

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	Orange
<b>Council</b>	Mid-Hudson
<b>Network</b>	GARNET HEALTH -FORMERLY GREATER HUDSON VALLEY HEALTH SYSTEM
<b>Reporting Organization</b>	Garnet Health Medical Center
<b>Reporting Organization Id</b>	0699
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	Garnet Health Medical Center

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) ?
Infusion Center - Oncology Services (Weekend)	2	1.19	14	7
Operating Room - SS OR (Weekend)	2	0.47	35	17.5
Radiation Oncology	3	1.25	75	25
Infusion Center - Oncology Services (Weekdays)	6	1.25	40	6.67
Diagnostic Imaging - (Weekdays)	7	0.77	75	10.71
Hemodialysis - HEMO (Weekdays)	4	2.77	12	3
Cardiac Surgery Operations - CTOR	3	8.3	3	1
Cardiac Rehab	2	0.37	45	22.5
Cardiology Nursing	3	2.08	12	4
Cardiac Cath Lab	6	3.83	13	2.17
Endoscopy	6	4.98	10	1.67
Operating Room - Surgical Services (Weekdays)	11	2.61	35	3.18
Post Anesthesia Care Unit (PACU) (Weekdays)	10	2.37	35	3.5
Pre-Surgical Testing (PST)	6	1.99	25	4.17
Same Day Surgery - SDS (Weekdays)	11	2.61	35	3.18
3 West (CT ICU) Pod 1	3	10.38	2.4	0.8

6 South (Labor and Delivery) (Weekends)	5	3.46	12	2.4
6 North Postpartum (Mother Baby) (Weekends)	4	0.72	46	11.5
3 East (MICU) Pod 4	5	4.15	10	2
3 West (SICU) Pod 2	5	4.15	10	2
2 East Behavioral Health Unit (Weekdays)	4	1.11	30	7.5
Emergency Department, Children's ED, Behavioral Health Access Center Units	12	1.38	72	6
4 East (Rehab) (Weekends)	3	1.04	24	8
2 East Behavioral Health Unit (Weekends)	4	1.11	30	7.5
NICU	2.49	2.49	10	3.33
6 South (Labor and Delivery) (Weekdays)	6	4.15	12	2
6 North Postpartum (Mother Baby) (Weekdays)	5	0.9	46	9.2
5 West (Pediatric)	5	1.73	24	4.8
5 South Medical Surgical	5	1.6	26	5.2
5 North Medical Surgical	5	1.6	26	5.2
4 West Medical Surgical	5	1.73	24	4.8
4 South Progressive Care Unit-PCU	6	1.92	26	4.33
4 East (Rehab) (Weekdays)	4	1.38	24	6
4 North Medical Surgical	5	1.6	26	5.2
3 East (MICU) Pod 3	5	4.15	10	2
3 South (Progressive Care Unit)	6	1.92	26	4.33
3 North (Progressive Care - Stepdown Unit)	6	1.92	26	4.33
CDA (Observation)	4	2.08	16	4
2 West (Observation)	4	1.66	20	5

2 North (Oncology) Medical Surgical	5	1.6	26	5.2
2 South Medical Surgical	5	1.6	26	5.2

LPN DAY SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>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)</b>
Infusion Center - Oncology Services (Weekend)	0	0
Operating Room - SS OR (Weekend)	0	0
Radiation Oncology	0	0
Infusion Center - Oncology Services (Weekdays)	0	0
Diagnostic Imaging - (Weekdays)	0	0
Hemodialysis - HEMO (Weekdays)	0	0
Cardiac Surgery Operations - CTOR	0	0
Cardiac Rehab	0	0
Cardiology Nursing	0	0
Cardiac Cath Lab	0	0
Endoscopy	0	0
Operating Room - Surgical Services (Weekdays)	0	0

Post Anesthesia Care Unit (PACU) (Weekdays)	0	0
Pre-Surgical Testing (PST)	0	0
Same Day Surgery - SDS (Weekdays)	0	0
3 West (CT ICU) Pod 1	0	0
6 South (Labor and Delivery) (Weekends)	0	0
6 North Postpartum (Mother Baby) (Weekends)	0	0
3 East (MICU) Pod 4	0	0
3 West (SICU) Pod 2	0	0
2 East Behavioral Health Unit (Weekdays)	0	0
Emergency Department, Children's ED, Behavioral Health Access Center Units	0	0
4 East (Rehab) (Weekends)	0	0
2 East Behavioral Health Unit (Weekends)	0	0
NICU	0	0
6 South (Labor and Delivery) (Weekdays)	2	0
6 North Postpartum (Mother Baby) (Weekdays)	0	0
5 West (Pediatric)	0	0
5 South Medical Surgical	0	0
5 North Medical Surgical	0	0
4 West Medical Surgical	0	0
4 South Progressive Care Unit-PCU	0	0
4 East (Rehab) (Weekdays)	0	0
4 North Medical Surgical	0	0
3 East (MICU) Pod 3	0	0

3 South (Progressive Care Unit)	0	0
3 North (Progressive Care - Stepdown Unit)	0	0
CDA (Observation)	0	0
2 West (Observation)	0	0
2 North (Oncology) Medical Surgical	0	0
2 South Medical Surgical	0	0

