

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	New York
<b>Council</b>	New York City
<b>Network</b>	
<b>Reporting Organization</b>	NYU Langone Orthopedic Hospital
<b>Reporting Organization Id</b>	1446
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	NYU Langone Orthopedic 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) ?
HJD Immediate Care	2	3.6	8.3	4.1
HJD 6 RAD IR	1.88	8.41	1.78	0.95
LOH PACU	4	9.38	14.16	3.54
Langone Orthopedic Hospital- OR	12.2	4.67	23	1.67
Center for Children	2	0.41	18	9
Medical/Surgical - Special Care Unit	1.2	6.4	1.2	1.2
Medical/Surgical - 11TH FLOOR	3	1.5	15	5
Medical/Surgical - 12TH FLOOR	3	1.64	13.99	4.66
Medical/Surgical - 10TH FLOOR	3	1.68	13.68	4.56
Physical Medicine and Rehabilitation - 9 SOUTH	5	1.28	29.87	5.97
Physical Medicine and Rehabilitation - 8 SOUTH	2	1.46	10.52	5.26
OSC 38th Street PACU	2.43	8.76	11.82	4.87
OSC 38th Street- OR	6.6	3.73	15	2.56
Medical/Surgical - Special Care Unit	1	9.58	0.8	1
Medical/Surgical - 11TH FLOOR	3	1.78	12.9	4.3

Medical/Surgical - 12TH FLOOR	3	1.8	12.8	4.27
Medical/Surgical - 10TH FLOOR	2	1.52	10.1	5.05
Physical Medicine and Rehabilitation - 9 SOUTH	5	1.24	30	6
Physical Medicine and Rehabilitation - 8 SOUTH	2	1.39	11	5.5

LPN DAY SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
HJD Immediate Care	0	0
HJD 6 RAD IR	0	0
LOH PACU	0	0
Langone Orthopedic Hospital- OR	0	0
Center for Children	0	0
Medical/Surgical - Special Care Unit	0	0
Medical/Surgical - 11TH FLOOR	0	0
Medical/Surgical - 12TH FLOOR	0	0
Medical/Surgical - 10TH FLOOR	0	0

Physical Medicine and Rehabilitation - 9 SOUTH	0	0
Physical Medicine and Rehabilitation - 8 SOUTH	0	0
OSC 38th Street PACU	0	0
OSC 38th Street- OR	0	0
Medical/Surgical - Special Care Unit	0	0
Medical/Surgical - 11TH FLOOR	0	0
Medical/Surgical - 12TH FLOOR	0	0
Medical/Surgical - 10TH FLOOR	0	0
Physical Medicine and Rehabilitation - 9 SOUTH	0	0
Physical Medicine and Rehabilitation - 8 SOUTH	0	0

DAY SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
HJD Immediate Care	0	0
HJD 6 RAD IR	0	0
LOH PACU	0	0
Langone Orthopedic Hospital- OR	11.2	89.6
Center for Children	0	0

Medical/Surgical - Special Care Unit	0	0
Medical/Surgical - 11TH FLOOR	0	0
Medical/Surgical - 12TH FLOOR	0	0
Medical/Surgical - 10TH FLOOR	0	0
Physical Medicine and Rehabilitation - 9 SOUTH	11.63	93
Physical Medicine and Rehabilitation - 8 SOUTH	4.13	33
OSC 38th Street PACU	0	0
OSC 38th Street- OR	5.6	44.8
Medical/Surgical - Special Care Unit	0	0
Medical/Surgical - 11TH FLOOR	0	0
Medical/Surgical - 12TH FLOOR	0	0
Medical/Surgical - 10TH FLOOR	0	0
Physical Medicine and Rehabilitation - 9 SOUTH	11.63	93
Physical Medicine and Rehabilitation - 8 SOUTH	4.13	33

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)
HJD Immediate Care	1	0.9
HJD 6 RAD IR	0.88	3.96
LOH PACU	3.9	8.81
Langone Orthopedic Hospital- OR	0	0
Center for Children	2	0.4
Medical/Surgical - Special Care Unit	1	0.7
Medical/Surgical - 11TH FLOOR	2	0.99
Medical/Surgical - 12TH FLOOR	2	1
Medical/Surgical - 10TH FLOOR	1	1
Physical Medicine and Rehabilitation - 9 SOUTH	3	1.3
Physical Medicine and Rehabilitation - 8 SOUTH	2	1.3
OSC 38th Street PACU	1.06	1.74
OSC 38th Street- OR	0	0
Medical/Surgical - Special Care Unit	1	0.7
Medical/Surgical - 11TH FLOOR	2	0.99
Medical/Surgical - 12TH FLOOR	2	1

Medical/Surgical - 10TH FLOOR	1	1
Physical Medicine and Rehabilitation - 9 SOUTH	3	1.3
Physical Medicine and Rehabilitation - 8 SOUTH	1	1.3

DAY SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
<p>HJD Immediate Care</p>	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>

HJD 6 RAD IR	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
LOH PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, Physical, Occupational/Speech Therapy, and Clinical Nutrition.



