

HOSPITAL INFORMATION

Region	Western Regional Office
County	Erie
Council	Western New York
Network	CATHOLIC HEALTH, BUFFALO
Reporting Organization	Mercy Hospital of Buffalo
Reporting Organization Id	0213
Reporting Organization Type	Hospital (pfi)
Data Entity	Mercy Hospital of Buffalo

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) ?
Interventional Radiology/IXR	3	1.5	10	1
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	10	1.89	39.6	3.96
ASU-Ambulatory Surgical Unit	12	3	30	2
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	9	4.5	15	2
Post Anesthesia Care Unit (PACU)	6	2.25	20	2
Operating Room	12	3.6	25	1
Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	11	3.3	25	4
Non-invasive Cardiology	5	1.5	25	2
Cardiac Cath Lab	16	3.27	25	1
Emergency Department	13	2.7	35	4
CVICU-Cardiovascular Intensive Care Unit	6	48	6.13	1.02
5 West	5	1.9	19.22	3.84
5 East	10	1.95	38.44	3.84
6 West	5	1.91	19.6	3.92

6 East	10	2.04	36.55	3.65
7 West	13	2.6	37.52	2.87
7 East	4	1.97	15.22	3.8
ICU-Intensive Care Unit	12	4.5	20	1.68
Mother Baby Unit	6	1.9	23	3.8
Labor and Delivery	5	6.25	6	1.2
NICU- Neonatal Intensive Care Unit	3	24	4.5	2
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	10	40	39.04	3.9
ASU-Ambulatory Surgical Unit	12	139	30	2
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	9	67.5	15	2
Post Anesthesia Care Unit (PACU)	6	45	20	2
Operating Room	12	90	25	1
Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	11	82.5	25	4
Non-invasive Cardiology	5	37.5	25	2
Cardiac Cath Lab and Interventional Radiology department	16	99.99	20	1
Emergency Department	13	88	35	4
CVICU-Cardiovascular Intensive Care Unit	6	48	6.13	1
Mother Baby Unit	6	48	23	3.8
Labor and Delivery	5	40	6	1.2
NICU- Neonatal Intensive Care Unit	3	24	4.5	2
5 West	5	40	19.22	3.8
5 East	10	80	38.44	3.8
6 West	5	40	19.6	3.9
6 East	10	80	36.6	3.7
7 West	13	99.99	37.5	2.9

7 East	4	32	15.2	3.8
ICU-Intensive Care Unit	12	96	20	1.7

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)
Interventional Radiology/IXR	0	0
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	0	0
ASU-Ambulatory Surgical Unit	0	0
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	0	0
Post Anesthesia Care Unit (PACU)	0	0
Operating Room	0	0
Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	0	0
Non-invasive Cardiology	0	0
Cardiac Cath Lab	0	0
Emergency Department	0	0

CVICU-Cardiovascular Intensive Care Unit	0	0
5 West	0	0
5 East	0	0
6 West	0	0
6 East	0	0
7 West	0	0
7 East	0	0
ICU-Intensive Care Unit	0	0
Mother Baby Unit	0	0
Labor and Delivery	0	0
NICU- Neonatal Intensive Care Unit	0	0
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	0	0
ASU-Ambulatory Surgical Unit	0	0
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	0	0
Post Anesthesia Care Unit (PACU)	0	0
Operating Room	0	0
Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	0	0
Non-invasive Cardiology	0	0
Cardiac Cath Lab and Interventional Radiology department	0	0
Emergency Department	0	0
CVICU-Cardiovascular Intensive Care Unit	0	0
Mother Baby Unit	0	0
Labor and Delivery	0	0
NICU- Neonatal Intensive Care Unit	0	0

5 West	0	0
5 East	0	0
6 West	0	0
6 East	0	0
7 West	0	0
7 East	0	0
ICU-Intensive Care 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)
Interventional Radiology/IXR	3	1
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	1	0.38
ASU-Ambulatory Surgical Unit	2	0.5
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	2	1
Post Anesthesia Care Unit (PACU)	1	0.37
Operating Room	11	7.5
Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	2	0.6

Non-invasive Cardiology	9.5	2.85
Cardiac Cath Lab	10	3.27
Emergency Department	2	0.42
CVICU-Cardiovascular Intensive Care Unit	1	8
5 West	0.53	0.58
5 East	1.75	0.34
6 West	1	0.38
6 East	1	0.2
7 West	2	0.4
7 East	1.3	0.64
ICU-Intensive Care Unit	3	1.1
Mother Baby Unit	1.13	0.37
Labor and Delivery	2	2.5
NICU- Neonatal Intensive Care Unit	0.3	2.4
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	3	7.5
ASU-Ambulatory Surgical Unit	2	15
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	2	15
Post Anesthesia Care Unit (PACU)	1	7.5
Operating Room	11	82.5
Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	2	15
Non-invasive Cardiology	9.5	71.5
Cardiac Cath Lab and Interventional Radiology department	14	99.99
Emergency Department	2	8
CVICU-Cardiovascular Intensive Care Unit	1	8
Mother Baby Unit	1.13	9

Labor and Delivery	2	16
NICU- Neonatal Intensive Care Unit	0.3	2.4
5 West	0.53	4.2
5 East	1.75	14
6 West	1	8
6 East	1	8
7 West	2	16
7 East	1.3	10.4
ICU-Intensive Care Unit	3	24