DAY SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Infusion Center - Oncology Services (Weekend)	0	0
Operating Room - SS OR (Weekend)	0	0
Radiation Oncology	2	13
Infusion Center - Oncology Services (Weekdays)	1	6.5
Diagnostic Imaging - (Weekdays)	0	0
Hemodialysis - HEMO (Weekdays)	0	0
Cardiac Surgery Operations - CTOR	0	0
Cardiac Rehab	0	0
Cardiology Nursing	0	0

Cardiac Cath Lab	0	0
Endoscopy	0	0
Operating Room - Surgical Services (Weekdays)	0	0
Post Anesthesia Care Unit (PACU) (Weekdays)	0	0
Pre-Surgical Testing (PST)	1	6.5
Same Day Surgery - SDS (Weekdays)	2	13
3 West (CT ICU) Pod 1	0	0
6 South (Labor and Delivery) (Weekends)	1	6.5
6 North Postpartum (Mother Baby) (Weekends)	1	6.5
3 East (MICU) Pod 4	0	0
3 West (SICU) Pod 2	0	0
2 East Behavioral Health Unit (Weekdays)	1	6.5
Emergency Department, Children's ED, Behavioral Health Access Center Units	2	13
4 East (Rehab) (Weekends)	1	6.5
2 East Behavioral Health Unit (Weekends)	0	0
NICU	1	6.5
6 South (Labor and Delivery) (Weekdays)	1	6.5
6 North Postpartum (Mother Baby) (Weekdays)	1	6.5
5 West (Pediatric)	1	6.5
5 South Medical Surgical	1	6.5
5 North Medical Surgical	1	6.5
4 West Medical Surgical	1	6.5
4 South Progressive Care Unit-PCU	1	6.5

4 East (Rehab) (Weekdays)	1	6.5
4 North Medical Surgical	1	6.5
3 East (MICU) Pod 3	0	0
3 South (Progressive Care Unit)	1	6.5
3 North (Progressive Care - Stepdown Unit)	1	6.5
CDA (Observation)	1	3.25
2 West (Observation)	1	3.25
2 North (Oncology) Medical Surgical	1	6.5
2 South Medical Surgical	1	6.5

DAY SHIFT UNLICENSED STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Infusion Center - Oncology Services (Weekend)	0	0
Operating Room - SS OR (Weekend)	2	0.43
Radiation Oncology	1	0.1
Infusion Center - Oncology Services (Weekdays)	1	0.19
Diagnostic Imaging - (Weekdays)	0	0
Hemodialysis - HEMO (Weekdays)	1	0.63



Cardiac Surgery Operations - CTOR	3	7.5
Cardiac Rehab	0	0
Cardiology Nursing	0	0
Cardiac Cath Lab	4	2.31
Endoscopy	2	1.5
Operating Room - Surgical Services (Weekdays)	6	1.29
Post Anesthesia Care Unit (PACU) (Weekdays)	1	0.21
Pre-Surgical Testing (PST)	2	0.6
Same Day Surgery - SDS (Weekdays)	1	0.21
3 West (CT ICU) Pod 1	1	3.13
6 South (Labor and Delivery) (Weekends)	1	0.63
6 North Postpartum (Mother Baby) (Weekends)	1	0.16
3 East (MICU) Pod 4	1	0.75
3 West (SICU) Pod 2	1	0.75
2 East Behavioral Health Unit (Weekdays)	5	1.25
Emergency Department, Children's ED, Behavioral Health Access Center Units	6	0.63
4 East (Rehab) (Weekends)	3	0.94
2 East Behavioral Health Unit (Weekends)	4	1
NICU	0	0
6 South (Labor and Delivery) (Weekdays)	1	0.63
6 North Postpartum (Mother Baby) (Weekdays)	1	0.16
5 West (Pediatric)	2	0.63
5 South Medical Surgical	2	0.58
5 North Medical Surgical	2	0.58

4 West Medical Surgical	2	0.63
4 South Progressive Care Unit-PCU	2	0.58
4 East (Rehab) (Weekdays)	3	0.94
4 North Medical Surgical	2	0.58
3 East (MICU) Pod 3	1	0.75
3 South (Progressive Care Unit)	2	0.58
3 North (Progressive Care - Stepdown Unit)	2	0.58
CDA (Observation)	1	0.47
2 West (Observation)	2	0.75
2 North (Oncology) Medical Surgical	2	0.58
2 South Medical Surgical	2	0.58

DAY SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
<p>Infusion Center - Oncology Services (Weekend)</p>	<p>No additional ancillary support. Weekday staffing and weekend staffing is different.</p>

Operating Room - SS OR (Weekend)	Nursing assistants and tech, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
Radiation Oncology	Nursing Unit Coordinators and tech, which is captured above in ancillary support
Infusion Center - Oncology Services (Weekdays)	Nursing Unit Coordinator and tech, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
Diagnostic Imaging - (Weekdays)	No additional ancillary support. This is weekday staffing and weekend staffing is different.
Hemodialysis - HEMO (Weekdays)	A hemodialysis tech, which is captured above in ancillary support.
Cardiac Surgery Operations - CTOR	Nursing assistants and techs, which is captured above in ancillary support.
Cardiac Rehab	There are no additional ancillary support due to census.
Cardiology Nursing	There are no additional ancillary support due to census.
Cardiac Cath Lab	Nursing assistants and techs, which is captured above in ancillary support.
Endoscopy	Nursing assistants and techs, which is captured above in ancillary support.