<p>Langone Orthopedic Hospital- OR</p>	<p>OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates</p>
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Center for Children	<p>1 Unit Secretary. Ancillary Services for this unit typically include Physical Therapy, Occupational Therapy, and Speech Therapy. In addition to the hours noted in the ancillary section, other. Other house wide resources are centrally staffed and available to this unit as needed based on patient acuity and or provider orders. These resources may include Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition</p>
Medical/Surgical - Special Care Unit	<p>1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>

Medical/Surgical - 11TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
Medical/Surgical - 12TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 10TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
Physical Medicine and Rehabilitation - 9 SOUTH	1 Unit Secretary. Ancillary Services for this unit typically include: Physical Therapy, Occupational Therapy, and Speech Therapy. In addition to the hours noted in the ancillary section, other. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Physical Medicine and Rehabilitation - 8 SOUTH	<p>1 Unit Secretary. Ancillary Services for this unit typically include: Physical Therapy, Occupational Therapy, and Speech Therapy. In addition to the hours noted in the ancillary section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>
OSC 38th Street PACU	<p>Other resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Pharmacists, Case Management,</p>

OSC 38th Street- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates
Medical/Surgical - Special Care Unit	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 11TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
Medical/Surgical - 12TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 10TH FLOOR	<p>1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>
Physical Medicine and Rehabilitation - 9 SOUTH	<p>1 Unit Secretary. Ancillary Services for this unit typically include: Physical Therapy, Occupational Therapy, and Speech Therapy. In addition to the hours noted in the ancillary section, other. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>



Physical Medicine and Rehabilitation - 8 SOUTH	1 Unit Secretary. Ancillary Services for this unit typically include: Physical Therapy, Occupational Therapy, and Speech Therapy. In addition to the hours noted in the ancillary section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
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**DAY SHIFT CONSENSUS INFORMATION**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
HJD Immediate Care	Yes			
HJD 6 RAD IR	Yes			
LOH PACU	Yes			
Langone Orthopedic Hospital- OR	Yes			
Center for Children	Yes			

Medical/Surgical - Special Care Unit	Yes			
Medical/Surgical - 11TH FLOOR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>

<p>Medical/Surgical - 12TH FLOOR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Medical/Surgical - 10TH FLOOR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Physical Medicine and Rehabilitation - 9 SOUTH</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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Physical Medicine and Rehabilitation - 8 SOUTH	No	I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.	At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.
OSC 38th Street PACU	Yes			
OSC 38th Street- OR	Yes			

<p>Medical/Surgical - Special Care Unit</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Medical/Surgical - 11TH FLOOR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Medical/Surgical - 12TH FLOOR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Medical/Surgical - 10TH FLOOR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Physical Medicine and Rehabilitation - 9 SOUTH</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Physical Medicine and Rehabilitation - 8 SOUTH</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</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)?
HJD Immediate Care	2	3.6	8.3	4.1
HJD 6 RAD IR	0.38	8.41	0.36	0.95
LOH PACU	4.42	12.74	21.24	4.81
Langone Orthopedic Hospital- OR	5.75	5.55	13	0.98
Center for Children	2	0.42	18	9
Medical/Surgical - Special Care Unit	1	6.4	1.2	1.2
Medical/Surgical - 11TH FLOOR	2.5	1.28	15	6
Medical/Surgical - 12TH FLOOR	2.5	1.37	13.99	5.6
Medical/Surgical - 10TH FLOOR	2.5	1.4	13.68	5.47
Physical Medicine and Rehabilitation - 9 SOUTH	4.5	1.16	29.87	6.64
Physical Medicine and Rehabilitation - 8 SOUTH	2	1.46	10.52	5.26
OSC 38th Street PACU	1.85	7.82	8.04	4.34
OSC 38th Street- OR	4.6	1.57	4	0.75
Medical/Surgical - Special Care Unit	1	9.58	0.8	1
Medical/Surgical - 11TH FLOOR	2.5	1.49	12.9	5.16

Medical/Surgical - 12TH FLOOR	2.5	1.5	12.8	5.12
Medical/Surgical - 10TH FLOOR	2	1.52	10.1	5.05
Physical Medicine and Rehabilitation - 9 SOUTH	4.5	1.11	30	6.67
Physical Medicine and Rehabilitation - 8 SOUTH	2	1.39	11	5.5