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)
Interventional Radiology/IXR	0	0
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	5	0.95
ASU-Ambulatory Surgical Unit	1	0.25
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	1	0.5
Post Anesthesia Care Unit (PACU)	0	0
Operating Room	1	0.3

Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	0	0
Non-invasive Cardiology	0	0
Cardiac Cath Lab	3	22.5
Emergency Department	7	1.5
CVICU-Cardiovascular Intensive Care Unit	3	24
5 West	3	1.17
5 East	5	0.98
6 West	3	1.14
6 East	5	1.02
7 West	7	1.4
7 East	3	1.48
ICU-Intensive Care Unit	5	1.87
Mother Baby Unit	0	0
Labor and Delivery	0	0
NICU- Neonatal Intensive Care Unit	0	0
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	5	0.95
ASU-Ambulatory Surgical Unit	1	0.25
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	1	0.5
Post Anesthesia Care Unit (PACU)	0	0
Operating Room	1	7.5
Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	0	0
Non-invasive Cardiology	0	0
Cardiac Cath Lab and Interventional Radiology department	3	22.5

Emergency Department	7	64
CVICU-Cardiovascular Intensive Care Unit	3	24
Mother Baby Unit	0	0
Labor and Delivery	0	0
NICU- Neonatal Intensive Care Unit	0	0
5 West	3	24
5 East	5	40
6 West	3	24
6 East	5	40
7 West	7	56
7 East	3	24
ICU-Intensive Care Unit	5	40

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>
Interventional Radiology/IXR	Secretary
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	2 unit clerks and 2 Charge Nurses
ASU-Ambulatory Surgical Unit	Unit Clerk

MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	Secretary
Post Anesthesia Care Unit (PACU)	n/a
Operating Room	secretary
Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	n/a
Non-invasive Cardiology	n/a
Cardiac Cath Lab	1 scheduler, 1 stock person
Emergency Department	1.5 Unit Clerk, 1 Charge Nurse, 1 Pharmacist
CVICU-Cardiovascular Intensive Care Unit	1 Charge Nurse
5 West	1 Unit Clerk and 1 Charge Nurse
5 East	1 Unit Clerk and 1 Charge Nurse
6 West	1 Unit Clerk and 1 Charge Nurse
6 East	1 Unit Clerk and 1 Charge Nurse
7 West	1 Unit Clerk and 1 Charge Nurse
7 East	1 Unit Clerk and 1 Charge Nurse
ICU-Intensive Care Unit	1 Unit Clerk and 1 Charge Nurse
Mother Baby Unit	1 Unit Clerk and 1 Charge Nurse, charge nurse takes modified assignment as well.
Labor and Delivery	1 Unit Clerk and 1 Charge Nurse, charge nurse takes a modified assignment as well.

NICU- Neonatal Intensive Care Unit	1 Charge Nurse, charge nurse takes a modified assignment as well
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	2 unit clerks and 2 Charge Nurses
ASU-Ambulatory Surgical Unit	Unit Clerk
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	Secretary
Post Anesthesia Care Unit (PACU)	n/a
Operating Room	secretary, Charge Nurse
Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	n/a
Non-invasive Cardiology	n/a
Cardiac Cath Lab and Interventional Radiology department	1 scheduler, 1 stock person
Emergency Department	1.5 Unit Clerk, 1 Charge Nurse, 1 Pharmacist
CVICU-Cardiovascular Intensive Care Unit	1 CN
Mother Baby Unit	1 Unit Clerk and 1 Charge Nurse
Labor and Delivery	1 Unit Clerk and 1 Charge Nurse
NICU- Neonatal Intensive Care Unit	1 Charge Nurse
5 West	1 Unit Clerk and 1 Charge Nurse
5 East	1 Unit Clerk and 1 Charge Nurse
6 West	1 Unit Clerk and 1 Charge Nurse

6 East	1 Unit Clerk and 1 Charge Nurse
7 West	1 Unit Clerk and 1 Charge Nurse
7 East	1 Unit Clerk and 1 Charge Nurse
ICU-Intensive Care Unit	1 Unit Clerk and 1 Charge Nurse

DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Interventional Radiology/IXR	Yes			
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	Yes			
ASU-Ambulatory Surgical Unit	Yes			
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	Yes			
Post Anesthesia Care Unit (PACU)	Yes			
Operating Room	Yes			
Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	Yes			
Non-invasive Cardiology	Yes			
Cardiac Cath Lab	Yes			