Operating Room - Surgical Services (Weekdays)	Nursing assistants and techs, which is captured above in ancillary support.
Post Anesthesia Care Unit (PACU) (Weekdays)	Nursing Assistant, which is captured above in ancillary support.
Pre-Surgical Testing (PST)	Nursing Unit Coordinator, which is captured above in ancillary support.
Same Day Surgery - SDS (Weekdays)	Nursing Unit Coordinator, which is captured above in ancillary support.
3 West (CT ICU) Pod 1	Nursing Unit Coordinator, which is captured above in ancillary support.
6 South (Labor and Delivery) (Weekends)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekend staffing and weekday staffing is different.
6 North Postpartum (Mother Baby) (Weekends)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekend staffing and weekday staffing is different.
3 East (MICU) Pod 4	Nursing Unit Coordinator, which is captured above in ancillary support.
3 West (SICU) Pod 2	Nursing Unit Coordinator, which is captured above in ancillary support.
2 East Behavioral Health Unit (Weekdays)	Nursing unit coordinator, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.

Emergency Department, Children's ED, Behavioral Health Access Center Units	Nursing Unit Coordinator, which is captured above in ancillary support.
4 East (Rehab) (Weekends)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekend staffing and weekday staffing is different.
2 East Behavioral Health Unit (Weekends)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekend staffing and weekday staffing is different.
NICU	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
6 South (Labor and Delivery) (Weekdays)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
6 North Postpartum (Mother Baby) (Weekdays)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
5 West (Pediatric)	Nursing Unit Coordinator, which is captured above in ancillary support.
5 South Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.

5 North Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.
4 West Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.
4 South Progressive Care Unit-PCU	Nursing Unit Coordinator, which is captured above in ancillary support.
4 East (Rehab) (Weekdays)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
4 North Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.
3 East (MICU) Pod 3	Nursing Unit Coordinator, which is captured above in ancillary support.
3 South (Progressive Care Unit)	Nursing Unit Coordinator, which is captured above in ancillary support.
3 North (Progressive Care - Stepdown Unit)	Nursing Unit Coordinator, which is captured above in ancillary support.
CDA (Observation)	Nursing Unit Coordinator, which is captured above in ancillary support.
2 West (Observation)	Nursing Unit Coordinator, which is captured above in ancillary support.
2 North (Oncology) Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.
2 South Medical Surgical	Nursing unit coordinator, which is captured above in ancillary support

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):
Infusion Center - Oncology Services (Weekend)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus for weekend sec tech due to financial constraints.	No consensus - Weekend sec tech requested to assist with patient volume changes including assistance with equipment/rotating IV pumps to biomed.
Operating Room - SS OR (Weekend)	Yes			
Radiation Oncology	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus for requests due to financial constraints.	No Consensus requests due to increase in patients and procedures, moderate sedation requires 2 RNs, in addition when TAVR procedure starts this takes away 2 RNs. Charge RN takes over unit clerk role and covers lunch breaks for the other RNs. Staff reports they never get 15 break. Increase in procedures due to TAVRs.

Infusion Center - Oncology Services (Weekdays)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus for weekend sec tech due to financial constraints.	No Consensus due to sec tech requested to assist with patient volume changes including assistance with equipment/rotating IV pumps to biomed.
Diagnostic Imaging - (Weekdays)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus for rad tech due to financial constraints.	No consensus - Only two techs staffed for unit at this time must take call when off duty for day, moderate sedation requires two techs.
Hemodialysis - HEMO (Weekdays)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Catskill-GHMC closed, GHMC seeing more HD PTs and emergent cases with no more additional staff.
Cardiac Surgery Operations - CTOR	Yes			
Cardiac Rehab	Yes			



Cardiology Nursing	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	<p>No Consensus - To Facilitate procedures and lunch breaks. Tech also responsible for pacemaker checks, EKGs/etc. 1st TAVR 6/13, anticipate increase in volume of cases for cardiac evaluation, stress tests. Echo tech will be pulled minimum 3 hours on TAVR day. MDs are currently doing RN work (injections) due to RNs frequently being pulled off the unit for procedures. Department relies on DI RNs to assist with EEGs. Difficulty scheduling bubble study/echo's w/definity due to RN availability. No nuclear techs at CRHC, pts brought by MD to complete stress testing at Garnet, increases to pt volume.</p>
Cardiac Cath Lab	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	<p>No Consensus - Increase in patients and procedures, moderate sedation requires 2 RNs, in addition when TAVR procedure starts this takes away 2 RNs. Charge RN takes over unit clerk role and covers lunch breaks for the other RNs. Staff reports they never get 15 break. Increase in procedures due to TAVRs</p>

Endoscopy	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Need 2nd recovery RN-swing nurse often pulled for this role which interfere with the function of the unit: Averaged 30 cases per day. - 5RNs required to staff POB; In addition for main endo unit, require admission RN, recovery/discharge RN x 2, 3RNs to cover 3 rooms, swing RN for lunches, extra procedures, and emergencies.
Operating Room - Surgical Services (Weekdays)	Yes			
Post Anesthesia Care Unit (PACU) (Weekdays)	Yes			
Pre-Surgical Testing (PST)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Care of all surgical, bloodless, IR patients, etc. within depth discussion, including cart reviews and report of diagnostics.
Same Day Surgery - SDS (Weekdays)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Higher volume of patients/procedures.