LPN EVENING SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
HJD Immediate Care	0	0
HJD 6 RAD IR	0	0
LOH PACU	0	0
Langone Orthopedic Hospital- OR	0	0
Center for Children	0	0
Medical/Surgical - Special Care Unit	0	0
Medical/Surgical - 11TH FLOOR	0	0
Medical/Surgical - 12TH FLOOR	0	0
Medical/Surgical - 10TH FLOOR	0	0
Physical Medicine and Rehabilitation - 9 SOUTH	0	0
Physical Medicine and Rehabilitation - 8 SOUTH	0	0
OSC 38th Street PACU	0	0

OSC 38th Street- OR	0	0
Medical/Surgical - Special Care Unit	0	0
Medical/Surgical - 11TH FLOOR	0	0
Medical/Surgical - 12TH FLOOR	0	0
Medical/Surgical - 10TH FLOOR	0	0
Physical Medicine and Rehabilitation - 9 SOUTH	0	0
Physical Medicine and Rehabilitation - 8 SOUTH	0	0

EVENING SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
HJD Immediate Care	0	0
HJD 6 RAD IR	0	0
LOH PACU	0	0
Langone Orthopedic Hospital- OR	4.75	38
Center for Children	0	0
Medical/Surgical - Special Care Unit	0	0
Medical/Surgical - 11TH FLOOR	0	0
Medical/Surgical - 12TH FLOOR	0	0

Medical/Surgical - 10TH FLOOR	0	0
Physical Medicine and Rehabilitation - 9 SOUTH	0	0
Physical Medicine and Rehabilitation - 8 SOUTH	0	0
OSC 38th Street PACU	0	0
OSC 38th Street- OR	3.6	28.8
Medical/Surgical - Special Care Unit	0	0
Medical/Surgical - 11TH FLOOR	0	0
Medical/Surgical - 12TH FLOOR	0	0
Medical/Surgical - 10TH FLOOR	0	0
Physical Medicine and Rehabilitation - 9 SOUTH	0	0
Physical Medicine and Rehabilitation - 8 SOUTH	0	0

**EVENING SHIFT UNLICENSED STAFFING**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
HJD Immediate Care	1	0.9
HJD 6 RAD IR	0.13	3.96
LOH PACU	2.88	4.79
Langone Orthopedic Hospital- OR	0	0
Center for Children	2	0.42



Medical/Surgical - Special Care Unit	1	0.7
Medical/Surgical - 11TH FLOOR	2	0.99
Medical/Surgical - 12TH FLOOR	2	1
Medical/Surgical - 10TH FLOOR	1	1
Physical Medicine and Rehabilitation - 9 SOUTH	3	1.3
Physical Medicine and Rehabilitation - 8 SOUTH	1	1.3
OSC 38th Street PACU	1	1.84
OSC 38th Street- OR	0	0
Medical/Surgical - Special Care Unit	1	0.7
Medical/Surgical - 11TH FLOOR	2	0.99
Medical/Surgical - 12TH FLOOR	2	1
Medical/Surgical - 10TH FLOOR	1	1
Physical Medicine and Rehabilitation - 9 SOUTH	3	1.3
Physical Medicine and Rehabilitation - 8 SOUTH	1	1.3

EVENING SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
<p>HJD Immediate Care</p>	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>

HJD 6 RAD IR	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
LOH PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, Physical, Occupational/Speech Therapy, and Clinical Nutrition.

<p>Langone Orthopedic Hospital- OR</p>	<p>OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates</p>
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Center for Children	<p>1 Unit Secretary. Ancillary Services for this unit typically include Physical Therapy, Occupational Therapy, and Speech Therapy. In addition to the hours noted in the ancillary section, other. Other house wide resources are centrally staffed and available to this unit as needed based on patient acuity and or provider orders. These resources may include Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>
Medical/Surgical - Special Care Unit	<p>1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>

Medical/Surgical - 11TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
Medical/Surgical - 12TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 10TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
Physical Medicine and Rehabilitation - 9 SOUTH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Physical Medicine and Rehabilitation - 8 SOUTH	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
OSC 38th Street PACU	Other resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Pharmacists, Case Management.



OSC 38th Street- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates
Medical/Surgical - Special Care Unit	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 11TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
Medical/Surgical - 12TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Medical/Surgical - 10TH FLOOR	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
Physical Medicine and Rehabilitation - 9 SOUTH	1 Unit Secretary. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.