Emergency Department	Yes			
CVICU-Cardiovascular Intensive Care Unit	Yes			
5 West	Yes			
5 East	Yes			
6 West	Yes			
6 East	Yes			
7 West	Yes			
7 East	Yes			
ICU-Intensive Care Unit	Yes			
Mother Baby Unit	No	<p>submitted the current staffing plan for the Mother Baby unit in 2022 and 2023. The hospital maintains that one nursery nurse be on-site for a patient census of less than 14 patients on the Mother Baby unit, with the ability to flex this up if unit activity and acuity are high.</p> <p>The CWA formally requested that two nursery nurses should be maintained at all times regardless of census and unit activity. Due to lack of consensus, both sides were presented on June 17 during a meeting at the hospital. The patient volume and acuity in the unit remains stable to previous years and the current staffing plan has been</p>	<p>not reach consensus on the plan. The CEO was presented with both sides and a decision was made to keep the staffing grids as they were. The full detail of this decision has been submitted to hospitalstaffinplans@health.ny.gov Mercy Hospital of Buffalo follows the current AWOHNN Staffing Standards for Professional Registered Nurse Staffing for Perinatal units. The current staffing plan is in accordance with this. The staffing plan calls for one Registered Nurse to be assigned to the nursery when the census in the unit is less than 14 patients. However, recognizing that staffing is dynamic and that the department can experience changes throughout the shift, the staffing is adjusted during</p>	<p>the CSC proposed to have two nursery nurses at all times. The current staffing grid does not call for 2 nurses until the census reaches 14.</p> <p>Section 4 (b) of the Clinical Staffing Committee Law requires the Clinical Staffing Committee to consider the following when developing staffing plans:</p> <ol style="list-style-type: none"> 1.(iv) Availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift. <ol style="list-style-type: none"> a.This unit requires specialty nurses who are trained both in newborn care and delivery. 2.(vi) The law also requires plans to factor in the architecture and geography of the patient care unit, including but not limited to

<p>Labor and Delivery</p>	<p>No</p>	<p>submitted the current staffing plan for the Mother Baby unit in 2022 and 2023. The hospital maintains that one nursery nurse be on-site for a patient census of less than 14 patients on the Mother Baby unit, with the ability to flex this up if unit activity and acuity are high.</p> <p>The CWA formally requested that two nursery nurses should be maintained at all times regardless of census and unit activity. Due to lack of consensus, both sides were presented on June 17 during a meeting at the hospital. The patient volume and acuity in the unit remains stable to previous years and the current staffing plan has been</p>	<p>not reach consensus on the plan. The CEO was presented with both sides and a decision was made to keep the staffing grids as they were. The full detail of this decision has been submitted to hospitalstaffinplans@health.ny.gov Mercy Hospital of Buffalo follows the current AWOHNN Staffing Standards for Professional Registered Nurse Staffing for Perinatal units. The current staffing plan is in accordance with this. The staffing plan calls for one Registered Nurse to be assigned to the nursery when the census in the unit is less than 14 patients. However, recognizing that staffing is dynamic and that the department can experience changes throughout the shift, the staffing is adjusted during</p>	<p>the CSC proposed to have two nursery nurses at all times. The current staffing grid does not call for 2 nurses until the census reaches 14. Section 4 (b) of the Clinical Staffing Committee Law requires the Clinical Staffing Committee to consider the following when developing staffing plans:</p> <ol style="list-style-type: none"> 1.(iv) Availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift. <ol style="list-style-type: none"> a.This unit requires specialty nurses who are trained both in newborn care and delivery. 2.(vi) The law also requires plans to factor in the architecture and geography of the patient care unit, including but not limited to
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		<p>submitted the current staffing plan for the Mother Baby unit in 2022 and 2023. The hospital maintains that one nursery nurse be on-site for a patient census of less than 14 patients on the Mother Baby unit, with the ability to flex this up if unit activity and acuity are high.</p> <p>The CWA formally requested that two nursery nurses should be maintained at all times regardless of census and unit activity. Due to lack of consensus, both sides were presented on June 17 during a meeting at the hospital. The patient volume and acuity in the unit remains stable to previous years and the current staffing plan has been</p>	<p>not reach consensus on the plan. The CEO was presented with both sides and a decision was made to keep the staffing grids as they were. The full detail of this decision has been submitted to hospitalstaffinplans@health.ny.gov Mercy Hospital of Buffalo follows the current AWOHNN Staffing Standards for Professional Registered Nurse Staffing for Perinatal units. The current staffing plan is in accordance with this. The staffing plan calls for one Registered Nurse to be assigned to the nursery when the census in the unit is less than 14 patients. However, recognizing that staffing is dynamic and that the department can experience changes throughout the shift, the staffing is adjusted during</p>	<p>the CSC proposed to have two nursery nurses at all times. The current staffing grid does not call for 2 nurses until the census reaches 14. Section 4 (b) of the Clinical Staffing Committee Law requires the Clinical Staffing Committee to consider the following when developing staffing plans:</p> <p>1.(iv) Availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift.</p> <p>a.This unit requires specialty nurses who are trained both in newborn care and delivery.</p> <p>2.(vi) The law also requires plans to factor in the architecture and geography of the patient care unit, including but not limited to</p>
NICU- Neonatal Intensive Care Unit	No			
5n/5c, 40 bed telemetry unit (previously 2 separate 20 bed units).	Yes			
ASU-Ambulatory Surgical Unit	Yes			
MAPU- Mercy Ambulatory Procedure Unit, includes GI and Procedural area	Yes			
Post Anesthesia Care Unit (PACU)	Yes			
Operating Room	Yes			

Minimally Invasive Unit (MIU) recovery unit for minimally invasive cardiac procedures	Yes			
Non-invasive Cardiology	Yes			
Cardiac Cath Lab and Interventional Radiology department	Yes			
Emergency Department	Yes			
CVICU-Cardiovascular Intensive Care Unit	Yes			
Mother Baby Unit	Yes			
Labor and Delivery	Yes			
NICU- Neonatal Intensive Care Unit	Yes			
5 West	Yes			
5 East	Yes			
6 West	Yes			
6 East	Yes			
7 West	Yes			
7 East	Yes			
ICU-Intensive Care Unit	Yes			

