

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Kings
Council	New York City
Network	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
Reporting Organization	New York - Presbyterian Brooklyn Methodist Hospital
Reporting Organization Id	1306
Reporting Organization Type	Hospital (pfi)
Data Entity	New York - Presbyterian Brooklyn Methodist 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) ?
107205 BMH Nuclear Cardiology and Stress Lab	1	8	1.96	1
105335 Other ASC Pre/Post Anesthesia	8	3	25	3
109728 Pre/Post Anesthesia	6	4	14	2
109711 OR	5	8	16	1
109727 Endo	12	5	17	2
106929 Endo	11	4	10	2
105325 Pre/Post Anesthesia	5	4	15	2
105320 OR	11	8	21	1
106104 BMH EP Lab	3	8	8.71	1
106101 BMH Cath Lab	15	3	7.93	3
109726 CCH Radiology	2	8	35.52	1
106224/106216 BMH Cat Scan	2	8	4.14	1
106222 BMH Interventional Radiology	4	8	1.26	1
109721 CCH Digestive Practice	0.5	8	15.05	1
109720 CCH Medical Subspecialties - Other	2	1	93.38	12
109714 CCH Infusion	12	3	37.01	3
106889 BMH OBGYN Clinic	1	8	19.36	1

106910 BMH Pediatrics Clinic	1	8	22.14	1
105485 EMERGENCY DEPARTMENT	19.5	2.16	67.7	6
105530 6S PSYCH ADULT	5	2	24	4.8
105250 LABOR-DELIVERY NP4S	13.71	8.74	11.77	0.86
105140 INFILL 3 PEDIATRICS/PICU	4	3	11.85	2.96
105240 NEONATAL ICU	7	4	17.47	2.5
105220 POSTARTUM / NURSERY	6	2	41.62	6.94
105123 8 SOUTH REHAB	4	2	20.33	5.08
105131 BUCKLEY WEST 5 - TELEMETRY	7	2	27.3	3.9
105143 INFILL 6 ONCOLOGY	5	2	25.17	5.03
105141 INFILL 4 SURGERY/ORTHO	4	2	23.99	6
105129 7 SOUTH MED/SURG	6	2	32.15	5.36
105142 INFILL 5 MED/SURG UROLOGY	4	2	23	5.75
105144 INFILL 7 MEDICINE / VENT UNIT	5	2	21.93	4.39
105126 7 NORTH SURGERY	4	2	20.27	5.07
105125 8 NORTH MED/SURG NEURO	4	2	24.95	6.24
105124 BUCKLEY 4 MED/SURG	3	2	15.73	5.24
105127 MINER 8 MED/SURG	5	2	27.17	5.43
105128 MINER 7 MED/SURG	5	2	28.15	5.63
105121 MINER 5 MED/SURG HEMO	4	2	19.25	4.81
105150 8N/7N/I7 - STEPDOWN	5	3	15.97	3.19

105428 INFILL 5 / CT STEPDOWN	3	5	5.53	1.84
105420 SICU/MICU	10	5	17.03	1.7
105133 CORONARY CARE UNIT/PCI	4	4	8.84	2.21
105427 MINER 3/CT ICU	4	5	6.79	1.7

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
107205 BMH Nuclear Cardiology and Stress Lab	0	0
105335 Other ASC Pre/Post Anesthesia	0	0
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105325 Pre/Post Anesthesia	0	0
105320 OR	0	0
106104 BMH EP Lab	0	0
106101 BMH Cath Lab	0	0
109726 CCH Radiology	0	0
106224/106216 BMH Cat Scan	0	0

106222 BMH Interventional Radiology	0	0
109721 CCH Digestive Practice	0	0
109720 CCH Medical Subspecialties - Other	0	0
109714 CCH Infusion	0	0
106889 BMH OBGYN Clinic	2	15
106910 BMH Pediatrics Clinic	2	15
105485 EMERGENCY DEPARTMENT	0	0
105530 6S PSYCH ADULT	0	0
105250 LABOR-DELIVERY NP4S	0	0
105140 INFILL 3 PEDIATRICS/PICU	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 - TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0
105129 7 SOUTH MED/SURG	0	0
105142 INFILL 5 MED/SURG UROLOGY	0	0
105144 INFILL 7 MEDICINE / VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH MED/SURG NEURO	0	0
105124 BUCKLEY 4 MED/SURG	0	0

105127 MINER 8 MED/SURG	0	0
105128 MINER 7 MED/SURG	0	0
105121 MINER 5 MED/SURG HEMO	0	0
105150 8N/7N/I7 - STEPDOWN	0	0
105428 INFILL 5 / CT STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	0	0
105427 MINER 3/CT ICU	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)
107205 BMH Nuclear Cardiology and Stress Lab	0	0
105335 Other ASC Pre/Post Anesthesia	0	0
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0

105325 Pre/Post Anesthesia	0	0
105320 OR	0	0
106104 BMH EP Lab	0	0
106101 BMH Cath Lab	0	0
109726 CCH Radiology	0	0
106224/106216 BMH Cat Scan	0	0
106222 BMH Interventional Radiology	0	0
109721 CCH Digestive Practice	0	0
109720 CCH Medical Subspecialties - Other	0	0
109714 CCH Infusion	0	0
106889 BMH OBGYN Clinic	0	0
106910 BMH Pediatrics Clinic	0	0
105485 EMERGENCY DEPARTMENT	0	0
105530 6S PSYCH ADULT	0	0
105250 LABOR-DELIVERY NP4S	0	0
105140 INFILL 3 PEDIATRICS/PICU	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 - TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0
105129 7 SOUTH MED/SURG	0	0
105142 INFILL 5 MED/SURG UROLOGY	0	0

105144 INFILL 7 MEDICINE / VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH MED/SURG NEURO	0	0
105124 BUCKLEY 4 MED/SURG	0	0
105127 MINER 8 MED/SURG	0	0
105128 MINER 7 MED/SURG	0	0
105121 MINER 5 MED/SURG HEMO	0	0
105150 8N/7N/I7 - STEPDOWN	0	0
105428 INFILL 5 / CT STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	0	0
105427 MINER 3/CT ICU	0	0

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)
107205 BMH Nuclear Cardiology and Stress Lab	0	0
105335 Other ASC Pre/Post Anesthesia	2	1

109728 Pre/Post Anesthesia	3	2
109711 OR	7.5	12
109727 Endo	12	5
106929 Endo	8	3
105325 Pre/Post Anesthesia	1	1
105320 OR	17	12
106104 BMH EP Lab	1	3
106101 BMH Cath Lab	2	0
109726 CCH Radiology	0	0
106224/106216 BMH Cat Scan	4	15
106222 BMH Interventional Radiology	3	6
109721 CCH Digestive Practice	2	30
109720 CCH Medical Subspecialties - Other	8	3
109714 CCH Infusion	2	0
106889 BMH OBGYN Clinic	4.5	34
106910 BMH Pediatrics Clinic	3.5	26
105485 EMERGENCY DEPARTMENT	4	0.44
105530 6S PSYCH ADULT	3	1
105250 LABOR-DELIVERY NP4S	1	0.64
105140 INFILL 3 PEDIATRICS/PICU	1	1
105240 NEONATAL ICU	1	0
105220 POSTARTUM / NURSERY	1	1
105123 8 SOUTH REHAB	2	1
105131 BUCKLEY WEST 5 - TELEMETRY	3	1
105143 INFILL 6 ONCOLOGY	3	1

