

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Bronx
Council	New York City
Network	NYC H+H
Reporting Organization	North Central Bronx Hospital
Reporting Organization Id	1186
Reporting Organization Type	Hospital (pfi)
Data Entity	North Central Bronx 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) ?
NOR01 MAGNETIC RESONANCE IMAGING	1	1.6	5	5
NO01 NUCLEAR MEDICINE/ RADIOLOGY	1	0.42	19	19
NO PEDIATRICS	6	0.4	120	20
NO OB GYN	11	0.63	140	12.72
NOR01 MENTAL HEALTH OUTPATIENT	1	0.21	38.94	38.94
NOR01 ENDOSCOPY	3	4	4	2
NO01 DENTAL OUTPATIENT	2	0.4	40	20
NOR01 OUTPATIENT CLINICS MEDICINE	13	0.55	187.4	14.41
NOR 4TH AMBULATORY SURGERY	4	2.91	11	2.75
NO OR	8	12.8	5	0.63
NO PACU	5	10	4	0.8
NO IP 8A MOTHER BABY	4	1.74	9.2	6
NO IP 7A NEONATAL ICU	2	7.27	2.2	2
NO IP 7A LABOR & DELIVERY	2	7.27	2.2	2
NO ED PSYCH	2	2.67	6	3
NO ED PEDIATRIC	2	1.14	14	7
NO ED ADULT	6	1.45	33	5.5
NO IPP 12B PSYCH	3	1.53	15.7	7

NO IPP 12A GERI PSYCH	1	1.14	7	7
NO IPP 11B ADULT PSYCH	3	1.33	18	7
NO IP 10B ICU ACUTE/STEPDOWN	1	6.67	1.2	4
NO IP 10B ICU ACUTE/STEPDOWN	4	4.85	6.6	2
NO IP 10A MED SURG	3	1.47	16.3	6
NO IP 9B MED SURG	2	2.67	6	4
NO IP 9A MED SURG	2	2.67	6	4
NO IP 9B MED SURG	6	1.47	21.7	6
NO IP 9A MED SURG	6	1.45	22	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)
NOR01 MAGNETIC RESONANCE IMAGING	0	0
NO01 NUCLEAR MEDICINE/RADIOLOGY	0	0
NO PEDIATRICS	2	0.13
NO OB GYN	0	0
NOR01 MENTAL HEALTH OUTPATIENT	0	0
NOR01 ENDOSCOPY	0	0
NO01 DENTAL OUTPATIENT	0	0

NOR01 OUTPATIENT CLINICS MEDICINE	0	0
NOR 4TH AMBULATORY SURGERY	0	0
NO OR	0	0
NO PACU	0	0
NO IP 8A MOTHER BABY	0	0
NO IP 7A NEONATAL ICU	0	0
NO IP 7A LABOR & DELIVERY	0	0
NO ED PSYCH	0	0
NO ED PEDIATRIC	0	0
NO ED ADULT	0	0
NO IPP 12B PSYCH	0	0
NO IPP 12A GERI PSYCH	0	0
NO IPP 11B ADULT PSYCH	0	0
NO IP 10B ICU ACUTE/STEPDOWN	0	0
NO IP 10B ICU ACUTE/STEPDOWN	0	0
NO IP 10A MED SURG	0	0
NO IP 9B MED SURG	0	0
NO IP 9A MED SURG	0	0
NO IP 9B MED SURG	0	0
NO IP 9A MED SURG	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)
NOR01 MAGNETIC RESONANCE IMAGING	0	0
NO01 NUCLEAR MEDICINE/RADIOLOGY	1	0.42
NO PEDIATRICS	13	0.74
NO OB GYN	13	0.74
NOR01 MENTAL HEALTH OUTPATIENT	0	0
NOR01 ENDOSCOPY	1	2
NO01 DENTAL OUTPATIENT	0	0
NOR01 OUTPATIENT CLINICS MEDICINE	20	0.85
NOR 4TH AMBULATORY SURGERY	0	0
NO OR	0	0
NO PACU	1	2
NO IP 8A MOTHER BABY	1	0.87
NO IP 7A NEONATAL ICU	0	0
NO IP 7A LABOR & DELIVERY	0	0
NO ED PSYCH	1	1.33
NO ED PEDIATRIC	1	0.57
NO ED ADULT	3	0.73
NO IPP 12B PSYCH	1	0.51
NO IPP 12A GERI PSYCH	1	1.14
NO IPP 11B ADULT PSYCH	1	0.44