3 West (CT ICU) Pod 1	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Standard of care in a resuscitative thoracotomy is 3 RNs with 1 RN to oversee rest of unit.
6 South (Labor and Delivery) (Weekends)	Yes			
6 North Postpartum (Mother Baby) (Weekends)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Optimizes postpartum care delivery and best patient outcomes.
3 East (MICU) Pod 4	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - No additional staffing given when RNs is 1:1.
3 West (SICU) Pod 2	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Mixed PT assignments with multiple psych/fall risks, need sitter break relief. No transportation on nights, 2 RNs off unit with Neuro/trauma PTs for overnight imaging.

2 East Behavioral Health Unit (Weekdays)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time, however we can add the BHU RN positions as proposed, including the 12-hour conversion.	Partial consensus due to financial constraints.	Partial consensus - Unit director already up staffing unit. Frequent mandating of staff. No contingency plan for callouts.
Emergency Department, Children's ED, Behavioral Health Access Center Units	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time, however we are committed to adding 10 per diem NA/tele sitters positions to our float pool to help support ED operations and increase in constant observations cases.	No consensus due to financial constraints.	<p>increase in higher acuity patients, mental health emergencies within adult/pediatric population</p> <ul style="list-style-type: none"> <li>-Increased need for nursing assistants for 1:1 and 2:1 close observation patients thus, ED technicians (EKGs/Phlebotomy, etc.) and nursing unit clerks removed from bedside care</li> <li>-Hospital transfers received from GHMC-Catskill frequently become ED Holds due to lack of routine procedural/diagnostic care during overnight hours</li> <li>-Pediatric ED hold patients requiring psychiatric evaluations and follow up care are staying 200+ hours in ED leading to poor patient outcomes</li> <li>-Peak admission/discharge rate at shift change, 7 AM and 7 PM</li> <li>-Patient transporters leave</li> </ul>

4 East (Rehab) (Weekends)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus - Higher acuity; Increase in medical/psych tx required; Additional staff required for transfers/ambulation/therapy on evening/night shifts; 3 falls, 1 fall with injury, 1 HAPI YTD.
2 East Behavioral Health Unit (Weekends)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time, however we can add the BHU RN positions as proposed, including the 12-hour conversion.	Partial consensus due to financial constraints.	Partial consensus - Unit director already up staffing unit. Frequent mandating of staff. No contingency plan for callouts.
NICU	Yes			
6 South (Labor and Delivery) (Weekdays)	Yes			
6 North Postpartum (Mother Baby) (Weekdays)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No Consensus - Optimizes postpartum care delivery and best patient outcomes.
5 West (Pediatric)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No Consensus - Pediatric patients inappropriate for med/surg floats d/t lack of training; increase # of detox/psych patients requiring frequent monitoring/telesitter. 3 Falls, 1 HAPI YTD

5 South Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus - Increase in detox/psych/complete care; All unit alcoves frequently being used to bed patients >24 hours with unit census reaching 27-28 patients; frequent room transfers d/t no transport staff after 10pm, 5 falls, 2 HAPIs YTD.
5 North Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus; Increase in detox/psych/complete care; All unit alcoves frequently being used to bed patients >24 hours with unit census reaching 27-28 patients; 4 falls, 3 falls with injury, 4 HAPIs.
4 West Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus - Lack of equipment for patient transfers result in staff leaving floor frequently; PT/OT not available on nights to assist; Higher acuity; Increase in detox/psych patients requiring frequent monitoring - 5 falls, 1 fall with injury; 5 HAPIs YTD.
4 South Progressive Care Unit-PCU	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus - Multiple fall risks PTs, high need for assistance with performing PT care/ADLS.

4 East (Rehab) (Weekdays)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus - Higher acuity; Increase in medical/psych tx required; Additional staff required for transfers/ambulation/therapy on evening/night shifts; 3 falls, 1 fall with injury, 1 HAPI YTD.
4 North Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus - Increase in detox/psych/complete care; All unit alcoves frequently being used to bed patients >24 hours with unit census reaching 27-28 patients; 2 falls, 3 HAPIs YTD.
3 East (MICU) Pod 3	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus for day shift due to financial constraints.	No consensus; No additional staffing given when RNs is 1:1.
3 South (Progressive Care Unit)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus - Stoke PTs score high on morse fall risk scale. High need for assistance with PT ADLS.
3 North (Progressive Care - Stepdown Unit)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus for day shift due to financial constraints.	No consensus - SDU: 10th Surge bed will surge RN 4:1. RNs monitor own PTs on telemetry due to tete contracts. PCU: left blank

CDA (Observation)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus - To assist with frequent high turnover of patients - discharges, phone calls, filing paper PHI, supply orders, etc. 3 falls with injury YTD (CDA).
2 West (Observation)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus for day shift due to financial constraints.	No consensus - To assist with frequent high turnover of patients - discharges, phone calls, filing paper PHI, supply orders, etc. 3 falls with injury YTD (2W).
2 North (Oncology) Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus - Increase in detox/psych/complete care; All unit alcoves frequently being used to bed patients >24 hours with unit census reaching 27-28 patients; (2N) Two nurses required to administer chemotherapeutic agents on unit and on all other units with oncological patients; 6 falls, 3 falls with injury, 4 HAPIs YTD.