105141 INFILL 4 SURGERY/ORTHO	2	1
105129 7 SOUTH MED/SURG	3	1
105142 INFILL 5 MED/SURG UROLOGY	2	1
105144 INFILL 7 MEDICINE / VENT UNIT	2	1
105126 7 NORTH SURGERY	2	1
105125 8 NORTH MED/SURG NEURO	2	1
105124 BUCKLEY 4 MED/SURG	1	1
105127 MINER 8 MED/SURG	3	1
105128 MINER 7 MED/SURG	3	1
105121 MINER 5 MED/SURG HEMO	2	1
105150 8N/7N/I7 - STEPDOWN	3	2
105428 INFILL 5 / CT STEPDOWN	1	2
105420 SICU/MICU	1	1
105133 CORONARY CARE UNIT/PCI	1	1
105427 MINER 3/CT ICU	1	2

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>107205 BMH Nuclear Cardiology and Stress Lab</p>	<p>This unit has available to it nurse and support staff to supplement unit staffing. Other support personnel that aid nursing services include Nuclear Medicine Technologist and physiologists.</p>
<p>105335 Other ASC Pre/Post Anesthesia</p>	<p>"Other support personnel that aid perioperative services include: Anesthesia, Pharmacy, and radiology, biomed, IT, supply chain, . Each shift has a Charge RN supporting the team as well. "</p>

109728 Pre/Post Anesthesia	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
109711 OR	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
109727 Endo	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
106929 Endo	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.

105325 Pre/Post Anesthesia	<p>Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.</p>
105320 OR	<p>Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.</p>
106104 BMH EP Lab	<p>This unit has available to it nurse and support staff to supplement unit staffing. Other support personnel that aid nursing services include interventional cardiology operations, imaging technologist, cardiovascular technologist, unit clerk, surgical technician, respiratory, patient transport, pharmacy technician, bio-med, iv therapy, echo technician, and xray technician.</p>

106101 BMH Cath Lab	<p>This unit has available to it nurse and support staff to supplement unit staffing. Other support personnel that aid nursing services include interventional cardiology operations, imaging technologist, cardiovascular technologist, unit clerk, surgical technician, respiratory, patient transport, pharmacy technician, bio-med, iv therapy, echo technician, and xray technician.</p>
109726 CCH Radiology	<p>This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include imaging technologist, nuclear medicine technologist, and access service rep.</p>
106224/106216 BMH Cat Scan	<p>This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include imaging technologist, cardiologist, and access service rep.</p>

106222 BMH Interventional Radiology	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include surgical technician, coordinator procedural, imaging technologist, scrub technician, respiratory therapist, physician assistant, interventionalist, patient transport, and anesthesiologist.
109721 CCH Digestive Practice	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include medical assistant, access service rep, and coordinator procedural.
109720 CCH Medical Subspecialties - Other	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include medical assistant, social worker, echocardiograph technician, access service rep, and nurse practitioner.

109714 CCH Infusion	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include medical assistant, nutritionist, social worker, patient navigator, pharmacy technician, access service rep, and nurse practitioner.
106889 BMH OBGYN Clinic	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include diabetes educator, dietitian, LPN, medical assistant, medical social worker, nurse practitioner, access service rep, and doula.
106910 BMH Pediatrics Clinic	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include genetics counselor, antepartum testing, clinical dietitian, medical social worker, medical assistant, and access service rep.

105485 EMERGENCY DEPARTMENT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).
105530 6S PSYCH ADULT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, EKG Technicians, Rehab Medicine (OT, PT, SLP), and Wound/Ostomy/Continence RN.

105250 LABOR-DELIVERY
NP4S

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105140 INFILL 3
PEDIATRICS/PICU

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105240 NEONATAL ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105220 POSTARTUM /
NURSERY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105123 8 SOUTH REHAB

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105131 BUCKLEY WEST 5 -
TELEMETRY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105143 INFILL 6 ONCOLOGY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105141 INFILL 4
SURGERY/ORTHO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

<p>105129 7 SOUTH MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105142 INFILL 5 MED/SURG
UROLOGY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105144 INFILL 7 MEDICINE /
VENT UNIT

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105126 7 NORTH SURGERY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105125 8 NORTH
MED/SURG NEURO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105124 BUCKLEY 4
MED/SURG

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

<p>105127 MINER 8 MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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<p>105128 MINER 7 MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105121 MINER 5
MED/SURG HEMO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105150 8N/7N/I7 -
STEPDOWN

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105428 INFILL 5 / CT
STEPDOWN

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105420 SICU/MICU

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105133 CORONARY CARE
UNIT/PCI

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105427 MINER 3/CT ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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DAY SHIFT CONSENSUS INFORMATION

