

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	New York
<b>Council</b>	New York City
<b>Network</b>	MOUNT SINAI HEALTH SYSTEM
<b>Reporting Organization</b>	Mount Sinai Hospital
<b>Reporting Organization Id</b>	1456
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	Mount Sinai 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) ?
KCC4N	4	2.29	13.1	3.28
Mount Sinai Kidney Center (B1)	13	4.88	20	4
Respiratory Institute	5	3.13	125	12
Obstetrics and Gynecologic Ambulatory Practice	5	5.31	170	15
P4S Pediatric Stepdown	3	2.65	8.5	2.83
KP 4 Gynecological Surgery Intermediate Care	0	0	0	0
KP 6 Palliative Care	4	2.56	11.7	2.93
P2 Pediatric Oncology	3	3.88	5.8	1.93
Pediatric Cardio ICU	5	6.94	5.4	1.08
Pediatric ICU	10	5.77	13	1.3
Surgical and Transplant ICU	20	6.28	23.9	1.2
GP 9C Transplant	11	2.69	30.7	2.79
GP 10C Oncology Intermediate Care	10	2.29	32.7	3.27
KCC 4/5S Split Unit (split unit 2 floors) Medicine	7	1.78	29.5	4.21
GP 10W Med surg	11	2.46	33.5	3.05
KCC 3S Rehab	5	1.6	23.5	4.7
KCC 2 Restorative Rehab	5	1.66	22.6	4.52
GP 8C Med Surg	9	1.94	34.8	3.87

GP 8 East Intermediate Care	8	1.75	34.3	4.29
GP 9W - Intermediate Care	13	3.08	31.7	2.44
GP 8W Intermediate Care	10	2.47	30.4	3.04
GP 10 E	13	2.86	34.1	2.62
RETU 419	6	1.67	27	4.5
Labor and Delivery	24	13.24	13.6	0.57
KP5 Antepartum now on KP6E	3	4.69	4.8	1.6
GP 5C/5W Cardiac ICU	14	4.29	24.5	1.75
GP 7 West Intermediate Care	10	2.45	30.6	3.06
GP 7C Cardiac Intermediate	10	2.16	34.7	3.47
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	22	3.49	47.3	2.15
P5 Pediatric Medsurg	6	2.65	17	2.83
KCC 9 Neuro Surgery ICU	11	4.94	16.7	1.52
GP 11E Oncology Intermediate Care	10	2.55	29.4	2.94
GP 11C Oncology Intermediate Care	10	2.94	25.5	2.55
GP 9 East Medsurg	10	2.23	33.7	3.37
Madison 5 Adult Psych	5	1.61	23.3	4.66
KCC 7s Adult Psych	4	1.56	19.2	4.8
KCC 5N Medsurg	5	1.58	23.8	4.76
Psychiatry Emergency Department	2	6.82	2.2	1.1
MSH Pre-Op 769	21.44	2.25	76.37	3.56
MSH CT OR 779	20.5	22.4	7.32	0.36
MSH Endo 780	14.31	2.54	45	3.14
MSH OR 391/392/393	63.31	5.68	89.15	1.4
GP6 Echo Lab 124	3	3.21	7	4
DubinBrCtr. 377	6	0.64	70	11.67
Rad Onc 130	6	0.45	100	16.67
RTC Infusion 383	32	1.33	180	5.63
Apheresis 708	9	8.44	8	0.89

MSH TherInf. 410	9	0.84	80	8.89
RTC Office practice 384	29	0.73	300	10.34
Pediatric Endocrinology 470	2	3.13	50	8
Pediatrics	4.4	4.69	165	20
Neurophysiology	1	8.13	65	10
Oral Maxillofacial Surgery (OMS)/ENT	2	2.81	45	7
Medical ICU	9	4.82	14	1.56
GP 11W Nursing - Telemetry Med Surg	3	1.63	13.8	4.6
MSH PACU 778	15.88	2.08	61	3.8
DubinBrCtr 373	6	1.29	35	5.83
MSH Diag Radiology MRI. MR08/ 008	4	0.1	300	75
Interv Rad MR7/ 7007	9	3.38	20	2.22
Emergency Department	31	1.95	119.5	3.85
Cardiac Imaging 460/461	11	0.83	99	10
Cardiac Cath Lab - GP5 775	17	5.1	25	1.47
Electrophysiology Services - GP5 #364	7	5.25	10	1.43
Gp 6W Intermediate Care	10	2.27	33	3.3
CICU CDSU stepdown (formerly kcc6N/S moved to GP5E)	6	4.25	10.6	1.77
GP 7E Cardiac Intermediate Care	9	2.3	29.3	3.26
KP 8 Post/Ante Partum	7	3.39	15.5	2.21
KP 7 Post/Ante Partum	7	3.37	15.6	2.23

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)
KCC4N	0	0
Mount Sinai Kidney Center (B1)	0	0
Respiratory Institute	0	0
Obstetrics and Gynecologic Ambulatory Practice	1	21.25
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0
KCC 4/5S Split Unit (split unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 8C Med Surg	0	0

GP 8 East Intermediate Care	0	0
GP 9W - Intermediate Care	0	0
GP 8W Intermediate Care	0	0
GP 10 E	0	0
RETU 419	0	0
Labor and Delivery	0	0
KP5 Antepartum now on KP6E	0	0
GP 5C/5W Cardiac ICU	0	0
GP 7 West Intermediate Care	0	0
GP 7C Cardiac Intermediate	0	0
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology Intermediate Care	0	0
GP 11C Oncology Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0
Psychiatry Emergency Department	0	0
MSH Pre-Op 769	0	0
MSH CT OR 779	0	0
MSH Endo 780	0	0
MSH OR 391/392/393	0	0
GP6 Echo Lab 124	0	0
DubinBrCtr. 377	0	0
Rad Onc 130	0	0
RTC Infusion 383	0	0
Apheresis 708	0	0