2 South Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus for day shift due to financial constraints.	No consensus - Increase in detox/psych/complete care; All unit alcoves frequently being used to bed patients >24 hours with unit census reaching 27-28 patients; (2S) Float RN staff not trained in bariatric post-op care; Increase in OBS patients-high turnover; Lack of equipment stocked on all units; 4 falls, 1 fall with injury, 4 HAPIs
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RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
Operating - OR (Surgical Services) (Weekend)	2	0.47	35	17.5
Operating - OR (Surgical Services)	11	2.61	35	3.18
Post Anesthesia Care Unit - PACU	2	0.47	35	17.5
Same Day Surgery - SDS	11	2.61	35	3.18
3 West (CT ICU) Pod 1	3	10.38	2.4	0.8
Emergency Department, Children's ED, Behavioral Health Access Center Units	10	1.15	72	7.2
6 South (Labor and Delivery) (Weekend)	5	3.46	12	2.4
6 North Postpartum (Mother Baby) (Weekend)	4	0.72	46	11.5
NICU	3	2.49	10	3.33
6 South (Labor and Delivery) (Weekdays)	5	3.8	12	2.18
6 North Postpartum (Mother Baby) (Weekdays)	4	0.81	46	10.22
5 West (Pediatric)	4	1.56	24	5.33
5 South Medical Surgical	4	1.44	26	5.78
5 North Medical Surgical	4	1.44	26	5.78

4 West Medical Surgical	4	1.56	24	5.33
4 South Progressive Care Unit - PCU	6	1.92	26	4.33
4 East (Rehab) (Weekdays)	3	1.21	24	6.86
4 North Medical Surgical	4	1.44	26	5.78
3 East (MICU) Pod 4	5	4.15	10	2
3 West (SICU) Pod 2	5	4.15	10	2
3 South (Progressive Care Unit)	6	1.92	26	4.33
3 North (Progressive Care - Stepdown Unit)	6	1.92	26	4.33
CDA (Observation)	4	2.08	16	4
2 West (Observation)	4	1.66	20	5
2 North (Oncology) Medical Surgical	4	1.44	26	5.78
2 South (Surgical) Medical Surgical	4	1.44	26	5.78
4 East (Rehab) (Weekend)	3	1.04	24	8
2 East Behavioral Health Unit (Weekend)	4	1.11	30	7.5
3 East (MICU) Pod 3	5	4.15	10	2
2 East Behavioral Health Unit (Weekdays)	4	1.11	30	7.5

LPN EVENING SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Operating - OR (Surgical Services) (Weekend)	0	0

Operating - OR (Surgical Services)	0	0
Post Anesthesia Care Unit - PACU	0	0
Same Day Surgery - SDS	0	0
3 West (CT ICU) Pod 1	0	0
Emergency Department, Children's ED, Behavioral Health Access Center Units	0	0
6 South (Labor and Delivery) (Weekend)	0	0
6 North Postpartum (Mother Baby) (Weekend)	0	0
NICU	0	0
6 South (Labor and Delivery) (Weekdays)	0	0
6 North Postpartum (Mother Baby) (Weekdays)	0	0
5 West (Pediatric)	0	0
5 South Medical Surgical	0	0
5 North Medical Surgical	0	0
4 West Medical Surgical	0	0
4 South Progressive Care Unit - PCU	0	0
4 East (Rehab) (Weekdays)	0	0
4 North Medical Surgical	0	0
3 East (MICU) Pod 4	0	0
3 West (SICU) Pod 2	0	0
3 South (Progressive Care Unit)	0	0
3 North (Progressive Care - Stepdown Unit)	0	0
CDA (Observation)	0	0
2 West (Observation)	0	0
2 North (Oncology) Medical Surgical	0	0

2 South (Surgical) Medical Surgical	0	0
4 East (Rehab) (Weekend)	0	0
2 East Behavioral Health Unit (Weekend)	0	0
3 East (MICU) Pod 3	0	0
2 East Behavioral Health Unit (Weekdays)	0	0

**EVENING SHIFT ANCILLARY STAFF**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Operating - OR (Surgical Services) (Weekend)	0	0
Operating - OR (Surgical Services)	0	0
Post Anesthesia Care Unit - PACU	0	0
Same Day Surgery - SDS	0	0
3 West (CT ICU) Pod 1	0	0
Emergency Department, Children's ED, Behavioral Health Access Center Units	4	26
6 South (Labor and Delivery) (Weekend)	1	6
6 North Postpartum (Mother Baby) (Weekend)	1	6
NICU	1	6
6 South (Labor and Delivery) (Weekdays)	1	6

6 North Postpartum (Mother Baby) (Weekdays)	1	6
5 West (Pediatric)	1	6
5 South Medical Surgical	1	6
5 North Medical Surgical	1	6
4 West Medical Surgical	1	6
4 South Progressive Care Unit - PCU	1	6
4 East (Rehab) (Weekdays)	1	6
4 North Medical Surgical	1	6
3 East (MICU) Pod 4	0	0
3 West (SICU) Pod 2	0	0
3 South (Progressive Care Unit)	1	6
3 North (Progressive Care - Stepdown Unit)	1	6
CDA (Observation)	1	3
2 West (Observation)	1	3
2 North (Oncology) Medical Surgical	1	6
2 South (Surgical) Medical Surgical	1	6
4 East (Rehab) (Weekend)	1	6
2 East Behavioral Health Unit (Weekend)	0	0
3 East (MICU) Pod 3	0	0
2 East Behavioral Health Unit (Weekdays)	1	6.5