<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>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>	<p>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</p>
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<p>107205 BMH Nuclear Cardiology and Stress Lab</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105335 Other ASC Pre/Post Anesthesia</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to ASPAN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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109728 Pre/Post Anesthesia	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to ASPAN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109711 OR</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109727 Endo</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN and ASPAN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106929 Endo</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN and ASPAN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105325 Pre/Post Anesthesia	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to ASPAN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105320 OR</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106104 BMH EP Lab</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CVCU services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106101 BMH Cath Lab</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109726 CCH Radiology</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on procedural volume and acuity. The adopted staffing levels represent direct patient care throughout the Imaging Services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106224/106216 BMH Cat Scan</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on procedural volume and acuity. The adopted staffing levels represent direct patient care throughout the Imaging Services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106222 BMH Interventional Radiology</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on procedural volume and acuity. The adopted staffing levels represent direct patient care throughout the Interventional Radiology. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109721 CCH Digestive Practice</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CCH GI Practice. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109720 CCH Medical Subspecialties - Other</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CCH Medicine Multispecialty areas. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109714 CCH Infusion</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the infusion center. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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106889 BMH OBGYN Clinic	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the Women's Health Clinic. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106910 BMH Pediatrics Clinic</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the Pediatric Clinic. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105485 EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>pediatric bed ED. The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital disagreed with and did not adopt non-management committee members' proposal, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes the current NA/NT and UC coverage is adequate. Importantly, each staff member at the Hospital is issued a mobile communication device for direct communication. In</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105530 6S PSYCH ADULT	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>inpatient psychiatric unit. The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital disagreed with and did not adopt non-management committee members' proposal, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes the current NA/NT and UC coverage is adequate. Importantly, each staff member at the Hospital is issued a mobile communication device for direct communication. In</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105250 LABOR-DELIVERY NP4S</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding UC coverage for the day and evening shifts on this unit, which has 13 labor rooms, 7 triage, 8 antepartum, 8 recovery and 3 ORs. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes the current NA/NT and UC coverage is adequate. Importantly, each staff member at the</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105140 INFILL 3 PEDIATRICS/PICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>comprised of 15 pediatric general beds and 6 pediatric ICU (PICU) beds. The clinical staffing committee reached consensus regarding UC coverage for this unit, as well as NT coverage on the day shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is further mitigated because Nursing Quality indicators,</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105240 NEONATAL ICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding RN coverage on this unit, which is a 32 bed unit (24 beds in the NICU and eight beds in the Stable Baby Unit). This unit is staffed to accommodate a guideline of 1 RN: 1 patient – up to 1RN:4 patients based on the NICU patient classification system. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105220 POSTARTUM / NURSERY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>postpartum/nursery unit. The care delivery in this unit is based on the Mother Newborn couplet care (the postpartum mother and her newborn are cared for by one nurse). The clinical staffing committee reached consensus regarding UC coverage on the night shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105123 8 SOUTH REHAB	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>rehabilitation unit. The clinical staffing committee reached consensus regarding RN and NT coverage on this unit, as well as UC coverage during the day and evening shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105131 BUCKLEY WEST 5 - TELEMETRY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>services care unit. The clinical staffing committee reached consensus regarding UC coverage on this unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is further mitigated because Nursing Quality indicators, including CAUTI, CLABSI and Falls currently exceed benchmark on this unit. The</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105143 INFILL 6 ONCOLOGY	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>oncology/med-surg unit. The clinical staffing committee reached consensus regarding UC coverage on this unit as well as NT coverage on the evening shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. Additionally, this unit has a team aide on the</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105141 INFILL 4 SURGERY/ORTHO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>As many clinical staffing committee members were also involved in the NYP-BMH/NYSNA labor contract renewal process, negotiation sessions were held In lieu of clinical staffing committee meetings. A clinical staffing committee meeting was held on June 20, 2023, once the labor contract was signed, at which the Hospital presented the adopted plan to the clinical staffing committee. The Hospital has not received an alternative proposal from the employee members of the committee. The Hospital believes that adopted staffing and support are appropriate based upon unit census and acuity.</p>	<p>The Hospital did not receive an alternative proposal or statement from the employee members of the clinical staffing committee.</p>
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<p>105129 7 SOUTH MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>committee reached consensus regarding RN coverage on this unit, as well as NT coverage on the evening and night shift and UC coverage on the day and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105142 INFILL 5 MED/SURG UROLOGY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>unit. The clinical staffing committee reached consensus regarding NT coverage on the evening shift and UC staffing on the day and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate, especially given this unit's lift team aide who assists with patient</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105144 INFILL 7 MEDICINE / VENT UNIT</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>unit. The clinical staffing committee reached consensus regarding UC coverage in the unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors, less phone calls, no discharges, and a decrease</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105126 7 NORTH SURGERY	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>Med/Surg unit. The clinical staffing committee reached consensus on NA/NT staffing for the evening and night shifts and UC staffing for the night shift for this unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors,</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105125 8 NORTH MED/SURG NEURO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>Neuro/Med Surg unit. The clinical staffing committee reached consensus on NA/NT staffing for the evening and night shifts and UC staffing for the night shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors,</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105124 BUCKLEY 4 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>unit. The clinical staffing committee reached consensus on staffing levels for RNs, NA/NTs and UCs for the morning and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI, CLABSI, C.Diff, and MRSA</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105127 MINER 8 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>Med/Surg unit. The clinical staffing committee reached consensus on NA/NT staffing for the morning and evening shifts and UC staffing on the morning and night shifts. The Hospital disagreed with and did not adopt non-management committee members’ proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI,</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105128 MINER 7 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>unit. The clinical staffing committee reached consensus on staffing levels for all RN, NA/NT for the morning and evening shifts and UC shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI, CLABSI, C.Diff, and MRSA</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105121 MINER 5 MED/SURG HEMO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>Med/Surg unit. The clinical staffing committee reached consensus on staffing levels for RNs, Unit Clerks and NA/NTs for the evening shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI, CLABSI, C.Diff, and MRSA exceed benchmark on this</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105150 8N/7N/I7 - STEPDOWN</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>bedded step down unit with 8 beds dedicated to Neurology, 8 beds to care of the post surgery patients and 4 beds dedicated to medicine services. The clinical staffing committee reached consensus on NA/NT staffing for the morning and evening shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105428 INFILL 5 / CT STEPDOWN</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>cardiothoracic step down unit. The clinical staffing committee reached consensus on NA/NT staffing for the morning and evening shifts and UC staffing for the morning shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105420 SICU/MICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>bed medical ICU and surgical ICU. The clinical staffing committee reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors, less phone calls, no</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105133 CORONARY CARE UNIT/PCI</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>bedded unit with six beds in the Coronary Care Unit and eight adjacent beds in the Percutaneous Coronary Intervention (PCI) unit. The clinical staffing committee reached consensus on Unit Clerk staffing for the day and evening. The Hospital disagreed with and did not adopt non-management committee members’ proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105427 MINER 3/CT ICU	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>beds. The clinical staffing committee reached consensus on staffing levels for RNs, Unit Clerks and Nursing Attendant (NA)/Nursing Technician (NT)s for the morning shift for this unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. In addition, the</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</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)?
107205 BMH Nuclear Cardiology and Stress Lab	1	8	0.98	1
105335 Pre/Post Anesthesia	5	4	15	3
109728 Pre/Post Anesthesia	3	5	6	2
109711 OR	3	8	4	1
109727 Endo	8	5	7	2
106929 Endo	8	5	4	2
105325 PACU	6	4	20	2
105320 OR	7	8	11	1
106104 BMH EP Lab	3	8	4.35	1
106101 BMH Cath Lab	15	3	5.95	3
109726 CCH Radiology	2	8	22.2	1
106224/106216 BMH Cat Scan	1	8	6.72	1
106222 BMH Interventional Radiology	4	8	0.95	1
109721 CCH Digestive Practice	0.5	8	6.45	1
109720 CCH Medical Subspecialties - Other	2	1	46.69	12
109715 CCH Infusion	12	3	15.86	3
106889 BMH OBGYN Clinic	1	8	9.68	1

106910 BMH Pediatrics Clinic	1	8	7.38	1
105485 EMERGENCY DEPARTMENT	22	2.16	76.39	6
105530 6S PSYCH ADULT	5	2	24	4.8
105250 LABOR-DELIVERY NP4S	13.21	8.42	11.77	0.89
105140 INFILL 3 MIXED ACUITY PEDS	4	3	11.85	2.96
105240 NEONATAL ICU	7	4	17.47	2.5
105220 POSTARTUM / NURSERY	6	2	41.62	6.94
105123 8 SOUTH REHAB	4	2	20.33	5.08
105131 BUCKLEY WEST 5 - TELEMETRY	7	2	27.3	3.9
105143 INFILL 6 ONCOLOGY	5	2	25.17	5.03
105141 INFILL 4 SURGERY/ORTHO	4	2	23.49	5.87
105129 7 SOUTH MED/SURG	6	2	32.15	5.36
105142 INFILL 5 MED/SURG UROLOGY	4	2	23	5.75
105144 INFILL 7 MEDICINE / VENT UNIT	5	2	21.93	4.39
105126 7 NORTH SURGERY	4	2	20.27	5.07
105125 8 NORTH MED/SURG NEURO	4	2	24.95	6.24
105124 BUCKLEY 4 MED/SURG	3	2	15.73	5.24
105127 MINER 8 MED/SURG	5	2	27.17	5.43
105128 MINER 7 MED/SURG	5	2	28.15	5.63
105121 MINER 5 MED/SURG HEMO	4	2	19.25	4.81
105150 8N/7N/I7 - STEPDOWN	5	3	15.97	3.19