NO IP 10B ICU ACUTE/STEPDOWN	1	1.21
NO IP 10B ICU ACUTE/STEPDOWN	1	1.21
NO IP 10A MED SURG	1.5	0.74
NO IP 9B MED SURG	0.5	0.67
NO IP 9A MED SURG	0.5	0.67
NO IP 9B MED SURG	2.3	0.85
NO IP 9A MED SURG	1.9	0.69

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)
NOR01 MAGNETIC RESONANCE IMAGING	0	0
NO01 NUCLEAR MEDICINE/RADIOLOGY	0	0
NO PEDIATRICS	0	0
NO OB GYN	0	0
NOR01 MENTAL HEALTH OUTPATIENT	0	0
NOR01 ENDOSCOPY	0	0
NO01 DENTAL OUTPATIENT	0	0
NOR01 OUTPATIENT CLINICS MEDICINE	0	0
NOR 4TH AMBULATORY SURGERY	0	0
NO OR	3	4.8

NO PACU	0	0
NO IP 8A MOTHER BABY	0	0
NO IP 7A NEONATAL ICU	0	0
NO IP 7A LABOR & DELIVERY	1	3.64
NO ED PSYCH	2	2.67
NO ED PEDIATRIC	0	0
NO ED ADULT	1	0.24
NO IPP 12B PSYCH	2	1.02
NO IPP 12A GERI PSYCH	2	2.29
NO IPP 11B ADULT PSYCH	2	0.89
NO IP 10B ICU ACUTE/STEPDOWN	0	0
NO IP 10B ICU ACUTE/STEPDOWN	0	0
NO IP 10A MED SURG	0	0
NO IP 9B MED SURG	0	0
NO IP 9A MED SURG	0	0
NO IP 9B MED SURG	0	0
NO IP 9A MED SURG	0	0

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>
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NOR01 MAGNETIC RESONANCE IMAGING	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO01 NUCLEAR MEDICINE/ RADIOLOGY	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO PEDIATRICS	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO OB GYN	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NOR01 MENTAL HEALTH OUTPATIENT	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.

NOR01 ENDOSCOPY	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO01 DENTAL OUTPATIENT	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NOR01 OUTPATIENT CLINICS MEDICINE	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NOR 4TH AMBULATORY SURGERY	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO OR	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.

NO PACU	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO IP 8A MOTHER BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 7A NEONATAL ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.

NO IP 7A LABOR & DELIVERY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO ED PSYCH	Dedicated HN. Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO ED PEDIATRIC	Additional resources such as respiratory therapists, social workers, Physical Therapy, and Pharmacists, are available to support the planned number of patients on this unit
NO ED ADULT	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.

NO IPP 12B PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IPP 12A GERI PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IPP 11B ADULT PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.

NO IP 10B ICU ACUTE/STEPDOWN	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 10B ICU ACUTE/STEPDOWN	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 10A MED SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.

NO IP 9B MED SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 9A MED SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 9B MED SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.