EVENING SHIFT UNLICENSED STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of unlicensed personnel 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)</b>	<b>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)</b>
Operating - OR (Surgical Services) (Weekend)	2	0.43
Operating - OR (Surgical Services)	2	0.43
Post Anesthesia Care Unit - PACU	1	0.21
Same Day Surgery - SDS	1	0.21
3 West (CT ICU) Pod 1	1	3.13
Emergency Department, Children's ED, Behavioral Health Access Center Units	1	0.1
6 South (Labor and Delivery) (Weekend)	1	0.63
6 North Postpartum (Mother Baby) (Weekend)	1	0.16
NICU	0	0
6 South (Labor and Delivery) (Weekdays)	1	0.63
6 North Postpartum (Mother Baby) (Weekdays)	1	0.16
5 West (Pediatric)	2	0.63
5 South Medical Surgical	3	0.87
5 North Medical Surgical	3	0.87
4 West Medical Surgical	3	0.94
4 South Progressive Care Unit - PCU	3	0.87
4 East (Rehab) (Weekdays)	3	0.94

4 North Medical Surgical	3	0.87
3 East (MICU) Pod 4	1	0.6
3 West (SICU) Pod 2	1	0.6
3 South (Progressive Care Unit)	3	0.87
3 North (Progressive Care - Stepdown Unit)	3	0.87
CDA (Observation)	1	0.47
2 West (Observation)	2	0.75
2 North (Oncology) Medical Surgical	3	0.87
2 South (Surgical) Medical Surgical	3	0.87
4 East (Rehab) (Weekend)	3	0.94
2 East Behavioral Health Unit (Weekend)	4	1
3 East (MICU) Pod 3	1	0.6
2 East Behavioral Health Unit (Weekdays)	5	1.25

**EVENING SHIFT ADDITIONAL RESOURCES**

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
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Operating - OR (Surgical Services) (Weekend)	Nursing assistants and tech, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
Operating - OR (Surgical Services)	Nursing assistant, which is captured above in ancillary support.
Post Anesthesia Care Unit - PACU	Nursing assistant, which is captured above in ancillary support.
Same Day Surgery - SDS	Tech which is captured above in ancillary support.
3 West (CT ICU) Pod 1	Nursing Unit Coordinator, which is captured above in ancillary support.
Emergency Department, Children's ED, Behavioral Health Access Center Units	Nursing Unit Coordinator, which is captured above in ancillary support.
6 South (Labor and Delivery) (Weekend)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekend staffing and weekday staffing is different.
6 North Postpartum (Mother Baby) (Weekend)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekend staffing and weekday staffing is different.
NICU	Nursing Unit Coordinator, which is captured above in ancillary support.

6 South (Labor and Delivery) (Weekdays)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
6 North Postpartum (Mother Baby) (Weekdays)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
5 West (Pediatric)	Nursing Unit Coordinator, which is captured above in ancillary support.
5 South Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.
5 North Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.
4 West Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.
4 South Progressive Care Unit - PCU	Nursing Unit Coordinator, which is captured above in ancillary support.
4 East (Rehab) (Weekdays)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
4 North Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.
3 East (MICU) Pod 4	Nursing Unit Coordinator, which is captured above in ancillary support.

3 West (SICU) Pod 2	Nursing Unit Coordinator, which is captured above in ancillary support.
3 South (Progressive Care Unit)	Nursing Unit Coordinator, which is captured above in ancillary support.
3 North (Progressive Care - Stepdown Unit)	Nursing Unit Coordinator, which is captured above in ancillary support.
CDA (Observation)	Nursing Unit Coordinator, which is captured above in ancillary support.
2 West (Observation)	Nursing Unit Coordinator, which is captured above in ancillary support.
2 North (Oncology) Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.
2 South (Surgical) Medical Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.
4 East (Rehab) (Weekend)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekend staffing and weekday staffing is different.
2 East Behavioral Health Unit (Weekend)	Nursing Unit Coordinator, which is captured above in ancillary support. This is weekend staffing and weekday staffing is different.
3 East (MICU) Pod 3	Nursing Unit Coordinator, which is captured above in ancillary support.

2 East Behavioral Health Unit (Weekdays)	Nursing unit coordinator, which is captured above in ancillary support. This is weekday staffing and weekend staffing is different.
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EVENING SHIFT CONSENSUS INFORMATION

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
Operating - OR (Surgical Services) (Weekend)	Yes			
Operating - OR (Surgical Services)	Yes			
Post Anesthesia Care Unit - PACU	Yes			
Same Day Surgery - SDS	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Higher volume of patients/procedures
3 West (CT ICU) Pod 1	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Standard of care in a resuscitative thoracotomy is 3 RNs with 1 RN to oversee rest of unit.

Emergency Department, Children's ED, Behavioral Health Access Center Units	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time, however we are committed to adding 10 per diem NA/tele sitter positions to our float pool to help support ED operations and increase in constant observations cases.	Partial consensus due to financial constraints.	increase in higher acuity patients, mental health emergencies within adult/pediatric population -Increased need for nursing assistants for 1:1 and 2:1 close observation patients thus, ED technicians (EKGs/Phlebotomy, etc.) and nursing unit clerks removed from bedside care -Hospital transfers received from GHMC-Catskill frequently become ED Holds due to lack of routine procedural/diagnostic care during overnight hours -Pediatric ED hold patients requiring psychiatric evaluations and follow up care are staying 200+ hours in ED leading to poor patient outcomes -Peak admission/discharge rate at shift change, 7 AM and 7 PM -Patient transporters leave
6 South (Labor and Delivery) (Weekend)	Yes			
6 North Postpartum (Mother Baby) (Weekend)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Nursery optimizes postpartum care delivery and best patient outcomes.
NICU	Yes			