105428 INFILL 5 / CT STEPDOWN	3	5	5.53	1.84
105420 SICU/MICU	10	5	17.03	1.7
105133 CORONARY CARE UNIT/PCI	4	4	8.84	2.21
105427 MINER 3/CT ICU	4	5	6.79	1.7

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
107205 BMH Nuclear Cardiology and Stress Lab	0	0
105335 Pre/Post Anesthesia	0	0
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105325 PACU	0	0
105320 OR	0	0
106104 BMH EP Lab	0	0
106101 BMH Cath Lab	0	0
109726 CCH Radiology	0	0
106224/106216 BMH Cat Scan	0	0
106222 BMH Interventional Radiology	0	0
109721 CCH Digestive Practice	0	0

109720 CCH Medical Subspecialties - Other	0	0
109715 CCH Infusion	0	0
106889 BMH OBGYN Clinic	2	15
106910 BMH Pediatrics Clinic	2	15
105485 EMERGENCY DEPARTMENT	0	0
105530 6S PSYCH ADULT	0	0
105250 LABOR-DELIVERY NP4S	0	0
105140 INFILL 3 MIXED ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 - TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0
105129 7 SOUTH MED/SURG	0	0
105142 INFILL 5 MED/SURG UROLOGY	0	0
105144 INFILL 7 MEDICINE / VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH MED/SURG NEURO	0	0
105124 BUCKLEY 4 MED/SURG	0	0
105127 MINER 8 MED/SURG	0	0
105128 MINER 7 MED/SURG	0	0

105121 MINER 5 MED/SURG HEMO	0	0
105150 8N/7N/I7 - STEPDOWN	0	0
105428 INFILL 5 / CT STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	0	0
105427 MINER 3/CT ICU	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
107205 BMH Nuclear Cardiology and Stress Lab	0	0
105335 Pre/Post Anesthesia	0	0
109728 Pre/Post Anesthesia	0	0
109711 OR	0	0
109727 Endo	0	0
106929 Endo	0	0
105325 PACU	0	0
105320 OR	0	0
106104 BMH EP Lab	0	0
106101 BMH Cath Lab	0	0
109726 CCH Radiology	0	0
106224/106216 BMH Cat Scan	0	0

106222 BMH Interventional Radiology	0	0
109721 CCH Digestive Practice	0	0
109720 CCH Medical Subspecialties - Other	0	0
109715 CCH Infusion	0	0
106889 BMH OBGYN Clinic	0	0
106910 BMH Pediatrics Clinic	0	0
105485 EMERGENCY DEPARTMENT	0	0
105530 6S PSYCH ADULT	0	0
105250 LABOR-DELIVERY NP4S	0	0
105140 INFILL 3 MIXED ACUITY PEDS	0	0
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	0	0
105123 8 SOUTH REHAB	0	0
105131 BUCKLEY WEST 5 - TELEMETRY	0	0
105143 INFILL 6 ONCOLOGY	0	0
105141 INFILL 4 SURGERY/ORTHO	0	0
105129 7 SOUTH MED/SURG	0	0
105142 INFILL 5 MED/SURG UROLOGY	0	0
105144 INFILL 7 MEDICINE / VENT UNIT	0	0
105126 7 NORTH SURGERY	0	0
105125 8 NORTH MED/SURG NEURO	0	0
105124 BUCKLEY 4 MED/SURG	0	0

105127 MINER 8 MED/SURG	0	0
105128 MINER 7 MED/SURG	0	0
105121 MINER 5 MED/SURG HEMO	0	0
105150 8N/7N/I7 - STEPDOWN	0	0
105428 INFILL 5 / CT STEPDOWN	0	0
105420 SICU/MICU	0	0
105133 CORONARY CARE UNIT/PCI	0	0
105427 MINER 3/CT ICU	0	0

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)
107205 BMH Nuclear Cardiology and Stress Lab	0	0
105335 Pre/Post Anesthesia	2	1
109728 Pre/Post Anesthesia	2	3
109711 OR	4.5	12
109727 Endo	7	5
106929 Endo	6	3
105325 PACU	1	1
105320 OR	11	13
106104 BMH EP Lab	1	3
106101 BMH Cath Lab	2	0

109726 CCH Radiology	0	0
106224/106216 BMH Cat Scan	4	30
106222 BMH Interventional Radiology	3	6
109721 CCH Digestive Practice	2	30
109720 CCH Medical Subspecialties - Other	8	3
109715 CCH Infusion	2	0
106889 BMH OBGYN Clinic	4.5	34
106910 BMH Pediatrics Clinic	2	15
105485 EMERGENCY DEPARTMENT	4	0.39
105530 6S PSYCH ADULT	3	1
105250 LABOR-DELIVERY NP4S	2	1.27
105140 INFILL 3 MIXED ACUITY PEDS	1	1
105240 NEONATAL ICU	0	0
105220 POSTARTUM / NURSERY	1	1
105123 8 SOUTH REHAB	2	1
105131 BUCKLEY WEST 5 - TELEMETRY	3	1
105143 INFILL 6 ONCOLOGY	3	1
105141 INFILL 4 SURGERY/ORTHO	2	1
105129 7 SOUTH MED/SURG	3	1
105142 INFILL 5 MED/SURG UROLOGY	2	1
105144 INFILL 7 MEDICINE / VENT UNIT	2	1
105126 7 NORTH SURGERY	2	1
105125 8 NORTH MED/SURG NEURO	2	1

105124 BUCKLEY 4 MED/SURG	1	1
105127 MINER 8 MED/SURG	3	1
105128 MINER 7 MED/SURG	3	1
105121 MINER 5 MED/SURG HEMO	2	1
105150 8N/7N/I7 - STEPDOWN	3	2
105428 INFILL 5 / CT STEPDOWN	1	2
105420 SICU/MICU	1	1
105133 CORONARY CARE UNIT/PCI	1	1
105427 MINER 3/CT ICU	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>
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<p>107205 BMH Nuclear Cardiology and Stress Lab</p>	<p>This unit has available to it nurse and support staff to supplement unit staffing. Other support personnel that aid nursing services include Coordinator Administrative, Vascular Studies, Specialist Angioplasty, Echocardiograph Registered, Nuclear Medicine Technologist, Medical Social Worker, Nurse Practitioner, Medical Assistant, Lead Access Service Rep, Access Service Rep, Coordinator Procedural, Coordinator Outreach, and Specialist Cardiac Device.</p>
<p>105335 Pre/Post Anesthesia</p>	<p>Other support personnel that aid perioperative services include: Anesthesia, Pharmacy, and radiology, biomed, IT, supply chain, . Each shift has a Charge RN supporting the team as well.</p>

109728 Pre/Post Anesthesia	Other support personnel that aid perioperative services include: Anesthesia, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
109711 OR	Other support personnel that aid perioperative services include: Anesthesia Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
109727 Endo	Other support personnel that aid perioperative services include: Anesthesia, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
106929 Endo	Other support personnel that aid perioperative services include: Anesthesia, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.