NO IP 9A MED SURG	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as respiratory therapists, case managers, social workers, physical therapists, and pharmacists, are available to support the planned number of patients on this unit.</p>
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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):
NOR01 MAGNETIC RESONANCE IMAGING	Yes			
NO01 NUCLEAR MEDICINE/RADIOLOGY	Yes			
NO PEDIATRICS	Yes			
NO OB GYN	Yes			
NOR01 MENTAL HEALTH OUTPATIENT	Yes			
NOR01 ENDOSCOPY	Yes			
NO01 DENTAL OUTPATIENT	Yes			
NOR01 OUTPATIENT CLINICS MEDICINE	Yes			
NOR 4TH AMBULATORY SURGERY	Yes			

NO OR	Yes			
NO PACU	Yes			
NO IP 8A MOTHER BABY	Yes			
NO IP 7A NEONATAL ICU	Yes			
NO IP 7A LABOR & DELIVERY	Yes			
NO ED PSYCH	No	Hospital Administration agrees with management's explanation to remain at the current ancillary staff ratios	North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for	DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024

<p>NO ED PEDIATRIC</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO ED ADULT</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IPP 12B PSYCH</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IPP 12A GERI PSYCH</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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NO IPP 11B ADULT PSYCH	No	Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 10B ICU ACUTE/STEPDOWN</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 10B ICU ACUTE/STEPDOWN</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 10A MED SURG</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 9B MED SURG</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 9A MED SURG</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 9B MED SURG</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 9A MED SURG</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
NOR01 MAGNETIC RESONANCE IMAGING	1	0.89	9	9
NO01 NUCLEAR MEDICINE	1	0.8	10	10
NO PEDIATRICS	6	1.2	40	6.67
NO OB GYN	12	3.69	26	2.16
NOR01 MENTAL HEALTH OUTPATIENT	1	0.39	20.6	20.6
NOR01 ENDOSCOPY	2	5.33	3	1.5
NO01 DENTAL OUTPATIENT	1	0.53	15	15
NOR01 OUTPATIENT CLINICS MEDICINE	13	1.13	92.3	7.1
NOR 4TH AMBULATORY SURGERY	4	2.91	11	2.75
NO OR	1	0	0	0
NO PACU	1	0	0	0
NO IP 8A MOTHER BABY	4	3.48	9.2	3
NO IP 7A NEONATAL ICU	2	7.27	2.2	2
NO IP 7A LABOR & DELIVERY	2	7.27	2.2	2
NO ED PSYCH	2	8	2	1
NO ED PEDIATRIC	2	1.23	13	6.5
NO ED ADULT	7	1.87	30	4.76
NO IPP 12B PSYCH	3	1.53	15.7	7

NO IPP 12A GERI PSYCH	1	1.14	7	7
NO IPP 11B ADULT PSYCH	3	1.33	18	7
NO IP 10B ICU ACUTE/STEPDOWN	1	6.67	1.2	4
NO IP 10B ICU ACUTE/STEPDOWN	4	4.85	6.6	2
NO IP 10 M/S FLEX	3	1.47	16.3	6
NO IP 9B MED SURG	2	1.33	6	4
NO IP 9B MED SURG	4	1.47	21.7	6
NO IP 9A MED SURG	2	1.33	6	4
NO IP 9A MED SURG	4	1.45	22	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)
NOR01 MAGNETIC RESONANCE IMAGING	0	0
NO01 NUCLEAR MEDICINE	0	0
NO PEDIATRICS	2	0.4
NO OB GYN	0	0
NOR01 MENTAL HEALTH OUTPATIENT	0	0
NOR01 ENDOSCOPY	0	0
NO01 DENTAL OUTPATIENT	0	0
NOR01 OUTPATIENT CLINICS MEDICINE	0	0
NOR 4TH AMBULATORY SURGERY	0	0
NO OR	0	0
NO PACU	0	0