6 South (Labor and Delivery) (Weekdays)	Yes			
6 North Postpartum (Mother Baby) (Weekdays)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Optimizes postpartum care delivery and best patient outcomes.
5 West (Pediatric)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Pediatric patients inappropriate for med/surg floats d/t lack of training; increase # of detox/psych patients requiring frequent monitoring/telesitter. 3 Falls, 1 HAPI YTD
5 South Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No consensus - Increase in detox/psych/complete care; All unit alcoves frequently being used to bed patients >24 hours with unit census reaching 27-28 patients; Frequent room transfers d/t no transport staff after 10pm. 5 falls, 2 HAPIs YTD
5 North Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No consensus - Increase in detox/psych/complete care; All unit alcoves frequently being used to bed patients >24 hours with unit census reaching 27-28 patients; 4 falls, 3 falls with injury, 4 HAPIs

4 West Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Lack of equipment for patient transfers result in staff leaving floor frequently; PT/OT not available on nights to assist; Higher acuity; Increase in detox/psych patients requiring frequent monitoring - 5 falls, 1 fall with injury; 5 HAPIs YTD.
4 South Progressive Care Unit - PCU	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Multiple fall risks PTs, high need for assistance with performing PT care/ADLS.
4 East (Rehab) (Weekdays)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Higher acuity; Increase in medical/psych tx required; Additional staff required for transfers/ambulation/therapy on evening/night shifts; 3 falls, 1 fall with injury, 1 HAPI YTD
4 North Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No consensus - Increase in detox/psych/complete care; All unit alcoves frequently being used to bed patients >24 hours with unit census reaching 27-28 patients; 2 falls, 3 HAPIs YTD

3 East (MICU) Pod 4	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - No additional staffing given when RNs is 1:1.
3 West (SICU) Pod 2	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No consensus - Mixed PT assignments with multiple psych/fall risks, need sitter break relief. No transportation on nights, 2 RNs off unit with Neuro/trauma PTs for overnight imaging.
3 South (Progressive Care Unit)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Stoke PTs score high on morse fall risk scale. High need for assistance with PT ADLS.
3 North (Progressive Care - Stepdown Unit)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No consensus - SDU: 10th Surge bed will surge RN 4:1. RNs monitor own PTs on telemetry due to tete contracts.
CDA (Observation)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - To assist with frequent high turnover of patients - discharges, phone calls, filing paper PHI, supply orders, etc. 3 falls with injury YTD (CDA).



2 West (Observation)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No consensus - To assist with frequent high turnover of patients - discharges, phone calls, filing paper PHI, supply orders, etc. 3 falls with injury YTD (2W).
2 North (Oncology) Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Increase in detox/psych/complete care; All unit alcoves frequently being used to bed patients >24 hours with unit census reaching 27-28 patients; (2N) Two nurses required to administer chemotherapeutic agents on unit and on all other units with oncological patients; 6 falls, 3 falls with injury, 4 HAPIs YTD.
2 South (Surgical) Medical Surgical	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.	No Consensus - Increase in detox/psych/complete care; All unit alcoves frequently being used to bed patients >24 hours with unit census reaching 27-28 patients; (2S) Float RN staff not trained in bariatric post-op care; Increase in OBS patients-high turnover; Lack of equipment stocked on all units; 4 falls, 1 fall with injury, 4 HAPIs

4 East (Rehab) (Weekend)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus - Higher acuity; Increase in medical/psych tx required; Additional staff required for transfers/ambulation/therapy on evening/night shifts; 3 falls, 1 fall with injury, 1 HAPI YTD
2 East Behavioral Health Unit (Weekend)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time, however we can add the BHU RN positions as proposed, including the 12-hour conversion.	Partial consensus due to financial constraints.	Partial consensus; Unit director already up staffing unit. Frequent mandating of staff. No contingency plan for callouts.
3 East (MICU) Pod 3	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.	No consensus; No additional staffing given when RNs is 1:1.
2 East Behavioral Health Unit (Weekdays)	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time, however we can add the BHU RN positions as proposed, including the 12-hour conversion.	Partial consensus due to financial constraints.	Partial consensus; Unit director already up staffing unit. Frequent mandating of staff. No contingency plan for callouts

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)
Critical Care	3 West (CT ICU) Pod 1	3	10.38	2.4
Emergency Department	Emergency Department, Children's ED, Behavioral Health Access Center Units	13	1.5	72
Critical Care	3 East (MICU) Pod 4	5	4.15	10
Other	3 South (Progressive Care Unit)	6	1.92	26
Other	CDA (Observation)	4	2.08	16
Psychiatry	2 East Behavioral Health Unit	4	1.11	30
Other	Operating Room - OR (Surgical Services)	2	0.47	35
Neonatal	NICU	3	2.49	10
Obstetrics/Gynecology	6 South (Labor and Delivery)	5	3.46	12
Obstetrics/Gynecology	6 North Postpartum (Mother Baby)	4	0.72	46
Other	5 West (Pediatric)	4	1.38	24
Medical/Surgical	5 South Medical Surgical	4	1.28	26
Medical/Surgical	5 North Medical Surgical	4	1.28	26
Medical/Surgical	4 West Medical Surgical	4	1.38	24
Other	4 South Progressive Care Unit	6	1.92	26
Rehabilitaion	4 East (Rehab)	3	1.04	24
Medical/Surgical	4 North Medical Surgical	4	1.28	26
Critical Care	3 East (MICU) Pod 3	5	4.15	10
Critical Care	3 West (SICU) Pod 2	5	4.15	10