105325 PACU	Other support personnel that aid perioperative services include: Anesthesia, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.
105320 OR	Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.
106104 BMH EP Lab	This unit has available to it nurse and support staff to supplement unit staffing. Other support personnel that aid nursing services include interventional cardiology operations, imaging technologist, cardiovascular technologist, unit clerk, surgical technician, respiratory, patient transport, pharmacy technician, bio-med, iv therapy, echo technician, and xray technician.

106101 BMH Cath Lab	<p>This unit has available to it nurse and support staff to supplement unit staffing. Other support personnel that aid nursing services include interventional cardiology operations, imaging technologist, cardiovascular technologist, unit clerk, surgical technician, respiratory, patient transport, pharmacy technician, bio-med, iv therapy, echo technician, and xray technician.</p>
109726 CCH Radiology	<p>This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include imaging technologist, nuclear medicine technologist, physician assistant, patient service aide, and access service rep.</p>
106224/106216 BMH Cat Scan	<p>This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include imaging technologist, cardiologist, and access service rep, respiratory therapist, physician assistant, patient transport, and anesthesiologist.</p>

106222 BMH Interventional Radiology	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include surgical technician, coordinator procedural, imaging technologist, scrub technician, respiratory therapist, physician assistant, interventionalist, patient transport, and anesthesiologist.
109721 CCH Digestive Practice	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include medical assistant, social worker, echocardiograph technician, access service rep, and nurse practitioner, nutritionist.
109720 CCH Medical Subspecialties - Other	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include medical assistant, social worker, echocardiograph technician, access service rep, and nurse practitioner, diabetic educator, and speech /language therapist.

109715 CCH Infusion	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include medical assistant, nutritionist, social worker, patient navigator, pharmacy technician, access service rep, and nurse practitioner.
106889 BMH OBGYN Clinic	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include diabetes educator, dietitian, LPN, medical assistant, medical social worker, nurse practitioner, access service rep, and doula.
106910 BMH Pediatrics Clinic	This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include genetics counselor, antepartum testing, clinical dietitian, LPN, medical social worker, medical assistant, and access service rep.

<p>105485 EMERGENCY DEPARTMENT</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
<p>105530 6S PSYCH ADULT</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, EKG Technicians, Rehab Medicine (OT, PT, SLP), and Wound/Ostomy/Continence RN.</p>

105250 LABOR-DELIVERY
NP4S

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105140 INFILL 3 MIXED
ACUITY PEDS

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105240 NEONATAL ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105220 POSTARTUM /
NURSERY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105123 8 SOUTH REHAB

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105131 BUCKLEY WEST 5 -
TELEMETRY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105143 INFILL 6 ONCOLOGY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105141 INFILL 4
SURGERY/ORTHO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

<p>105129 7 SOUTH MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105142 INFILL 5 MED/SURG
UROLOGY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105144 INFILL 7 MEDICINE /
VENT UNIT

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105126 7 NORTH SURGERY

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105125 8 NORTH
MED/SURG NEURO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105124 BUCKLEY 4
MED/SURG

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

<p>105127 MINER 8 MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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<p>105128 MINER 7 MED/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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105121 MINER 5
MED/SURG HEMO

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105150 8N/7N/I7 -
STEPDOWN

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105428 INFILL 5 / CT
STEPDOWN

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105420 SICU/MICU

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105133 CORONARY CARE
UNIT/PCI

Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).

105427 MINER 3/CT ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>
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EVENING SHIFT CONSENSUS INFORMATION