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)?
5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	9	1.7	39.6	4.4
ASU-Ambulatory Surgical Unit	6	4.5	10	2
Post Anesthesia Care Unit (PACU)	4	3	10	2
Operating Room	6	5.63	8	1
MIU short stay unit for post minimally invasive cardiac procedures	7.5	5.63	10	4
cardiac catheterization	11	3.27	10	1
Emergency Department	14	2.23	47	4
CVICU-Cardiovascular Intensive Care Unit	6	7.3	6.13	1.02
5 West	4.5	1.76	19.22	4.27
5 East	9	1.75	38.44	4.27
6 West	4.5	1.72	19.62	4.36
6 East	9	1.84	36.55	4.06
7 West	13	2.59	37.52	2.89
7 East	4	1.97	15.22	3.8
ICU-Intensive Care Unit	12	4.5	20	1.67
Mother Baby Unit	6	1.9	23	3.8
Labor and Delivery	5	6.25	6	1.2

NICU-Neonatal Intensive Care Unit	3	24	4.5	2
5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	8	32	39.04	4.9
ASU-Ambulatory Surgical Unit	6	30	10	2
Post Anesthesia Care Unit (PACU)	4	30	10	2
Operating Room	6	45	8	1
MIU short stay unit for post minimally invasive cardiac procedures	7.5	50	10	4
cardiac catheterization and interventional radiology unit	11	44	8	1
Emergency Department	14	99.9	47	4
CVICU-Cardiovascular Intensive Care Unit	6	48	6.13	1
Mother Baby Unit	6	48	23	3.8
Labor and Delivery	5	40	6	1.2
NICU-Neonatal Intensive Care Unit	3	24	4.5	2
5 West	4	32	19.22	4.8
5 East	8	64	38.44	4.8
6 West	4	32	19.6	4.9
6 East	8	64	36.6	4.6
7 West	13	99.99	37.5	2.9
7 East	4	32	15.2	3.8
ICU-Intensive Care Unit	12	96	20	1.7

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)
5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	0	0
ASU-Ambulatory Surgical Unit	0	0
Post Anesthesia Care Unit (PACU)	0	0
Operating Room	0	0
MIU short stay unit for post minimally invasive cardiac procedures	0	0
cardiac catheterization	0	0
Emergency Department	0	0
CVICU-Cardiovascular Intensive Care Unit	0	0
5 West	0	0
5 East	0	0
6 West	0	0
6 East	0	0
7 West	0	0
7 East	0	0
ICU-Intensive Care Unit	0	0
Mother Baby Unit	0	0
Labor and Delivery	0	0
NICU-Neonatal Intensive Care Unit	0	0
5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	0	0

ASU-Ambulatory Surgical Unit	0	0
Post Anesthesia Care Unit (PACU)	0	0
Operating Room	0	0
MIU short stay unit for post minimally invasive cardiac procedures	0	0
cardiac catheterization and interventional radiology unit	0	0
Emergency Department	0	0
CVICU-Cardiovascular Intensive Care Unit	0	0
Mother Baby Unit	0	0
Labor and Delivery	0	0
NICU-Neonatal Intensive Care Unit	0	0
5 West	0	0
5 East	0	0
6 West	0	0
6 East	0	0
7 West	0	0
7 East	0	0
ICU-Intensive Care Unit	0	0

EVENING SHIFT ANCILLARY STAFF

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Planned average number of 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)</p>	<p>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)</p>
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5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	0.71	0.27
ASU-Ambulatory Surgical Unit	1	0.75
Post Anesthesia Care Unit (PACU)	1	0.75
Operating Room	6	5.63
MIU short stay unit for post minimally invasive cardiac procedures	1	0.75
cardiac catheterization	10	3.27
Emergency Department	1	0.15
CVICU-Cardiovascular Intensive Care Unit	1	1.22
5 West	0.24	0.09
5 East	0.97	0.19
6 West	0.7	0.26
6 East	0.9	0.18
7 West	0.9	0.18
7 East	0.3	0.14
ICU-Intensive Care Unit	1	0.75
Mother Baby Unit	0.11	0.03
Labor and Delivery	0	0
NICU-Neonatal Intensive Care Unit	0.3	2.4
5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	1.59	12.7
ASU-Ambulatory Surgical Unit	1	7.5
Post Anesthesia Care Unit (PACU)	1	7.5
Operating Room	6	45
MIU short stay unit for post minimally invasive cardiac procedures	1	4

cardiac catheterization and interventional radiology unit	10	75
Emergency Department	1	8
CVICU-Cardiovascular Intensive Care Unit	1	8
Mother Baby Unit	0.11	0.9
Labor and Delivery	0	0
NICU-Neonatal Intensive Care Unit	0	0
5 West	0.24	1.9
5 East	0.97	7.7
6 West	0.7	5.8
6 East	0.9	7.4
7 West	0.9	7.2
7 East	0.3	2.4
ICU-Intensive Care Unit	2	16

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)
5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	6	1.13
ASU-Ambulatory Surgical Unit	0	0
Post Anesthesia Care Unit (PACU)	0	0
Operating Room	0.5	0.63