NO IP 8A MOTHER BABY	0	0
NO IP 7A NEONATAL ICU	0	0
NO IP 7A LABOR & DELIVERY	0	0
NO ED PSYCH	0	0
NO ED PEDIATRIC	0	0
NO ED ADULT	0	0
NO IPP 12B PSYCH	0	0
NO IPP 12A GERI PSYCH	0	0
NO IPP 11B ADULT PSYCH	0	0
NO IP 10B ICU ACUTE/STEPDOWN	0	0
NO IP 10B ICU ACUTE/STEPDOWN	0	0
NO IP 10 M/S FLEX	0	0
NO IP 9B MED SURG	0	0
NO IP 9B MED SURG	0	0
NO IP 9A MED SURG	0	0
NO IP 9A MED SURG	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)
NOR01 MAGNETIC RESONANCE IMAGING	0	0
NO01 NUCLEAR MEDICINE	1	0.8
NO PEDIATRICS	1	0.2
NO OB GYN	13	4
NOR01 MENTAL HEALTH OUTPATIENT	0	0

NOR01 ENDOSCOPY	1	2.67
NO01 DENTAL OUTPATIENT	0	0
NOR01 OUTPATIENT CLINICS MEDICINE	20	1.73
NOR 4TH AMBULATORY SURGERY	0	0
NO OR	0	0
NO PACU	1	0
NO IP 8A MOTHER BABY	1	0.87
NO IP 7A NEONATAL ICU	0	0
NO IP 7A LABOR & DELIVERY	0	0
NO ED PSYCH	1	4
NO ED PEDIATRIC	1	0.62
NO ED ADULT	3	0.8
NO IPP 12B PSYCH	1	0.51
NO IPP 12A GERI PSYCH	1	1.14
NO IPP 11B ADULT PSYCH	1	0.44
NO IP 10B ICU ACUTE/STEPDOWN	0	0
NO IP 10B ICU ACUTE/STEPDOWN	1	1.21
NO IP 10 M/S FLEX	1.5	0.74
NO IP 9B MED SURG	0.5	0.67
NO IP 9B MED SURG	1.9	0.7
NO IP 9A MED SURG	0.5	0.67
NO IP 9A MED SURG	1.9	0.69

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)
NOR01 MAGNETIC RESONANCE IMAGING	0	0
NO01 NUCLEAR MEDICINE	0	0
NO PEDIATRICS	0	0
NO OB GYN	0	0
NOR01 MENTAL HEALTH OUTPATIENT	0	0
NOR01 ENDOSCOPY	0	0
NO01 DENTAL OUTPATIENT	0	0
NOR01 OUTPATIENT CLINICS MEDICINE	0	0
NOR 4TH AMBULATORY SURGERY	0	0
NO OR	1	0
NO PACU	0	0
NO IP 8A MOTHER BABY	0	0
NO IP 7A NEONATAL ICU	0	0
NO IP 7A LABOR & DELIVERY	1	3.64
NO ED PSYCH	2	8
NO ED PEDIATRIC	0	0
NO ED ADULT	1	0.27
NO IPP 12B PSYCH	2	1.02
NO IPP 12A GERI PSYCH	2	2.29
NO IPP 11B ADULT PSYCH	2	0.89
NO IP 10B ICU ACUTE/STEPDOWN	0	0

NO IP 10B ICU ACUTE/STEPDOWN	0	0
NO IP 10 M/S FLEX	0	0
NO IP 9B MED SURG	0	0
NO IP 9B MED SURG	0	0
NO IP 9A MED SURG	0	0
NO IP 9A MED SURG	0	0

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>
NOR01 MAGNETIC RESONANCE IMAGING	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO01 NUCLEAR MEDICINE	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.

NO PEDIATRICS	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO OB GYN	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NOR01 MENTAL HEALTH OUTPATIENT	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NOR01 ENDOSCOPY	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO01 DENTAL OUTPATIENT	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.

NOR01 OUTPATIENT CLINICS MEDICINE	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NOR 4TH AMBULATORY SURGERY	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO OR	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO PACU	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.

NO IP 8A MOTHER BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 7A NEONATAL ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 7A LABOR & DELIVERY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.

NO ED PSYCH	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO ED PEDIATRIC	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO ED ADULT	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.
NO IPP 12B PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.

NO IPP 12A GERI PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IPP 11B ADULT PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 10B ICU ACUTE/STEPDOWN	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.

NO IP 10B ICU ACUTE/STEPDOWN	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 10 M/S FLEX	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 9B MED SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.