<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>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>	<p>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</p>
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<p>107205 BMH Nuclear Cardiology and Stress Lab</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105335 Pre/Post Anesthesia	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to ASPAN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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109728 Pre/Post Anesthesia	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to ASPAN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109711 OR</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109727 Endo</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN and ASPAN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106929 Endo</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN and ASPAN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105325 PACU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to ASPAN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105320 OR</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN guidelines.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106104 BMH EP Lab</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CVCU services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106101 BMH Cath Lab</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CVCU services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109726 CCH Radiology</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on procedural volume and acuity. The adopted staffing levels represent direct patient care throughout the Imaging Services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106224/106216 BMH Cat Scan</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on procedural volume and acuity. The adopted staffing levels represent direct patient care throughout the Imaging Services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106222 BMH Interventional Radiology</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on procedural volume and acuity. The adopted staffing levels represent direct patient care throughout the Interventional Radiology. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109721 CCH Digestive Practice</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CCH GI Practice. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109720 CCH Medical Subspecialties - Other</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CCH Medicine Multispecialty areas. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>109715 CCH Infusion</p>	<p>No</p>	<p>This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include medical assistant, nutritionist, social worker, patient navigator, pharmacy technician, access service rep, and nurse practitioner.</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the infusion center. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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106889 BMH OBGYN Clinic	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the Women's Health Clinic. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>106910 BMH Pediatrics Clinic</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the Pediatric Clinic. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105485 EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>pediatric bed ED. The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital disagreed with and did not adopt non-management committee members' proposal, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes the current NA/NT and UC coverage is adequate. Importantly, each staff member at the Hospital is issued a mobile communication device for direct communication. In</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105530 6S PSYCH ADULT	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>inpatient psychiatric unit. The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital disagreed with and did not adopt non-management committee members' proposal, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes the current NA/NT and UC coverage is adequate. Importantly, each staff member at the Hospital is issued a mobile communication device for direct communication. In</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105250 LABOR-DELIVERY NP4S</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>committee reached consensus regarding UC coverage for the day and evening shifts on this unit, which has 13 labor rooms, 7 triage, 8 antepartum, 8 recovery and 3 ORs. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes the current NA/NT and UC coverage is adequate. Importantly, each staff member at the</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105140 INFILL 3 MIXED ACUITY PEDS</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>comprised of 15 pediatric general beds and 6 pediatric ICU (PICU) beds. The clinical staffing committee reached consensus regarding UC coverage for this unit, as well as NT coverage on the day shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is further mitigated because Nursing Quality indicators,</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105240 NEONATAL ICU	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>committee reached consensus regarding RN coverage on this unit, which is a 32 bed unit (24 beds in the NICU and eight beds in the Stable Baby Unit). This unit is staffed to accommodate a guideline of 1 RN: 1 patient – up to 1RN:4 patients based on the NICU patient classification system. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105220 POSTARTUM / NURSERY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>postpartum/nursery unit. The care delivery in this unit is based on the Mother Newborn couplet care (the postpartum mother and her newborn are cared for by one nurse). The clinical staffing committee reached consensus regarding UC coverage on the night shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105123 8 SOUTH REHAB	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>rehabilitation unit. The clinical staffing committee reached consensus regarding RN and NT coverage on this unit, as well as UC coverage during the day and evening shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105131 BUCKLEY WEST 5 - TELEMETRY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>services care unit. The clinical staffing committee reached consensus regarding UC coverage on this unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is further mitigated because Nursing Quality indicators, including CAUTI, CLABSI and Falls currently exceed benchmark on this unit. The</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105143 INFILL 6 ONCOLOGY	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>oncology/med-surg unit. The clinical staffing committee reached consensus regarding UC coverage on this unit as well as NT coverage on the evening shift. The Hospital disagreed with and did not adopt non-management committee members’ proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. Additionally, this unit has a team aide on the</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105141 INFILL 4 SURGERY/ORTHO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>orthopedic unit. The clinical staffing committee reached consensus regarding NT coverage on the day and evening shifts on this unit, as well as UC coverage on the day and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is further mitigated because Nursing Quality indicators, including CAUTI, CLABSI, C.</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105129 7 SOUTH MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>committee reached consensus regarding RN coverage on this unit, as well as NT coverage on the evening and night shift and UC coverage on the day and night shifts. The Hospital disagreed with and did not adopt non-management committee members’ proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105142 INFILL 5 MED/SURG UROLOGY</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>unit. The clinical staffing committee reached consensus regarding NT coverage on the evening shift and UC staffing on the day and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate, especially given this unit's lift team aide who assists with patient</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105144 INFILL 7 MEDICINE / VENT UNIT</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>unit. The clinical staffing committee reached consensus regarding UC coverage in the unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors, less phone calls, no discharges, and a decrease</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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105126 7 NORTH SURGERY	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our non-management partners were insightful and</p>	<p>Med/Surg unit. The clinical staffing committee reached consensus on NA/NT staffing for the evening and night shifts and UC staffing for the night shift for this unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors,</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105125 8 NORTH MED/SURG NEURO</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>Neuro/Med Surg unit. The clinical staffing committee reached consensus on NA/NT staffing for the evening and night shifts and UC staffing for the night shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors,</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105124 BUCKLEY 4 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>unit. The clinical staffing committee reached consensus on staffing levels for RNs, NA/NTs and UCs for the morning and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI, CLABSI, C.Diff, and MRSA</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105127 MINER 8 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>Med/Surg unit. The clinical staffing committee reached consensus on NA/NT staffing for the morning and evening shifts and UC staffing on the morning and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI,</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105128 MINER 7 MED/SURG</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>unit. The clinical staffing committee reached consensus on staffing levels for all RN, NA/NT for the morning and evening shifts and UC shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI, CLABSI, C.Diff, and MRSA</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105121 MINER 5 MED/SURG HEMO</p>	<p>No</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>	<p>Med/Surg unit. The clinical staffing committee reached consensus on staffing levels for RNs, Unit Clerks and NA/NTs for the evening shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI, CLABSI, C.Diff, and MRSA exceed benchmark on this</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105150 8N/7N/I7 - STEPDOWN</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>bedded step down unit with 8 beds dedicated to Neurology, 8 beds to care of the post surgery patients and 4 beds dedicated to medicine services. The clinical staffing committee reached consensus on NA/NT staffing for the morning and evening shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105428 INFILL 5 / CT STEPDOWN</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>cardiothoracic step down unit. The clinical staffing committee reached consensus on NA/NT staffing for the morning and evening shifts and UC staffing for the morning shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105420 SICU/MICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>bed medical ICU and surgical ICU. The clinical staffing committee reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors, less phone calls, no</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105133 CORONARY CARE UNIT/PCI</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>bedded unit with six beds in the Coronary Care Unit and eight adjacent beds in the Percutaneous Coronary Intervention (PCI) unit. The clinical staffing committee reached consensus on Unit Clerk staffing for the day and evening. The Hospital disagreed with and did not adopt non-management committee members’ proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>105427 MINER 3/CT ICU</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>beds. The clinical staffing committee reached consensus on staffing levels for RNs, Unit Clerks and Nursing Attendant (NA)/Nursing Technician (NT)s for the morning shift for this unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. In addition, the</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</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	105335 Pre/Post Anesthesia	0	0	0
Other	BMH Nuclear Cardiology and Stress Lab	0	0	0
Cardiac Catheterization/EP	106104 BMH EP Lab	0	0	0
Other	109728 Pre/Post Anesthesia	0	0	0
Other	109711 OR	0	0	0
Endoscopy	109727 Endo	0	0	0
Endoscopy	106929 Endo	0	0	0
Other	105325 PACU	2	8	3
Other	105320 OR	1	8	4
Cardiac Catheterization/EP	106101 BMH Cath Lab	0	0	0
Nuclear Medicine/Radiology	109726 CCH Radiology	0	0	0
Nuclear Medicine/Radiology	106224/106216 BMH Cat Scan	1	0	0.52
Nuclear Medicine/Radiology	106222 BMH Interventional Radiology	0	0	0
Outpatient Clinics	109721 CCH Digestive Practice	0	0	0
Outpatient Clinics	109720 CCH Medical Subspecialties - Other	0	0	0
Infusion Services	109716 CCH Infusion	0	0	0
Outpatient Clinics	106889 BMH OBGYN Clinic	0	0	0

Outpatient Clinics	106910 BMH Pediatrics Clinic	0	0	0
Emergency Department	105485 EMERGENCY DEPARTMENT	17	2.16	59.02
Psychiatry	105530 6S PSYCH ADULT	5	2	24
Obstetrics/Gynecology	105250 LABOR-DELIVERY NP4S	12.71	8.1	11.77
Pediatric	105140 INFILL 3 MIXED ACUITY PEDS	4	3	11.85
Neonatal	105240 NEONATAL ICU	7	4	17.47
Obstetrics/Gynecology	105220 POSTARTUM / NURSERY	6	2	41.62
Rehabilitaion	105123 8 SOUTH REHAB	4	2	20.33
Stepdown	105131 BUCKLEY WEST 5 - TELEMETRY	7	2	27.3
Medical/Surgical	105143 INFILL 6 ONCOLOGY	5	2	25.17
Orthopedics	105141 INFILL 4 SURGERY/ORTHO	4	2	23.49
Medical/Surgical	105129 7 SOUTH MED/SURG	6	2	32.15
Stepdown	105142 INFILL 5 MED/SURG UROLOGY	4	2	23
Stepdown	105144 INFILL 7 MEDICINE / VENT UNIT	5	2	21.93
Stepdown	105126 7 NORTH SURGERY	4	2	20.27
Medical/Surgical	105125 8 NORTH MED/SURG NEURO	4	2	24.95
Medical/Surgical	105124 BUCKLEY 4 MED/SURG	3	2	15.73
Medical/Surgical	105127 MINER 8 MED/SURG	5	2	27.17
Medical/Surgical	105128 MINER 7 MED/SURG	5	2	28.15
Medical/Surgical	105121 MINER 5 MED/SURG HEMO	4	2	19.25
Stepdown	105150 8N/7N/I7 - STEPDOWN	5	3	15.97