MIU short stay unit for post minimally invasive cardiac procedures	0	0
cardiac catheterization	0	0
Emergency Department	10	0.94
CVICU-Cardiovascular Intensive Care Unit	3	3.69
5 West	3.5	1.37
5 East	6	1.17
6 West	4.5	1.33
6 East	6	1.23
7 West	7	1.39
7 East	3	1.48
ICU-Intensive Care Unit	5	1.87
Mother Baby Unit	1	0.32
Labor and Delivery	1	1.25
NICU-Neonatal Intensive Care Unit	0	0
5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	8	32
ASU-Ambulatory Surgical Unit	0	0
Post Anesthesia Care Unit (PACU)	0	0
Operating Room	0.5	3.75
MIU short stay unit for post minimally invasive cardiac procedures	0	0
cardiac catheterization and interventional radiology unit	0	0
Emergency Department	10	80
CVICU-Cardiovascular Intensive Care Unit	3	24
Mother Baby Unit	1	8
Labor and Delivery	1	8
NICU-Neonatal Intensive Care Unit	0	0

5 West	4	32
5 East	7	56
6 West	4	32
6 East	7	56
7 West	7	56
7 East	3	24
ICU-Intensive Care Unit	5	40

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>
5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	2 Unit Clerks, 2 Charge Nurses
ASU-Ambulatory Surgical Unit	n/a
Post Anesthesia Care Unit (PACU)	n/a
Operating Room	Secretary
MIU short stay unit for post minimally invasive cardiac procedures	n/a
cardiac catheterization	n/a
Emergency Department	1.5 Unit Clerk, 1 Charge Nurse, 1 Pharmacist

CVICU-Cardiovascular Intensive Care Unit	1 Charge Nurse
5 West	1 Unit Clerk and 1 Charge Nurse
5 East	1 Unit Clerk and 1 Charge Nurse
6 West	1 Unit Clerk and 1 Charge Nurse
6 East	1 Unit Clerk and 1 Charge Nurse
7 West	1 Unit Clerk and 1 Charge Nurse
7 East	1 Unit Clerk and 1 Charge Nurse
ICU-Intensive Care Unit	1 Unit Clerk and 1 Charge Nurse
Mother Baby Unit	1 Unit Clerk and 1 Charge Nurse, charge nurse takes modified assignment as well.
Labor and Delivery	1 Unit Clerk and 1 Charge Nurse, charge nurse takes modified assignment as well.
NICU-Neonatal Intensive Care Unit	n/a
5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	2 Unit Clerks, 2 Charge Nurses
ASU-Ambulatory Surgical Unit	n/a
Post Anesthesia Care Unit (PACU)	n/a
Operating Room	Secretary
MIU short stay unit for post minimally invasive cardiac procedures	n/a

cardiac catheterization and interventional radiology unit	n/a
Emergency Department	1.5 Unit Clerk, 1 Charge Nurse, 1 Pharmacist
CVICU-Cardiovascular Intensive Care Unit	1 Charge Nurse
Mother Baby Unit	1 Unit Clerk and 1 Charge Nurse
Labor and Delivery	1 Unit Clerk and 1 Charge Nurse
NICU-Neonatal Intensive Care Unit	1 Charge Nurse
5 West	1 Unit Clerk and 1 Charge Nurse
5 East	1 Unit Clerk and 1 Charge Nurse
6 West	1 Unit Clerk and 1 Charge Nurse
6 East	1 Unit Clerk and 1 Charge Nurse
7 West	1 Unit Clerk and 1 Charge Nurse
7 East	1 Unit Clerk and 1 Charge Nurse
ICU-Intensive Care Unit	1 Unit Clerk and 1 Charge Nurse

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
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5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	Yes			
ASU-Ambulatory Surgical Unit	Yes			
Post Anesthesia Care Unit (PACU)	Yes			
Operating Room	Yes			
MIU short stay unit for post minimally invasive cardiac procedures	Yes			
cardiac catheterization	Yes			
Emergency Department	Yes			
CVICU-Cardiovascular Intensive Care Unit	Yes			
5 West	Yes			
5 East	Yes			
6 West	Yes			
6 East	Yes			
7 West	Yes			
7 East	Yes			
ICU-Intensive Care Unit	Yes			