NO IP 9B MED SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 9A MED SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.
NO IP 9A MED SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.

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):
NOR01 MAGNETIC RESONANCE IMAGING	Yes			
NO01 NUCLEAR MEDICINE	Yes			
NO PEDIATRICS	Yes			
NO OB GYN	Yes			
NOR01 MENTAL HEALTH OUTPATIENT	Yes			
NOR01 ENDOSCOPY	Yes			
NO01 DENTAL OUTPATIENT	Yes			
NOR01 OUTPATIENT CLINICS MEDICINE	Yes			
NOR 4TH AMBULATORY SURGERY	Yes			
NO OR	Yes			
NO PACU	Yes			
NO IP 8A MOTHER BABY	Yes			
NO IP 7A NEONATAL ICU	Yes			
NO IP 7A LABOR & DELIVERY	Yes			

NO ED PSYCH	No	Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
NO ED PEDIATRIC	No	Hospital Administration agrees with management's proposal and their explanation to remain at the current nursing and ancillary staff ratio.	New York Health + Hospitals North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in inpatient medical units.	NA

<p>NO ED ADULT</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IPP 12B PSYCH</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IPP 12A GERI PSYCH</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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NO IPP 11B ADULT PSYCH	No	Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 10B ICU ACUTE/STEPDOWN</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 10B ICU ACUTE/STEPDOWN</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 10 M/S FLEX</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 9B MED SURG</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 9B MED SURG</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 9A MED SURG</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</p>
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<p>NO IP 9A MED SURG</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>	<p>DC37 Union membership did not agree that Unlicensed assistive personnel and ancillary staff ratio such as BHA's, PCA's, and Clerical would not provide sufficient number of patient care hours per day. DC 37 does not agree with ancillary staff in the Emergency Department, Inpatient Medical and Behavioral health units. NYSNA contract agreement with agreed upon staffing ratios is in effect. NYSNA and 1199 has not provided a written or verbal proposal as of 6/24/2024</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	NO OR	1	0	0
Other	NO PACU	1	0	0
Obstetrics/Gynecology	NO IP 8A MOTHER BABY	4	3.48	9.2
Neonatal	NO IP 7A NEONATAL ICU	2	7.27	2.2
Obstetrics/Gynecology	NO IP 7A LABOR & DELIVERY	2	7.27	2.2
Emergency Department	NO ED PSYCH	2	4	4
Emergency Department	NO ED PEDIATRIC	2	1.23	13
Emergency Department	NO ED ADULT	7	1.87	30
Psychiatry	NO IPP 12B PSYCH	3	1.53	15.7
Psychiatry	NO IPP 12A GERI PSYCH	1	1.4	7
Psychiatry	NO IPP 11B ADULT PSYCH	3	1.33	18
Stepdown	NO IP 10B ICU ACUTE/STEPDOWN	1	6.67	1.2
Critical Care	NO IP 10B ICU ACUTE/STEPDOWN	4	4.85	6.6
Medical/Surgical	NO IP 10 M/S FLEX	3	1.47	16.3
Telemetry	NO IP 9B MED SURG	2	2.67	6
Medical/Surgical	NO IP 9B MED SURG	4	1.47	21.7
Telemetry	NO IP 9A MED SURG	2	2.67	6
Medical/Surgical	NO IP 9A MED SURG	4	1.45	22
Emergency Department	Emergency Department	8	1.35	47.5

