

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Nassau
Council	Long Island
Network	NORTHWELL HEALTH
Reporting Organization	Syosset Hospital
Reporting Organization Id	0550
Reporting Organization Type	Hospital (pfi)
Data Entity	Syosset 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) ?
Emergency Department holds. Inpatients awaiting bed.	1	1	8	8
pre-op area, 3rd floor, 9 beds, 20 patients between the hours of 6:30am - 2:30 pm	2	0.75	20	10
Interventional radiology - ground floor, Monday to Friday 8a-2p.	1	1	1	1
PACU on the 3rd floor, 20 beds monday to friday	4	1.5	13	3.25
pre surgical testing, located on the ground floor monday to friday 8-4	1	0.42	18	18
Pain management dept., 2nd floor, 3 preop bays, 2 procedures rooms, 6 postop bays, monday to friday	3	1.13	20	6.6
ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery	3	2.81	8	2.7

Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	7	2.1	13	3
The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 15% admit rate.	4	1.9	16	12
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	0.8	20	10
32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	2	1	16	8
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	3	2.6	6	2
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	3	1.3	15	6
pre-op area, 3rd floor, 8 beds, 20 patients between the hours of 6:30am - 2:30 pm	2	0.75	20	10
Interventional radiology - ground floor, monday, wednesday, friday	1	1	1	1
pre surgical testing, located on the ground floor monday to friday 8-4	1	0.42	18	18
ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery	3	2.81	8	2.7

Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	7	2.1	13	3
The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.	4	1.9	16	12
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	1.07	15	10
32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	2	1	16	8
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	3	3.83	6	2
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	3	1.6	15	6

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 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)
Emergency Department holds. Inpatients awaiting bed.	0	0
pre-op area, 3rd floor, 9 beds, 20 patients between the hours of 6:30am - 2:30 pm	0	0
Interventional radiology - ground floor, Monday to Friday 8a-2p.	0	0
PACU on the 3rd floor, 20 beds monday to friday	0	0
pre surgical testing, located on the ground floor monday to friday 8-4	0	0
Pain management dept., 2nd floor, 3 preop bays, 2 procedures rooms, 6 postop bays, monday to friday	0	0
ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery	0	0

Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	0	0
The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 15% admit rate.	0	0
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	0	0
32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	0	0
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	0	0
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	0	0
pre-op area, 3rd floor, 8 beds, 20 patients between the hours of 6:30am - 2:30 pm	0	0
Interventional radiology - ground floor, monday, wednesday, friday	0	0
pre surgical testing, located on the ground floor monday to friday 8-4	0	0
ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery	0	0

Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	0	0
The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.	0	0
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	0	0
32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	0	0
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	0	0
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 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)
Emergency Department holds. Inpatients awaiting bed.	0	0
pre-op area, 3rd floor, 9 beds, 20 patients between the hours of 6:30am - 2:30 pm	0	0
Interventional radiology - ground floor, Monday to Friday 8a-2p.	0	0
PACU on the 3rd floor, 20 beds monday to friday	0	0
pre surgical testing, located on the ground floor monday to friday 8-4	0	0
Pain management dept., 2nd floor, 3 preop bays, 2 procedures rooms, 6 postop bays, monday to friday	0	0
ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery	0	0

Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	0	0
The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 15% admit rate.	0	0
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	0	0
32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	0	0
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	0	0
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	5	2.5
pre-op area, 3rd floor, 8 beds, 20 patients between the hours of 6:30am - 2:30 pm	0	0
Interventional radiology - ground floor, monday, wednesday, friday	0	0
pre surgical testing, located on the ground floor monday to friday 8-4	0	0
ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery	0	0

Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	0	0
The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.	0	0
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	5	13.8
32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	5	68
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	5	19.7
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	5	37.5

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)

Emergency Department holds. Inpatients awaiting bed.	0	0
pre-op area, 3rd floor, 9 beds, 20 patients between the hours of 6:30am - 2:30 pm	0	0
Interventional radiology - ground floor, Monday to Friday 8a-2p.	0	0
PACU on the 3rd floor, 20 beds monday to friday	2	0.75
pre surgical testing, located on the ground floor monday to friday 8-4	0	0
Pain management dept., 2nd floor, 3 preop bays, 2 procedures rooms, 6 postop bays, monday to friday	1	0.37
ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery	1	1.87
Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	7	4.04
The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 15% admit rate.	1	0.5
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	0.8

32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	2	1
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	1	2.6
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	2	1.3
pre-op area, 3rd floor, 8 beds, 20 patients between the hours of 6:30am - 2:30 pm	0	0
Interventional radiology - ground floor, monday, wednesday, friday	0	0
pre surgical testing, located on the ground floor monday to friday 8-4	1	0.42
ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery	2	1.87
Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	7	2.1
The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.	1	0.5
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	1.07