<p>Mother Baby Unit</p>	<p>No</p>	<p>submitted the current staffing plan for the Mother Baby unit in 2022 and 2023. The hospital maintains that one nursery nurse be on-site for a patient census of less than 14 patients on the Mother Baby unit, with the ability to flex this up if unit activity and acuity are high.</p> <p>The CWA formally requested that two nursery nurses should be maintained at all times regardless of census and unit activity. Due to lack of consensus, both sides were presented on June 17 during a meeting at the hospital. The patient volume and acuity in the unit remains stable to previous years and the current staffing plan has been</p>	<p>not reach consensus on the plan. The CEO was presented with both sides and a decision was made to keep the staffing grids as they were. The full detail of this decision has been submitted to hospitalstaffinplans@health.ny.gov Mercy Hospital of Buffalo follows the current AWOHNN Staffing Standards for Professional Registered Nurse Staffing for Perinatal units. The current staffing plan is in accordance with this. The staffing plan calls for one Registered Nurse to be assigned to the nursery when the census in the unit is less than 14 patients. However, recognizing that staffing is dynamic and that the department can experience changes throughout the shift, the staffing is adjusted during</p>	<p>the CSC proposed to have two nursery nurses at all times. The current staffing grid does not call for 2 nurses until the census reaches 14. Section 4 (b) of the Clinical Staffing Committee Law requires the Clinical Staffing Committee to consider the following when developing staffing plans:</p> <ol style="list-style-type: none"> 1.(iv) Availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift. <ol style="list-style-type: none"> a.This unit requires specialty nurses who are trained both in newborn care and delivery. 2.(vi) The law also requires plans to factor in the architecture and geography of the patient care unit, including but not limited to
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<p>Labor and Delivery</p>	<p>No</p>	<p>submitted the current staffing plan for the Mother Baby unit in 2022 and 2023. The hospital maintains that one nursery nurse be on-site for a patient census of less than 14 patients on the Mother Baby unit, with the ability to flex this up if unit activity and acuity are high.</p> <p>The CWA formally requested that two nursery nurses should be maintained at all times regardless of census and unit activity. Due to lack of consensus, both sides were presented on June 17 during a meeting at the hospital. The patient volume and acuity in the unit remains stable to previous years and the current staffing plan has been</p>	<p>not reach consensus on the plan. The CEO was presented with both sides and a decision was made to keep the staffing grids as they were. The full detail of this decision has been submitted to hospitalstaffinplans@health.ny.gov Mercy Hospital of Buffalo follows the current AWOHNN Staffing Standards for Professional Registered Nurse Staffing for Perinatal units. The current staffing plan is in accordance with this. The staffing plan calls for one Registered Nurse to be assigned to the nursery when the census in the unit is less than 14 patients. However, recognizing that staffing is dynamic and that the department can experience changes throughout the shift, the staffing is adjusted during</p>	<p>the CSC proposed to have two nursery nurses at all times. The current staffing grid does not call for 2 nurses until the census reaches 14. Section 4 (b) of the Clinical Staffing Committee Law requires the Clinical Staffing Committee to consider the following when developing staffing plans:</p> <ol style="list-style-type: none"> 1.(iv) Availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift. <ol style="list-style-type: none"> a.This unit requires specialty nurses who are trained both in newborn care and delivery. 2.(vi) The law also requires plans to factor in the architecture and geography of the patient care unit, including but not limited to
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NICU-Neonatal Intensive Care Unit	No	<p>submitted the current staffing plan for the Mother Baby unit in 2022 and 2023. The hospital maintains that one nursery nurse be on-site for a patient census of less than 14 patients on the Mother Baby unit, with the ability to flex this up if unit activity and acuity are high.</p> <p>The CWA formally requested that two nursery nurses should be maintained at all times regardless of census and unit activity. Due to lack of consensus, both sides were presented on June 17 during a meeting at the hospital. The patient volume and acuity in the unit remains stable to previous years and the current staffing plan has been</p>	<p>not reach consensus on the plan. The CEO was presented with both sides and a decision was made to keep the staffing grids as they were. The full detail of this decision has been submitted to hospitalstaffinplans@health.ny.gov Mercy Hospital of Buffalo follows the current AWOHNN Staffing Standards for Professional Registered Nurse Staffing for Perinatal units. The current staffing plan is in accordance with this. The staffing plan calls for one Registered Nurse to be assigned to the nursery when the census in the unit is less than 14 patients. However, recognizing that staffing is dynamic and that the department can experience changes throughout the shift, the staffing is adjusted during</p>	<p>the CSC proposed to have two nursery nurses at all times. The current staffing grid does not call for 2 nurses until the census reaches 14. Section 4 (b) of the Clinical Staffing Committee Law requires the Clinical Staffing Committee to consider the following when developing staffing plans:</p> <p>1.(iv) Availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift.</p> <p>a.This unit requires specialty nurses who are trained both in newborn care and delivery.</p> <p>2.(vi) The law also requires plans to factor in the architecture and geography of the patient care unit, including but not limited to</p>
5n/5c, a 40 bed telemetry unit, (was previously 2 separate 20 bed units.)	Yes			
ASU-Ambulatory Surgical Unit	Yes			
Post Anesthesia Care Unit (PACU)	Yes			
Operating Room	Yes			
MIU short stay unit for post minimally invasive cardiac procedures	Yes			

cardiac catheterization and interventional radiology unit	Yes			
Emergency Department	Yes			
CVICU-Cardiovascular Intensive Care Unit	Yes			
Mother Baby Unit	Yes			
Labor and Delivery	Yes			
NICU-Neonatal Intensive Care Unit	Yes			
5 West	Yes			
5 East	Yes			
6 West	Yes			
6 East	Yes			
7 West	Yes			
7 East	Yes			
ICU-Intensive Care Unit	Yes			

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)
Telemetry	5n/5c, 40 bed telemetry unit	4	1.53	39.6
Ambulatory Surgery	ASU-Ambulatory Surgery Unit	6	12	10
Short Stay	MIU short stay unit for post minimally invasive cardiac procedures	3	22.5	4.5
Emergency Department	Emergency Department	13	2.78	35
Critical Care	CVICU-Cardiovascular Intensive Care Unit	6	7.3	6.13
Telemetry	5 West	4	1.56	19.22
Telemetry	5 East	8	1.56	38.44
Medical/Surgical	6 West	4	1.53	19.62
Telemetry	6 East	8	1.64	36.55
Stepdown	7 West	13	2.59	37.52
Telemetry	7 East	4	2	15.22
Intensive Care	ICU-Intensive Care Unit	12	4.5	20.01
Obstetrics/Gynecology	Mother Baby Unit	6	1.9	23
Obstetrics/Gynecology	Labor and Delivery	4	6.25	6
Obstetrics/Gynecology	NICU-Neonatal Intensive Care Unit	3	24	4.5
Telemetry	5n/5c, 40 bed telemetry unit	8	32	39.04
Short Stay	MIU short stay unit for post minimally invasive cardiac procedures	3	22.5	0
Emergency Department	Emergency Department	13	88	35