Stepdown	105428 INFILL 5 / CT STEPDOWN	3	5	5.53
Critical Care	105420 SICU/MICU	10	5	17.03
Critical Care	105133 CORONARY CARE UNIT/PCI	4	4	8.84
Critical Care	105427 MINER 3/CT ICU	4	5	6.79

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
Cardiac Catheterization/EP	0	0
Other	0	0
Other	0	0
Endoscopy	0	0
Endoscopy	0	0
Other	2	0
Other	1	0
Cardiac Catheterization/EP	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	1	0
Nuclear Medicine/Radiology	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0

Infusion Services	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Emergency Department	6	0
Psychiatry	4.8	0
Obstetrics/Gynecology	0.93	0
Pediatric	2.96	0
Neonatal	2.5	0
Obstetrics/Gynecology	6.94	0
Rehabilitaion	5.08	0
Stepdown	3.9	0
Medical/Surgical	5.03	0
Orthopedics	5.87	0
Medical/Surgical	5.36	0
Stepdown	5.75	0
Stepdown	4.39	0
Stepdown	5.07	0
Medical/Surgical	6.24	0
Medical/Surgical	5.24	0
Medical/Surgical	5.43	0
Medical/Surgical	5.63	0
Medical/Surgical	4.81	0
Stepdown	3.19	0
Stepdown	1.84	0
Critical Care	1.7	0
Critical Care	2.21	0
Critical Care	1.7	0

NIGHT SHIFT ANCILLARY STAFF

Name of Clinical Unit:	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	0
Other	0	0
Cardiac Catheterization/EP	0	0
Other	0	0
Other	0	0
Endoscopy	0	0
Endoscopy	0	0
Other	0	0
Other	0	0
Cardiac Catheterization/EP	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Infusion Services	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Emergency Department	0	0
Psychiatry	0	0
Obstetrics/Gynecology	0	0
Pediatric	0	0
Neonatal	0	0
Obstetrics/Gynecology	0	0

Rehabilitaion	0	0
Stepdown	0	0
Medical/Surgical	0	0
Orthopedics	0	0
Medical/Surgical	0	0
Stepdown	0	0
Stepdown	0	0
Stepdown	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Stepdown	0	0
Stepdown	0	0
Critical Care	0	0
Critical Care	0	0
Critical Care	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	0
Other	0	0
Cardiac Catheterization/EP	0	0
Other	0	0
Other	0	0
Endoscopy	0	0
Endoscopy	0	0
Other	0	1

Other	0	1.5
Cardiac Catheterization/EP	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	3
Nuclear Medicine/Radiology	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Infusion Services	0	0
Outpatient Clinics	0	0
Outpatient Clinics	0	0
Emergency Department	0	4
Psychiatry	0	2
Obstetrics/Gynecology	0	1
Pediatric	0	1
Neonatal	0	0
Obstetrics/Gynecology	0	1
Rehabilitaion	0	2
Stepdown	0	2
Medical/Surgical	0	2
Orthopedics	0	2
Medical/Surgical	0	2
Stepdown	0	2
Stepdown	0	2
Stepdown	0	2
Medical/Surgical	0	2
Medical/Surgical	0	1
Medical/Surgical	0	2
Medical/Surgical	0	2
Medical/Surgical	0	2
Stepdown	0	2
Stepdown	0	0.5
Critical Care	0	0
Critical Care	0	1
Critical Care	0	0

NIGHT SHIFT ADDITIONAL RESOURCES

Name of Clinical Unit:	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0
Other	0
Cardiac Catheterization/EP	0
Other	0
Other	0
Endoscopy	0
Endoscopy	0
Other	4
Other	12
Cardiac Catheterization/EP	0
Nuclear Medicine/Radiology	0
Nuclear Medicine/Radiology	23
Nuclear Medicine/Radiology	0
Outpatient Clinics	0
Outpatient Clinics	0
Infusion Services	0
Outpatient Clinics	0
Outpatient Clinics	0
Emergency Department	0.51
Psychiatry	1
Obstetrics/Gynecology	0.64
Pediatric	1
Neonatal	0

Obstetrics/Gynecology	1
Rehabilitaion	1
Stepdown	1
Medical/Surgical	1
Orthopedics	1
Medical/Surgical	1
Stepdown	1
Stepdown	1
Stepdown	1
Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1
Stepdown	1
Stepdown	1
Critical Care	0
Critical Care	1
Critical Care	0

