7 and maintaining current guidelines/ratios of 1:4 for Registered Nurses and 1:8 for Clinical Assistants.</p>
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<p>R5 Med Surg Tele</p>	<p>No</p>	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:8-12</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, "The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges."</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, Unit Clerk coverage 24/7 and maintaining current guidelines/ratios of 1:4 for Registered Nurses and 1:8 for Clinical Assistants.</p>
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<p>R4 Progressive Care</p>	<p>No</p>	<p>term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the Clinical Assistant guideline of 1:7-11 based on current recruitment challenges and the range supports the flexibility needed while we work together to recruit during this workforce</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk for 12 hours Monday-Saturday instead of 24/7.</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, Unit Clerk coverage 24/7 and maintaining current guideline/ratio of 1:7 for Clinical Assistants.</p>
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<p>R3 Med Surg Tele</p>	<p>No</p>	<p>term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:8-12</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, “The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges.”</p>	<p>Desired use of the term "ratio", defining limited duration as no more than 2 hours, Unit Clerk coverage 24/7 and maintaining current guidelines/ratios of 1:4 for Registered Nurses and 1:8 for Clinical Assistants.</p>
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ICU	No	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 8 hours.	Desired use of the term "ratio" and defining limited duration as no more than 4 hours.
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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	Radiology department: MRI, CT, ultrasound, nuclear med, x-ray, mammography	0	0	0
Other	Skilled Nursing Facility	1	0.24	34
Emergency Department	Emergency Department	6	2.4	20
Obstetrics/Gynecology	Post Partum	2	2.96	5.4
Obstetrics/Gynecology	Labor and Delivery	2	5.9	2.7
Psychiatry	Adult Psychiatry	2	1.14	14
Psychiatry	Child and Adolescent Psychiatry	1	0.67	12
Short Stay	Cardiac and Vascular Care - Observation Unit	4	2	16
Medical/Surgical	R7 Med Surg Tele/Alternative Level of Care Beds	2	0.67	24
Medical/Surgical	R6 Med Surg Tele	6	2	24
Medical/Surgical	R5 Med Surg Tele	6	2	24
Stepdown	R4 Progressive Care	7	2.67	21
Stepdown	R3 Med Surg Tele	6	2	24
Intensive Care	ICU	5	4	10

LPN NIGHT SHIFT STAFFING

<b>Name of Clinical Unit:</b>	<b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?</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 5 digits. Ex: 101.50)</b>
Other	0	0
Other	17	1
Emergency Department	5	0
Obstetrics/Gynecology	6	0
Obstetrics/Gynecology	2	0
Psychiatry	9	0
Psychiatry	12	0
Short Stay	4	0
Medical/Surgical	12	2
Medical/Surgical	4	0
Medical/Surgical	4	0
Stepdown	3	0
Stepdown	4	0
Intensive Care	2	0

**NIGHT SHIFT ANCILLARY STAFF**

<b>Name of Clinical Unit:</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 5 digits. Ex: 101.50)</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 5 digits. Ex: 101.50)</b>
Other	0	0
Other	0.24	0



Emergency Department	0	3
Obstetrics/Gynecology	0	3
Obstetrics/Gynecology	0	3
Psychiatry	0	0
Psychiatry	0	0
Short Stay	0	3
Medical/Surgical	0.67	3
Medical/Surgical	0	3
Medical/Surgical	0	2
Stepdown	0	3
Stepdown	0	3
Intensive Care	0	3

**NIGHT SHIFT UNLICENSED STAFFING**

<b>Name of Clinical Unit:</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 5 digits. Ex: 101.50)</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Other	0	2
Other	0	2
Emergency Department	11.07	2
Obstetrics/Gynecology	11.07	2
Obstetrics/Gynecology	11.07	1
Psychiatry	0	2
Psychiatry	0	2
Short Stay	11.07	2
Medical/Surgical	13.2	3
Medical/Surgical	11.07	2
Medical/Surgical	11.07	2
Stepdown	11.07	2
Stepdown	11.07	2
Intensive Care	11.07	0

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	0.68
Other	0.47
Emergency Department	0.8
Obstetrics/Gynecology	2.96
Obstetrics/Gynecology	8
Psychiatry	1.14
Psychiatry	1.33
Short Stay	1
Medical/Surgical	1
Medical/Surgical	0.67
Medical/Surgical	0.67
Stepdown	0.76
Stepdown	0.67
Intensive Care	0

NIGHT SHIFT CONSENSUS INFORMATION

	<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>
Other	N/A	Yes		

Other	N/A	No	<p>Adopted the use of the term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.</p>
Emergency Department	Unit Clerk, Throughput RN, Break Relief Nurse	No	<p>Adopted the use of the term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.</p>

Obstetrics/Gynecology	Unit Clerk, Lactation Consultant	No	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.</p>
Obstetrics/Gynecology	Unit Clerk	No	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 12 hours.</p>

Psychiatry	N/A	No	<p>Adopted the use of the term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 24 hours.</p>
Psychiatry	N/A	No	<p>Adopted the use of the term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 24 hours.</p>

Short Stay	Charge RN	No	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the Clinical Assistant guideline of 1:8-12 based on current recruitment challenges and the range supports the flexibility needed while we work together to recruit during this workforce shortage. Added a statement, *When the guideline for Clinical Assistants is 1:12, the</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours and Clinical Assistant guideline of 1:8-12.</p>
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<p>Medical/Surgical</p>	<p>Charge RN</p>	<p>No</p>	<p>term “guideline”. The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:10</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, “The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges.”</p>
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<p>Medical/Surgical</p>	<p>Charge RN</p>	<p>No</p>	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:8-12</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, "The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges."</p>
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<p>Medical/Surgical</p>	<p>Charge RN</p>	<p>No</p>	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel. Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources. Adopted the Clinical Assistant guideline of 1:8-12</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, "The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges."</p>
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Stepdown	Charge RN	No	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the Clinical Assistant guideline of 1:7-11 based on current recruitment challenges and the range supports the flexibility needed while we work together to recruit during this workforce</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk for 12 hours Monday-Saturday instead of 24/7.</p>
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Stepdown	Charge RN	No	<p>term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Continue with 12 hours Monday – Saturday for Unit Clerk and commit to exploring adding coverage for Sunday. Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes. Adopted the RN guideline of 1:4 and added a 0-1 range for the Charge Nurse. The Charge Nurse will be dependent on available resources.</p> <p>Adopted the Clinical Assistant guideline of 1:8-12</p>	<p>Desired use of the term "guideline" instead of "ratio", defining limited duration as no more than 16 hours, Unit Clerk coverage for 12 hours Monday - Saturday instead of 24/7, Registered Nurse guideline of 1:4-5 and Clinical Assistant guideline of 1:8-12 and adding a statement, "The goal will be to run the unit with a charge nurse, and this may require adjusting the guidelines within the below ranges."</p>
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Intensive Care	Resource RN (Code RN, unit helper)	No	<p>Adopted the use of the term "guideline". The term ratio does not provide the level of flexibility that allows us to adjust to the needs of our patients based on availability of personnel.</p> <p>Based on conversations with Clinical Staffing Committee co-chairs with representation from both unions, there was agreement to remove the language around limited duration in all plans and follow our existing policies and procedures for filling staff holes.</p>	<p>Desired use of the term "guideline" instead of "ratio" and defining limited duration as no more than 8 hours.</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>12/31/2025 12:00 AM</p>
<p><b>The number of hospital employees represented by New York State Nurses Association is:</b></p>	<p>796</p>
<p><b>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</b></p>	<p>09/30/2026 12:00 AM</p>

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

1241