Critical Care	CVICU-Cardiovascular Intensive Care Unit	6	48	6.13
Obstetrics/Gynecology	Mother Baby Unit	6	48	23
Obstetrics/Gynecology	Labor and Delivery	4	32	6
Obstetrics/Gynecology	NICU-Neonatal Intensive Care Unit	3	24	4.5
Telemetry	5 West	4	32	19.22
Telemetry	5 East	8	64	38.44
Medical/Surgical	6 West	4	32	19.6
Telemetry	6 East	8	64	36.6
Stepdown	7 West	13	99.99	37.5
Telemetry	7 East	4	32	15.2
Intensive Care	ICU-Intensive Care Unit	12	96	20

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)
Telemetry	9.9	0
Ambulatory Surgery	2	0
Short Stay	0	0
Emergency Department	4	0
Critical Care	1.02	0
Telemetry	4.8	0
Telemetry	4.8	0
Medical/Surgical	4.9	0
Telemetry	4.56	0
Stepdown	2.89	0
Telemetry	3.8	0
Intensive Care	1.67	0
Obstetrics/Gynecology	3.8	0

Obstetrics/Gynecology	1.2	0
Obstetrics/Gynecology	2	0
Telemetry	4.9	0
Short Stay	0	0
Emergency Department	4	0
Critical Care	1	0
Obstetrics/Gynecology	3.8	0
Obstetrics/Gynecology	1.2	0
Obstetrics/Gynecology	2	0
Telemetry	4.8	0
Telemetry	4.8	0
Medical/Surgical	4.9	0
Telemetry	4.6	0
Stepdown	2.9	0
Telemetry	3.8	0
Intensive Care	1.7	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)
Telemetry	0	1.2
Ambulatory Surgery	0	0
Short Stay	0	0
Emergency Department	0	1
Critical Care	0	1
Telemetry	0	0.15
Telemetry	0	0.15
Medical/Surgical	0	0.6
Telemetry	0	0.8
Stepdown	0	0.9

Telemetry	0	0.3
Intensive Care	0	2
Obstetrics/Gynecology	0	0.1
Obstetrics/Gynecology	0	0
Obstetrics/Gynecology	0	0
Telemetry	0	1.4
Short Stay	0	0
Emergency Department	0	1
Critical Care	0	1
Obstetrics/Gynecology	0	0.1
Obstetrics/Gynecology	0	0
Obstetrics/Gynecology	0	0
Telemetry	0	0.1
Telemetry	0	0.8
Medical/Surgical	0	0.6
Telemetry	0	0.8
Stepdown	0	0.9
Telemetry	0	0.3
Intensive Care	0	2

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)
Telemetry	0.23	7
Ambulatory Surgery	0	0
Short Stay	0	0
Emergency Department	0.21	7
Critical Care	1.22	3
Telemetry	0.03	4
Telemetry	1.24	7
Medical/Surgical	0.22	4

Telemetry	0.16	7
Stepdown	0.18	7
Telemetry	0.15	3
Intensive Care	0.75	5
Obstetrics/Gynecology	0.3	1
Obstetrics/Gynecology	0	1
Obstetrics/Gynecology	0	0
Telemetry	10.6	7.8
Short Stay	0	0
Emergency Department	8	7
Critical Care	8	3
Obstetrics/Gynecology	0.9	1
Obstetrics/Gynecology	0	1
Obstetrics/Gynecology	0	0
Telemetry	0.9	3.9
Telemetry	6.7	6.9
Medical/Surgical	4.6	3.9
Telemetry	6	6.9
Stepdown	7.1	7
Telemetry	2.3	3
Intensive Care	16	5

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)
Telemetry	1.32
Ambulatory Surgery	0
Short Stay	0
Emergency Department	1.5
Critical Care	3.69
Telemetry	1.56

Telemetry	1.37
Medical/Surgical	1.53
Telemetry	1.44
Stepdown	1.39
Telemetry	1.48
Intensive Care	1.87
Obstetrics/Gynecology	0.32
Obstetrics/Gynecology	1.25
Obstetrics/Gynecology	0
Telemetry	31.2
Short Stay	0
Emergency Department	64
Critical Care	24
Obstetrics/Gynecology	8
Obstetrics/Gynecology	8
Obstetrics/Gynecology	0
Telemetry	31.2
Telemetry	55.2
Medical/Surgical	31.2
Telemetry	55.2
Stepdown	56
Telemetry	24
Intensive Care	40