NIGHT SHIFT CONSENSUS INFORMATION

<p>Name of Clinical Unit:</p>	<p>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>
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Other	Unit closed overnight	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to ASPAN guidelines.</p>
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Other	Unit is closed overnight	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity.</p>
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Cardiac Catheterization/EP	Unit is closed overnight	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CVCU services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>
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Other	Unit closed overnight.	No	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to ASPAN guidelines.</p>
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Other	Unit closed overnight.	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN guidelines.</p>
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Endoscopy	Unit closed overnight.	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN and ASPAN guidelines.</p>
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Endoscopy	Unit closed overnight.	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN and ASPAN guidelines.</p>
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<p>Other</p>	<p>Other support personnel that aid perioperative services include: Anesthesia, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to ASPAN guidelines.</p>
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Other	<p>Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain, and CSPD. Each shift has a Charge RN supporting the team as well.</p>	No	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes staffing levels are safe, appropriate, and adhere to AORN guidelines.</p>
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Cardiac Catheterization/EP	Unit is closed overnight	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CVCU services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>
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Nuclear Medicine/Radiology	Unit is closed overnight	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on procedural volume and acuity. The adopted staffing levels represent direct patient care throughout the Imaging Services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>
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<p>Nuclear Medicine/Radiology</p>	<p>This unit has available to it nurses to supplement unit staffing. Other support personnel that aid nursing services include imaging technologist, cardiologist, and access service rep, respiratory therapist, physician assistant, patient transport, and anesthesiologist.</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on procedural volume and acuity. The adopted staffing levels represent direct patient care throughout the Imaging Services. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>
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Nuclear Medicine/Radiology	Unit is closed overnight	No	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on procedural volume and acuity. The adopted staffing levels represent direct patient care throughout the Interventional Radiology. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>
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<p>Outpatient Clinics</p>	<p>Unit is closed overnight</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CCH GI Practice. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>
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<p>Outpatient Clinics</p>	<p>Unit is closed overnight</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the CCH Medicine Multispecialty areas. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>
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<p>Infusion Services</p>	<p>Unit is closed overnight</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the infusion center. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>
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<p>Outpatient Clinics</p>	<p>Unit is closed overnight</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the Women's Health Clinic. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>
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<p>Outpatient Clinics</p>	<p>Unit is closed overnight</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital believes that the adopted staffing and support are appropriate based on unit volume and acuity. The adopted staffing levels represent direct patient care throughout the Pediatric Clinic. The staffing ranges reflect the ability to provide flexible staffing based on acuity and shifts in volume. Assessment and monitoring of volume and staffing will be ongoing and will adjust as needed.</p>
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<p>Emergency Department</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, Lactation Specialists, Infant Auditory Technicians, EKG Technicians, Rehab Medicine (OT, PT, SLP), Wound/Ostomy/Continence RN, and Child Life (they support adult patients w/ family/child concerns in addition to pediatric patients).</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>pediatric bed ED. The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital disagreed with and did not adopt non-management committee members' proposal, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes the current NA/NT and UC coverage is adequate. Importantly, each staff member at the Hospital is issued a mobile communication device for direct communication. In</p>
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<p>Psychiatry</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Social Work, Care Coordination/Mgmt, Vascular Access (IV team), Dialysis Nursing, Pastoral Care, EKG Technicians, Rehab Medicine (OT, PT, SLP), and Wound/Ostomy/Continence RN.</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>inpatient psychiatric unit. The clinical staffing committee was unable to reach consensus on this unit's staffing plan. The Hospital disagreed with and did not adopt non-management committee members' proposal, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes the current NA/NT and UC coverage is adequate. Importantly, each staff member at the Hospital is issued a mobile communication device for direct communication. In</p>
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<p>Obstetrics/Gynecology</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>committee reached consensus regarding UC coverage for the day and evening shifts on this unit, which has 13 labor rooms, 7 triage, 8 antepartum, 8 recovery and 3 ORs. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes the current NA/NT and UC coverage is adequate. Importantly, each staff member at the</p>
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<p>Pediatric</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>comprised of 15 pediatric general beds and 6 pediatric ICU (PICU) beds. The clinical staffing committee reached consensus regarding UC coverage for this unit, as well as NT coverage on the day shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is further mitigated because Nursing Quality indicators,</p>
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<p>Neonatal</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>committee reached consensus regarding RN coverage on this unit, which is a 32 bed unit (24 beds in the NICU and eight beds in the Stable Baby Unit). This unit is staffed to accommodate a guideline of 1 RN: 1 patient – up to 1RN:4 patients based on the NICU patient classification system. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for</p>
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<p>Obstetrics/Gynecology</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>postpartum/nursery unit. The care delivery in this unit is based on the Mother Newborn couplet care (the postpartum mother and her newborn are cared for by one nurse). The clinical staffing committee reached consensus regarding UC coverage on the night shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is</p>
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<p>Rehabilitaion</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>rehabilitation unit. The clinical staffing committee reached consensus regarding RN and NT coverage on this unit, as well as UC coverage during the day and evening shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC</p>
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<p>Stepdown</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>services care unit. The clinical staffing committee reached consensus regarding UC coverage on this unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is further mitigated because Nursing Quality indicators, including CAUTI, CLABSI and Falls currently exceed benchmark on this unit. The</p>
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<p>Medical/Surgical</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>oncology/med-surg unit. The clinical staffing committee reached consensus regarding UC coverage on this unit as well as NT coverage on the evening shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. Additionally, this unit has a team aide on the</p>
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<p>Orthopedics</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>orthopedic unit. The clinical staffing committee reached consensus regarding NT coverage on the day and evening shifts on this unit, as well as UC coverage on the day and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The need for additional RN staffing is further mitigated because Nursing Quality indicators, including CAUTI, CLABSI, C.</p>
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<p>Medical/Surgical</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>committee reached consensus regarding RN coverage on this unit, as well as NT coverage on the evening and night shift and UC coverage on the day and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC</p>
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<p>Stepdown</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>unit. The clinical staffing committee reached consensus regarding NT coverage on the evening shift and UC staffing on the day and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate, especially given this unit's lift team aide who assists with patient</p>
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<p>Stepdown</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>unit. The clinical staffing committee reached consensus regarding UC coverage in the unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors, less phone calls, no discharges, and a decrease</p>
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Stepdown	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians	No	Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	Med/Surg unit. The clinical staffing committee reached consensus on NA/NT staffing for the evening and night shifts and UC staffing for the night shift for this unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors,
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<p>Medical/Surgical</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>Neuro/Med Surg unit. The clinical staffing committee reached consensus on NA/NT staffing for the evening and night shifts and UC staffing for the night shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors,</p>
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<p>Medical/Surgical</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>unit. The clinical staffing committee reached consensus on staffing levels for RNs, NA/NTs and UCs for the morning and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI, CLABSI, C.Diff, and MRSA</p>
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<p>Medical/Surgical</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>Med/Surg unit. The clinical staffing committee reached consensus on NA/NT staffing for the morning and evening shifts and UC staffing on the morning and night shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI,</p>
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<p>Medical/Surgical</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>unit. The clinical staffing committee reached consensus on staffing levels for all RN, NA/NT for the morning and evening shifts and UC shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI, CLABSI, C.Diff, and MRSA</p>
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<p>Medical/Surgical</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>Med/Surg unit. The clinical staffing committee reached consensus on staffing levels for RNs, Unit Clerks and NA/NTs for the evening shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. In further support that the consensus reached on RN staffing levels was appropriate, nursing quality indicators including CAUTI, CLABSI, C.Diff, and MRSA exceed benchmark on this</p>
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<p>Stepdown</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>bedded step down unit with 8 beds dedicated to Neurology, 8 beds to care of the post surgery patients and 4 beds dedicated to medicine services. The clinical staffing committee reached consensus on NA/NT staffing for the morning and evening shifts. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current</p>
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Stepdown	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians	No	Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-	cardiothoracic step down unit. The clinical staffing committee reached consensus on NA/NT staffing for the morning and evening shifts and UC staffing for the morning shift. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC
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<p>Critical Care</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Unit Clerk, Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>bed medical ICU and surgical ICU. The clinical staffing committee reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. There is a significant reduction of UC duties including no visitors, less phone calls, no</p>
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<p>Critical Care</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>bedded unit with six beds in the Coronary Care Unit and eight adjacent beds in the Percutaneous Coronary Intervention (PCI) unit. The clinical staffing committee reached consensus on Unit Clerk staffing for the day and evening. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is</p>
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<p>Critical Care</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include: Respiratory Therapy, Pharmacy, Care Coordination/Mgmt, Dialysis Nursing, Pastoral Care, EKG Technicians</p>	<p>No</p>	<p>Presbyterian Brooklyn Methodist Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources and personnel to support nursing care, break coverage, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-</p>	<p>beds. The clinical staffing committee reached consensus on staffing levels for RNs, Unit Clerks and Nursing Attendant (NA)/Nursing Technician (NT)s for the morning shift for this unit. The Hospital disagreed with and did not adopt non-management committee members' proposal for remaining staffing levels, including a dedicated break relief coverage RN. Break relief is preplanned at the beginning of the shift by optimizing use of the Nursing Assignment Wizard (NAW) in EPIC Electronic Medical Record (EMR), and in real time based on census and acuity, to ensure appropriate coverage for the unit. The Hospital believes that its current NA/NT coverage is adequate. In addition, the</p>
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CBA INFORMATION

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

<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>04/30/20 26 12:00 AM</p>
<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>1403</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/20 24 12:00 AM</p>

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

1968