32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	2	1
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	1	1.33
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	2	1.07

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>Emergency Department holds. Inpatients awaiting bed.</p>	<p>Unit clerk, PA, MD, Director, Manger, Assistant Nurse Manger, Respiratory, RRT, Dietary, Case Manager, Social Worker, Pharmacy.</p>

pre-op area, 3rd floor, 9 beds, 20 patients between the hours of 6:30am - 2:30 pm	Director, nurse manager, educator, unit clerk, RRT, respiratory therapy, rehab services, social services, spiritual services, hospitalist, PA
Interventional radiology - ground floor, Monday to Friday 8a-2p.	Director, nurse manager, educator, unit clerk, RRT, respiratory therapy, rehab services, social services, spiritual services, hospitalist
PACU on the 3rd floor, 20 beds monday to friday	Director, nurse manager, educator, unit clerk, Patient liaison transport team, RRT, respiratory therapy, rehab services, social services, spiritual services, hospitalist, PA
pre surgical testing, located on the ground floor monday to friday 8-4	Director, nurse manager, educator, unit clerk, RRT, respiratory therapy, social services, hospitalist, NP, spiritual services
Pain management dept., 2nd floor, 3 preop bays, 2 procedures rooms, 6 postop bays, monday to friday	Director, nurse manager, educator, unit clerk, Patient liaison transport team, RRT, respiratory therapy, rehab services, social services, hospitalist
ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery	Director, nurse manager, ANM, educator, unit clerk, patient liaison transport team, RRT, respiratory therapy, rehab services, social services, hospitalist, resident, anesthesia

<p>Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday</p>	<p>Director, nurse manager, ANM, educator, unit clerk, patient liaison transport, RRT, respiratory therapy, rehab services, social services, hospitalist, PA, anesthesia</p>
<p>The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 15% admit rate.</p>	<p>Director, nurse manager, ANM, staff educator, unit clerk, monitor tech, RRT, respiratory therapy, rehab services, clinical pharmacist, social services, hospitalist, PA, spiritual services, nutritionist.</p>
<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>Unit secretary, occupational therapist, nurse manager, assistant nurse manager, recreational therapist, NP, rapid response team, Hospitalist, Psychiatrist, dietician, educator, Spiritual services, environmental services</p>
<p>32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor</p>	<p>Director, Unit secretary, admission/discharge nurse, nurse manager, assistant nurse manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff</p>

<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th floor</p>	<p>Director, Unit secretary, Nurse Manager, Assistant Nurse Manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff</p>
<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor</p>	<p>Director, Unit secretary, nurse manager, assistant nurse manager, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff, tele tech.</p>
<p>pre-op area, 3rd floor, 8 beds, 20 patients between the hours of 6:30am - 2:30 pm</p>	<p>Director, nurse manager, educator, unit clerk, RRT, respiratory therapy, rehab services, social services, spiritual services, hospitalist, PA</p>
<p>Interventional radiology - ground floor, monday, wednesday, friday</p>	<p>Director, nurse manager, educator, unit clerk, RRT, respiratory therapy, rehab services, social services, spiritual services, hospitalist</p>
<p>pre surgical testing, located on the ground floor monday to friday 8-4</p>	<p>Director, nurse manager, educator, unit clerk, RRT, respiratory therapy, social services, hospitalist, NP, spiritual services</p>

<p>ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery</p>	<p>Director, nurse manager, ANM, educator, unit clerk, patient liaison transport team, RRT, respiratory therapy, rehab services, social services, hospitalist, resident, anesthesia</p>
<p>Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday</p>	<p>Director, nurse manager, ANM, educator, unit clerk, patient liaison transport, RRT, respiratory therapy, rehab services, social services, hospitalist, PA, anesthesia</p>
<p>The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.</p>	<p>Director, nurse manager, ANM, staff educator, unit clerk, monitor tech, RRT, respiratory therapy, rehab services, clinical pharmacist, social services, hospitalist, PA, spiritual services, nutritionist.</p>
<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>Unit secretary, occupational therapist, nurse manager, assistant nurse manager, recreational therapist, NP, rapid response team, Hospitalist, Psychiatrist, dietician, educator, Spiritual services, environmental services</p>

32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	Director, Unit secretary, admission/discharge nurse, nurse manager, assistant nurse manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	Director, Unit secretary, Nurse Manager, Assistant Nurse Manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	Director, Unit secretary, nurse manager, assistant nurse manager, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff

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):
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<p>Emergency Department holds. Inpatients awaiting bed.</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A rational was provided.</p>
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<p>pre-op area, 3rd floor, 9 beds, 20 patients between the hours of 6:30am - 2:30 pm</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Interventional radiology - ground floor, Monday to Friday 8a-2p.</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>PACU on the 3rd floor, 20 beds monday to friday</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>pre surgical testing, located on the ground floor monday to friday 8-4</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Pain management dept., 2nd floor, 3 preop bays, 2 procedures rooms, 6 postop bays, monday to friday</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 15% admit rate.</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided</p>
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<p>32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale was provided.</p>
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<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale was provided.</p>
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<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A rationale was provided.</p>
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<p>pre-op area, 3rd floor, 8 beds, 20 patients between the hours of 6:30am - 2:30 pm</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Interventional radiology - ground floor, monday, wednesday, friday</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>pre surgical testing, located on the ground floor monday to friday 8-4</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>ophthalmology OR's, 2 OR rooms, 2 pre-op and 6 post op bays, on the 2nd floor, eye surgery</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided</p>
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<p>32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided.</p>
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<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided.</p>
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<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>No rationale was provided.</p>
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RN EVENING SHIFT STAFFING

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</p>	<p>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)</p>	<p>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)</p>	<p>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?</p>
<p>Emergency Department Hold patients. Inpatients awaiting bed.</p>	<p>1</p>	<p>1</p>	<p>8</p>	<p>8</p>
<p>PACU on the 3rd floor, 20 beds monday to friday</p>	<p>2</p>	<p>2.14</p>	<p>7</p>	<p>3.5</p>
<p>Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday</p>	<p>5</p>	<p>2.1</p>	<p>7</p>	<p>3</p>
<p>The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 17% admit rate.</p>	<p>5</p>	<p>1.97</p>	<p>19</p>	<p>12</p>
<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>2</p>	<p>1.07</p>	<p>20</p>	<p>10</p>
<p>32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor</p>	<p>2</p>	<p>1</p>	<p>16</p>	<p>8</p>

ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	3	2.6	6	2
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	3	1.3	15	6
The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.	4	1.6	19	12
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	1.07	15	10
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	2	1	16	8
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	3	3.83	6	2
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	3	1.6	15	6

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 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)
Emergency Department Hold patients. Inpatients awaiting bed.	0	0
PACU on the 3rd floor, 20 beds monday to friday	0	0
Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	0	0
The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 17% admit rate.	0	0
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	0	0
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	0	0
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	0	0

Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	0	0
The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.	0	0
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	0	0
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	0	0
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	0	0
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 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)
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Emergency Department Hold patients. Inpatients awaiting bed.	0	0
PACU on the 3rd floor, 20 beds monday to friday	0	0
Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	0	0
The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 17% admit rate.	0	0
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	0	0
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	0	0
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	5	5.4
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	0	0
The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.	0	0
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	5	2.7

32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	5	16.3
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	5	5.4
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	5	7

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)
Emergency Department Hold patients. Inpatients awaiting bed.	0	0
PACU on the 3rd floor, 20 beds monday to friday	1	1
Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday	5	2.1
The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 17% admit rate.	1	0.4

Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	3	1.13
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	2	1
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	1	2.6
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	2	1.3
The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.	1	0.4
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	1.07
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	2	1
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	1	1.33
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	2	1.07

EVENING SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>Emergency Department Hold patients. Inpatients awaiting bed.</p>	<p>Director, nurse manager, educator, unit clerk, RRT, respiratory therapy, rehab services, social services, spiritual services, hospitalist, PA</p>
<p>PACU on the 3rd floor, 20 beds monday to friday</p>	<p>ADN, hospitalist, PA, RRT, respiratory therapy, social services, spiritual services</p>
<p>Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday</p>	<p>Director, nurse manager, ANM, educator, unit clerk, patient liaison transport, RRT, respiratory therapy, rehab services, social services, hospitalist, PA, anesthesia</p>
<p>The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 17% admit rate.</p>	<p>ADN, ANM, staff educator, unit clerk, monitor tech, RRT, respiratory therapy, rehab services, clinical pharmacist, social services, hospitalist, PA, spiritual services</p>

<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>Unit secretary, Assistant Nurse Manager, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, NP, environmental service staff</p>
<p>32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor</p>	<p>Unit secretary, nursing tech, admission/discharge nurse, Assistant Nurse Manager, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff</p>
<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th floor</p>	<p>Unit secretary, Assistant Nurse Manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff</p>
<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor</p>	<p>Unit secretary, Assistant Nurse Manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff</p>
<p>The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.</p>	<p>ADN, ANM, staff educator, unit clerk, monitor tech, RRT, respiratory therapy, rehab services, clinical pharmacist, social services, hospitalist, PA, spiritual services</p>

Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	Unit secretary, Assistant Nurse Manager, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, NP, environmental service staff
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	Unit secretary, nursing tech, admission/discharge nurse, Assistant Nurse Manager, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	Unit secretary, Assistant Nurse Manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	Unit secretary, Assistant Nurse Manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff

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):
<p>Emergency Department Hold patients. Inpatients awaiting bed.</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>

<p>PACU on the 3rd floor, 20 beds monday to friday</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Operating room, 3rd floor, 7 OR's Orthopedic and general surgery, monday to friday</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 17% admit rate.</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided</p>
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<p>32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided.</p>
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<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale was provided.</p>
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<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A rationale was provided.</p>
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<p>The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided</p>
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<p>32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided.</p>
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<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided.</p>
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<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>No rationale was provided.</p>
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RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	Emergency Department Holds. Inpatient patients awaiting bed.	1	1	8
Emergency Department	The Emergency Department (ED) is a 14 bed unit with average daily census of 42 and a 17% admit rate.	3	2.81	8
Psychiatry	Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	0.8	20
Orthopedics	32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	2	1	16
Intensive Care	ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	3	4	6
Telemetry	Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	3	1.06	15

Emergency Department	The Emergency Department (ED) is a 10 bed unit with average daily census of 42 and a 15% admit rate.	3	2.81	8
Psychiatry	Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	1.07	15
Orthopedics	32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	2	1	16
Intensive Care	ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	3	3.83	6
Telemetry	Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	3	1.6	15

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)
Other	8	0
Emergency Department	12	0
Psychiatry	10	0
Orthopedics	8	0
Intensive Care	2	0

Telemetry	6	0
Emergency Department	12	0
Psychiatry	10	0
Orthopedics	8	0
Intensive Care	2	0
Telemetry	6	0

NIGHT SHIFT ANCILLARY STAFF

Name of Clinical Unit:	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	0
Emergency Department	0	0
Psychiatry	0	0
Orthopedics	0	0
Intensive Care	0	0
Telemetry	0	0
Emergency Department	0	0
Psychiatry	0	2
Orthopedics	0	2
Intensive Care	0	2
Telemetry	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)
Other	0	0
Emergency Department	0	0
Psychiatry	0	2
Orthopedics	0	2
Intensive Care	0	0
Telemetry	0	1
Emergency Department	0	1
Psychiatry	0.5	2
Orthopedics	3.2	2
Intensive Care	2.4	1
Telemetry	1.1	2

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
Emergency Department	0
Psychiatry	0.8
Orthopedics	1
Intensive Care	0
Telemetry	1.06
Emergency Department	0.93

Psychiatry	1.07
Orthopedics	1
Intensive Care	1.33
Telemetry	1.07

NIGHT SHIFT CONSENSUS INFORMATION

<p>Name of Clinical Unit:</p>	<p>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>
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Other	Director, nurse manager, educator, unit clerk, RRT, respiratory therapy, rehab services, social services, spiritual services, hospitalist, PA	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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Emergency Department	ADN, ANM, staff educator, unit clerk, monitor tech, RRT, respiratory therapy, rehab services, clinical pharmacist, social services, hospitalist, PA, spiritual services	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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<p>Psychiatry</p>	<p>rapid response team, Spiritual services, Hospitalist, PA, environmental service staff</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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<p>Orthopedics</p>	<p>nursing tech, rapid response team, Spiritual services, Hospitalist, PA, environmental service staff</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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Intensive Care	nursing tech, rapid response team, Spiritual services, Hospitalist, PA, environmental service staff	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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<p>Telemetry</p>	<p>nursing tech, rapid response team, Spiritual services, Hospitalist, PA, environmental service staff</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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Emergency Department	ADN, ANM, staff educator, unit clerk, monitor tech, RRT, respiratory therapy, rehab services, clinical pharmacist, social services, hospitalist, PA, spiritual services	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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<p>Psychiatry</p>	<p>rapid response team, Spiritual services, Hospitalist, PA, environmental service staff</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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<p>Orthopedics</p>	<p>nursing tech, rapid response team, Spiritual services, Hospitalist, PA, environmental service staff</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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Intensive Care	nursing tech, rapid response team, Spiritual services, Hospitalist, PA, environmental service staff	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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Telemetry	nursing tech, rapid response team, Spiritual services, Hospitalist, PA, environmental service staff	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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CBA INFORMATION

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

<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>10/31/20 25 12:00 AM</p>
<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>161</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/20 26 12:00 AM</p>

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

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