NIGHT SHIFT CONSENSUS INFORMATION

Name of Clinical Unit:	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.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):
Telemetry	2 Charge Nurses	Yes		
Ambulatory Surgery	n/a	Yes		
Short Stay	n/a	Yes		
Emergency Department	1 Unit Clerk, 1 Charge Nurse, 1 pharmacist	Yes		
Critical Care	1 CN	Yes		
Telemetry	1 CN	Yes		
Telemetry	1 CN	Yes		
Medical/Surgical	1 CN	Yes		
Telemetry	1 CN	Yes		
Stepdown	1 CN	Yes		
Telemetry	1 CN	Yes		

Intensive Care	1 CN	Yes		
Obstetrics/Gynecology	1CN, charge nurse takes modified assignment as well.	No	<p>submitted the current staffing plan for the Mother Baby unit in 2022 and 2023. The hospital maintains that one nursery nurse be on-site for a patient census of less than 14 patients on the Mother Baby unit, with the ability to flex this up if unit activity and acuity are high.</p> <p>The CWA formally requested that two nursery nurses should be maintained at all times regardless of census and unit activity. Due to lack of consensus, both sides were presented on June 17 during a meeting at the hospital. The patient volume and acuity in the unit remains stable to previous years and the current staffing plan has been</p>	<p>not reach consensus on the plan. The CEO was presented with both sides and a decision was made to keep the staffing grids as they were. The full detail of this decision has been submitted to hospitalstaffinplans@health.ny.gov Mercy Hospital of Buffalo follows the current AWOHNN Staffing Standards for Professional Registered Nurse Staffing for Perinatal units. The current staffing plan is in accordance with this. The staffing plan calls for one Registered Nurse to be assigned to the nursery when the census in the unit is less than 14 patients. However, recognizing that staffing is dynamic and that the department can experience changes throughout the shift, the staffing is adjusted during</p>

<p>Obstetrics/Gynecology</p>	<p>1 Unit Clerk and 1 Charge Nurse, charge nurse takes modified assignment as well.</p>	<p>No</p>	<p>submitted the current staffing plan for the Mother Baby unit in 2022 and 2023. The hospital maintains that one nursery nurse be on-site for a patient census of less than 14 patients on the Mother Baby unit, with the ability to flex this up if unit activity and acuity are high.</p> <p>The CWA formally requested that two nursery nurses should be maintained at all times regardless of census and unit activity. Due to lack of consensus, both sides were presented on June 17 during a meeting at the hospital. The patient volume and acuity in the unit remains stable to previous years and the current staffing plan has been</p>	<p>not reach consensus on the plan. The CEO was presented with both sides and a decision was made to keep the staffing grids as they were. The full detail of this decision has been submitted to hospitalstaffinplans@health.ny.gov Mercy Hospital of Buffalo follows the current AWOHNN Staffing Standards for Professional Registered Nurse Staffing for Perinatal units. The current staffing plan is in accordance with this. The staffing plan calls for one Registered Nurse to be assigned to the nursery when the census in the unit is less than 14 patients. However, recognizing that staffing is dynamic and that the department can experience changes throughout the shift, the staffing is adjusted during</p>
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			<p>submitted the current staffing plan for the Mother Baby unit in 2022 and 2023. The hospital maintains that one nursery nurse be on-site for a patient census of less than 14 patients on the Mother Baby unit, with the ability to flex this up if unit activity and acuity are high.</p> <p>The CWA formally requested that two nursery nurses should be maintained at all times regardless of census and unit activity. Due to lack of consensus, both sides were presented on June 17 during a meeting at the hospital. The patient volume and acuity in the unit remains stable to previous years and the current staffing plan has been</p>	<p>not reach consensus on the plan. The CEO was presented with both sides and a decision was made to keep the staffing grids as they were. The full detail of this decision has been submitted to hospitalstaffinplans@health.ny.gov Mercy Hospital of Buffalo follows the current AWOHNN Staffing Standards for Professional Registered Nurse Staffing for Perinatal units. The current staffing plan is in accordance with this. The staffing plan calls for one Registered Nurse to be assigned to the nursery when the census in the unit is less than 14 patients. However, recognizing that staffing is dynamic and that the department can experience changes throughout the shift, the staffing is adjusted during</p>
Obstetrics/Gynecology	1 Charge Nurse, charge nurse takes modified assignment as well	No		
Telemetry	2 Charge Nurses	Yes		
Short Stay	n/a	Yes		
Emergency Department	1 Unit Clerk, 1 Charge Nurse, 1 pharmacist	Yes		
Critical Care	1 CN	Yes		
Obstetrics/Gynecology	1CN	Yes		
Obstetrics/Gynecology	1 Unit Clerk and 1 Charge Nurse	Yes		
Obstetrics/Gynecology	1 Charge Nurse	Yes		
Telemetry	1 CN	Yes		
Telemetry	1 CN	Yes		

Medical/Surgical	1 CN	Yes		
Telemetry	1 CN	Yes		
Stepdown	1 CN	Yes		
Telemetry	1 CN	Yes		
Intensive Care	1 CN	Yes		

CBA INFORMATION

<p>We have one or more collective bargaining agreements:</p>	<p>Yes</p>
<p>If yes, then:</p> <p>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</p> <p>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.) represented.</p>	<p>Communi cations Workers of America</p>

<p>Our general hospital's collective bargaining agreement with Communications Workers of America expires on the following date:</p>	<p>06/30/2025 12:00 AM</p>
<p>The number of hospital employees represented by Communication Workers of America is:</p>	<p>1856</p>