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	0	0
Other	0	0
Obstetrics/Gynecology	6	0
Neonatal	2	0
Obstetrics/Gynecology	2	0
Emergency Department	2	0
Emergency Department	6.5	0
Emergency Department	4.76	0
Psychiatry	7	0
Psychiatry	7	0
Psychiatry	7	0
Stepdown	4	0
Critical Care	2	0
Medical/Surgical	6	0
Telemetry	4	0
Medical/Surgical	6	0
Telemetry	4	0
Medical/Surgical	6	0
Emergency Department	5.93	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
Other	0	0
Obstetrics/Gynecology	0	1
Neonatal	0	0
Obstetrics/Gynecology	0	0
Emergency Department	0	1
Emergency Department	0	1
Emergency Department	0	3
Psychiatry	0	1
Psychiatry	0	1
Psychiatry	0	1
Stepdown	0	0
Critical Care	0	1
Medical/Surgical	0	1.5
Telemetry	0	0.5
Medical/Surgical	0	1.9
Telemetry	0	0.5
Medical/Surgical	0	1.9
Emergency Department	0	0

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	1
Other	1	0
Obstetrics/Gynecology	0.87	0
Neonatal	0	0
Obstetrics/Gynecology	0	1
Emergency Department	2	2
Emergency Department	0.62	0
Emergency Department	0.8	1
Psychiatry	0.51	2
Psychiatry	1.14	2
Psychiatry	0.44	2
Stepdown	0	0
Critical Care	1.21	0
Medical/Surgical	0.74	0
Telemetry	0.67	0
Medical/Surgical	0.7	0
Telemetry	0.67	0
Medical/Surgical	0.69	0
Emergency Department	0	4

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
Other	0
Obstetrics/Gynecology	0
Neonatal	0
Obstetrics/Gynecology	3.63
Emergency Department	4
Emergency Department	0
Emergency Department	0.26
Psychiatry	1.01
Psychiatry	2.28
Psychiatry	0.89
Stepdown	0
Critical Care	0
Medical/Surgical	0
Telemetry	0
Medical/Surgical	0
Telemetry	0
Medical/Surgical	0
Emergency Department	67

NIGHT SHIFT CONSENSUS INFORMATION

Name of Clinical Unit:	Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):
Other	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.	Yes		

Other	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.	Yes		
Obstetrics/Gynecology	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.	Yes		
Neonatal	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.	Yes		

Obstetrics/Gynecology	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.	Yes		
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Emergency Department	Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.	No	Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>
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<p>Emergency Department</p>	<p>Additional resources such as respiratory therapists, social workers, Physical therapists, and pharmacists, are available to support the number of patients on this unit.</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>
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<p>Psychiatry</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>
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<p>Stepdown</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>
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<p>Critical Care</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>
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<p>Medical/Surgical</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>
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<p>Telemetry</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>
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<p>Telemetry</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>
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<p>Medical/Surgical</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as respiratory therapists, case managers, social workers, physical therapist, and pharmacists, are available to support the planned number of patients on this unit.</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</p>
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<p>Emergency Department</p>	<p>Dedicated head nurse and clerical associate. Additional resource such as social work, pharmacy and respiratory therapists are available to support this unit</p>	<p>No</p>	<p>Hospital Administration agrees with management's proposal and their explanation to remain at the current ancillary staff ratios</p>	<p>North Central Bronx had consensus with every bargaining unit on staffing ratios except with DC37 on Nursing support staff ratios in Inpatient Medical Units. On Behavioral Health Units, the management proposal is two Behavioral Health Associates. supported by coverage of patients on 1:1, Hall Monitor and Psychiatric Social Health Tech and BHA Supervisors for every shift. Robust coverage of the inpatient behavioral Health units, Emergency Departments, CPEP and Inpatient medical units by trained BHA will ensure safety of staff and patients. Dedicated Clerical Staff is currently provided for inpatient units. The robust pool of Clerical associates covers each other for break and therefore do not require additional staff for</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>DC 37,New York State Nurses Associati on,SEIU 1199</p>

<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>09/02/20 28 12:00 AM</p>
<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>329</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>10/09/20 27 12:00 AM</p>

<p>The number of hospital employees represented by SEIU 1199 is:</p>	<p>2</p>
<p>Our general hospital's collective bargaining agreement with DC 37 expires on the following date:</p>	<p>11/06/2026 12:00 AM</p>
<p>The number of hospital employees represented by DC37 is:</p>	<p>342</p>