Physical Medicine and Rehabilitation - 8 SOUTH	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.
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**EVENING SHIFT CONSENSUS INFORMATION**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
HJD Immediate Care	Yes			
HJD 6 RAD IR	Yes			
LOH PACU	Yes			
Langone Orthopedic Hospital- OR	Yes			
Center for Children	Yes			
Medical/Surgical - Special Care Unit	Yes			
Medical/Surgical - 11TH FLOOR	Yes			

<p>Medical/Surgical - 12TH FLOOR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Medical/Surgical - 10TH FLOOR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Physical Medicine and Rehabilitation - 9 SOUTH</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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Physical Medicine and Rehabilitation - 8 SOUTH	No	I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.	At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.
OSC 38th Street PACU	Yes			
OSC 38th Street- OR	Yes			



<p>Medical/Surgical - Special Care Unit</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Medical/Surgical - 11TH FLOOR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Medical/Surgical - 12TH FLOOR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Medical/Surgical - 10TH FLOOR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Physical Medicine and Rehabilitation - 9 SOUTH</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</p>
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<p>Physical Medicine and Rehabilitation - 8 SOUTH</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>	<p>At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.</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	LOH PACU	0.13	0	0
Intensive Care	Medical/Surgical - Special Care Unit	1	6.39	1.2
Medical/Surgical	Medical/Surgical - 11TH FLOOR	2	1.19	12.9
Medical/Surgical	Medical/Surgical - 12TH FLOOR	2	1.1	13.99
Medical/Surgical	Medical/Surgical - 10TH FLOOR	2	1.12	13.68
Rehabilitaion	Physical Medicine and Rehabilitation - 9 SOUTH	4	1.03	29.87
Rehabilitaion	Physical Medicine and Rehabilitation - 8 SOUTH	2	1.46	10.52
Intensive Care	Medical/Surgical - Special Care Unit	1	9.58	0.8
Medical/Surgical	Medical/Surgical - 12TH FLOOR	2	1.2	12.8
Medical/Surgical	Medical/Surgical - 10TH FLOOR	2	1.52	10.1
Rehabilitaion	Physical Medicine and Rehabilitation - 9 SOUTH	4	0.99	30
Rehabilitaion	Physical Medicine and Rehabilitation - 8 SOUTH	2	1.39	11

LPN NIGHT SHIFT STAFFING

<b>Name of Clinical Unit:</b>	<b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Other	0	0
Intensive Care	1.2	0
Medical/Surgical	6.45	0
Medical/Surgical	7	0
Medical/Surgical	6.84	0
Rehabilitaion	7.47	0
Rehabilitaion	5.26	0
Intensive Care	0.8	0
Medical/Surgical	3.59	0
Medical/Surgical	5.05	0
Rehabilitaion	6.45	0
Rehabilitaion	5.5	0

**NIGHT SHIFT ANCILLARY STAFF**

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



Medical/Surgical	0	0
Rehabilitaion	0	0
Rehabilitaion	0	0
Intensive Care	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Rehabilitaion	0	0
Rehabilitaion	0	0

NIGHT SHIFT UNLICENSED STAFFING

<b>Name of Clinical Unit:</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Other	0	0.25
Intensive Care	0	1
Medical/Surgical	0	2
Medical/Surgical	0	2
Medical/Surgical	0	1
Rehabilitaion	0	3
Rehabilitaion	0	2
Intensive Care	0	1
Medical/Surgical	0	2
Medical/Surgical	0	1
Rehabilitaion	0	3
Rehabilitaion	0	1

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
Intensive Care	0.7
Medical/Surgical	0.99
Medical/Surgical	1
Medical/Surgical	1
Rehabilitaion	1.3
Rehabilitaion	1.3
Intensive Care	0.7
Medical/Surgical	1
Medical/Surgical	1
Rehabilitaion	1.3
Rehabilitaion	1.3

NIGHT SHIFT CONSENSUS INFORMATION

<p><b>Name of Clinical Unit:</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>	<p><b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b></p>	<p><b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b></p>	<p><b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b></p>
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Other	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, Physical, Occupational/Speech Therapy, and Clinical Nutrition.	Yes		
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<p>Intensive Care</p>	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>
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Medical/Surgical	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.	No	I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.
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Medical/Surgical	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.	No	I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.	The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.
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<p>Medical/Surgical</p>	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>
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<p>Rehabilitaion</p>	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>
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<p>Rehabilitaion</p>	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>
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<p>Intensive Care</p>	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>
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<p>Medical/Surgical</p>	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>The care models that were voted on by staff and presented in this survey are directly reflective of the ratios and staffing levels mandated by the collective bargaining agreement (CBA). Management can, and often does, staff these units with resources greater than required by the contractual levels set by the CBA. The decision to staff our units above contractual requirements is routinely considered and subject to change based on the clinical needs of our patients and the operational requirements of the hospital.</p>
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CBA INFORMATION

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



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

09/30/20  
26 12:00  
AM

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

861