Other	3 North (Progressive Care - Stepdown Unit)	6	1.92	26
Other	2 West (Observation)	4	1.66	20
Oncology	2 North (Oncology) Medical Surgical	4	1.28	26
Medical/Surgical	2 South (Surgical) Medical Surgical	4	1.28	26

LPN NIGHT SHIFT STAFFING

<b>Name of Clinical Unit:</b>	<b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Critical Care	0.8	0
Emergency Department	5.54	0
Critical Care	2	0
Other	4.33	0
Other	4	0
Psychiatry	7.5	0
Other	17.5	0
Neonatal	3.33	0
Obstetrics/Gynecology	2.4	0
Obstetrics/Gynecology	11.5	0
Other	6	0
Medical/Surgical	6.5	0
Medical/Surgical	6.5	0
Medical/Surgical	6	0
Other	4.33	0
Rehabilitaion	8	0
Medical/Surgical	6.5	0
Critical Care	2	0
Critical Care	2	0

Other	4.33	0
Other	5	0
Oncology	6.5	0
Medical/Surgical	6.5	0

NIGHT SHIFT ANCILLARY STAFF

<b>Name of Clinical Unit:</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Critical Care	0	0
Emergency Department	0	6
Critical Care	0	0
Other	0	0
Other	0	0
Psychiatry	0	0
Other	0	0
Neonatal	0	0
Obstetrics/Gynecology	0	0
Obstetrics/Gynecology	0	0
Other	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Other	0	0
Rehabilitaion	0	0
Medical/Surgical	0	0
Critical Care	0	0
Critical Care	0	0
Other	0	0
Other	0	0
Oncology	0	0

Medical/Surgical	0	0
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NIGHT SHIFT UNLICENSED STAFFING

<b>Name of Clinical Unit:</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Critical Care	0	1
Emergency Department	39	2
Critical Care	0	0
Other	0	2
Other	0	1
Psychiatry	0	4
Other	0	0
Neonatal	0	0
Obstetrics/Gynecology	0	1
Obstetrics/Gynecology	0	1
Other	0	2
Medical/Surgical	0	2
Medical/Surgical	0	2
Medical/Surgical	0	2
Other	0	2
Rehabilitaion	0	3
Medical/Surgical	0	2
Critical Care	0	0
Critical Care	0	0
Other	0	2
Other	0	2
Oncology	0	2
Medical/Surgical	0	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)
Critical Care	3.13
Emergency Department	0.21
Critical Care	0
Other	0.58
Other	0.47
Psychiatry	1
Other	0
Neonatal	0
Obstetrics/Gynecology	0.63
Obstetrics/Gynecology	0.16
Other	0.63
Medical/Surgical	0.58
Medical/Surgical	0.58
Medical/Surgical	0.63
Other	0.58
Rehabilitaion	0.94
Medical/Surgical	0.58
Critical Care	0
Critical Care	0
Other	0.58
Other	0.75
Oncology	0.58
Medical/Surgical	0.58

NIGHT SHIFT CONSENSUS INFORMATION

<p><b>Name of Clinical Unit:</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>	<p><b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b></p>	<p><b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b></p>	<p><b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b></p>
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Critical Care	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.
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Emergency Department	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time, however we are committed to adding 10 per diem NA/tele sitter positions to our float pool to help support ED operations and increase in constant observations cases.	Partial Consensus due to financial constraints.
Critical Care	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.

Other	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.
Other	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No Consensus due to financial constraints.

Psychiatry	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time, however we can add the BHU RN positions as proposed, including the 12-hour conversion.	Partial Consensus due to financial constraints.
Other	No additional ancillary support.	Yes		
Neonatal	Nursing Unit Coordinator, which is captured above in ancillary support.	Yes		
Obstetrics/Gynecology	Nursing Unit Coordinator, which is captured above in ancillary support.	Yes		
Obstetrics/Gynecology	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.

Other	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.
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<p>Medical/Surgical</p>	<p>Nursing Unit Coordinator, which is captured above in ancillary support.</p>	<p>No</p>	<p>After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.</p>	<p>No consensus due to financial constraints.</p>
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<p>Medical/Surgical</p>	<p>Nursing Unit Coordinator, which is captured above in ancillary support.</p>	<p>No</p>	<p>After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.</p>	<p>No consensus due to financial constraints.</p>
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<p>Medical/Surgical</p>	<p>Nursing Unit Coordinator, which is captured above in ancillary support.</p>	<p>No</p>	<p>After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.</p>	<p>No consensus due to financial constraints.</p>
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Other	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.
Rehabilitaion	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.

Medical/Surgical	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.
Critical Care	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.

Critical Care	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.
Other	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.

Other	Nursing Unit Coordinator, which is captured above in ancillary support.	No	After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.	No consensus due to financial constraints.
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<p>Oncology</p>	<p>Nursing Unit Coordinator, which is captured above in ancillary support.</p>	<p>No</p>	<p>After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.</p>	<p>No consensus due to financial constraints.</p>
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<p>Medical/Surgical</p>	<p>Nursing Unit Coordinator, which is captured above in ancillary support.</p>	<p>No</p>	<p>After careful and thorough analysis of each request, we are unable to meet the 2025 requests due to the financial constraints of the organization at this time.</p>	<p>No consensus for day shift due to financial constraints.</p>
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CBA INFORMATION

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

**Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:**

09/30/20  
25 12:00  
AM

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

1000