MSH TherInf. 410	0	0
RTC Office practice 384	0	0
Pediatric Endocrinology 470	0	0
Pediatrics	4	5.16
Neurophysiology	0	0
Oral Maxillofacial Surgery (OMS)/ENT	0	0
Medical ICU	0	0
GP 11W Nursing - Telemetry Med Surg	0	0
MSH PACU 778	0	0
DubinBrCtr 373	0	0
MSH Diag Radiology MRI. MR08/ 008	0	0
Interv Rad MR7/ 7007	0	0
Emergency Department	0	0
Cardiac Imaging 460/461	0	0
Cardiac Cath Lab - GP5 775	0	0
Electrophysiology Services - GP5 #364	0	0
Gp 6W Intermediate Care	0	0
CICU CDSU stepdown (formerly kcc6N/S moved to GP5E)	0	0
GP 7E Cardiac Intermediate Care	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	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)
KCC4N	1	7.5
Mount Sinai Kidney Center (B1)	0	0
Respiratory Institute	0	0
Obstetrics and Gynecologic Ambulatory Practice	0	0
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	1	7.5
P2 Pediatric Oncology	1	7.5
Pediatric Cardio ICU	1	7.5
Pediatric ICU	2	15
Surgical and Transplant ICU	2	15
GP 9C Transplant	1	7.5
GP 10C Oncology Intermediate Care	1	7.5
KCC 4/5S Split Unit (split unit 2 floors) Medicine	1	7.5
GP 10W Med surg	1	7.5
KCC 3S Rehab	1	7.5
KCC 2 Restorative Rehab	1	7.5
GP 8C Med Surg	1	7.5
GP 8 East Intermediate Care	1	7.5

GP 9W - Intermediate Care	1	7.5
GP 8W Intermediate Care	1	7.5
GP 10 E	1	7.5
RETU 419	1	7.5
Labor and Delivery	4	30
KP5 Antepartum now on KP6E	1	7.5
GP 5C/5W Cardiac ICU	2	15
GP 7 West Intermediate Care	1	7.5
GP 7C Cardiac Intermediate	1	7.5
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	2	15
P5 Pediatric Medsurg	1	7.5
KCC 9 Neuro Surgery ICU	2	15
GP 11E Oncology Intermediate Care	1	7.5
GP 11C Oncology Intermediate Care	1	7.5
GP 9 East Medsurg	1	7.5
Madison 5 Adult Psych	1	7.5
KCC 7s Adult Psych	1	7.5
KCC 5N Medsurg	1	7.5
Psychiatry Emergency Department	0	0
MSH Pre-Op 769	0	0
MSH CT OR 779	2.5	2.73
MSH Endo 780	1.56	0.28
MSH OR 391/392/393	1	0.09
GP6 Echo Lab 124	0	0
DubinBrCtr. 377	0	0
Rad Onc 130	0	0
RTC Infusion 383	0	0
Apheresis 708	0	0
MSH TherInf. 410	0	0
RTC Office practice 384	0	0

Pediatric Endocrinology 470	0	0
Pediatrics	0	0
Neurophysiology	0	0
Oral Maxillofacial Surgery (OMS)/ENT	0	0
Medical ICU	1	7.5
GP 11W Nursing - Telemetry Med Surg	1	7.5
MSH PACU 778	3.13	0.41
DubinBrCtr 373	0	0
MSH Diag Radiology MRI. MR08/ 008	50	375
Interv Rad MR7/ 7007	7	52.5
Emergency Department	12	90
Cardiac Imaging 460/461	0	0
Cardiac Cath Lab - GP5 775	2	6
Electrophysiology Services - GP5 #364	1	6
Gp 6W Intermediate Care	2	15
CICU CDSU stepdown (formerly kcc6N/S moved to GP5E)	1	7.5
GP 7E Cardiac Intermediate Care	1	7.5
KP 8 Post/Ante Partum	1	7.5
KP 7 Post/Ante Partum	1	7.5

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
KCC4N	2	1.15
Mount Sinai Kidney Center (B1)	2	0.75
Respiratory Institute	10	1.56
Obstetrics and Gynecologic Ambulatory Practice	10	2.13
P4S Pediatric Stepdown	2	1.76
KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	2	1.28
P2 Pediatric Oncology	1	1.29
Pediatric Cardio ICU	1	1.39
Pediatric ICU	3	1.73
Surgical and Transplant ICU	2	0.63
GP 9C Transplant	5	1.22
GP 10C Oncology Intermediate Care	5	1.15
KCC 4/5S Split Unit (split unit 2 floors) Medicine	5	1.27
GP 10W Med surg	4	0.9
KCC 3S Rehab	5	1.6
KCC 2 Restorative Rehab	5	1.66
GP 8C Med Surg	4	0.86
GP 8 East Intermediate Care	4	0.87

GP 9W - Intermediate Care	4	0.95
GP 8W Intermediate Care	5	1.23
GP 10 E	5	1.1
RETU 419	3	0.83
Labor and Delivery	5	2.76
KP5 Antepartum now on KP6E	1	1.56
GP 5C/5W Cardiac ICU	4	1.22
GP 7 West Intermediate Care	4	0.98
GP 7C Cardiac Intermediate	3	0.65
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	3	0.48
P5 Pediatric Medsurg	3	1.32
KCC 9 Neuro Surgery ICU	2	0.9
GP 11E Oncology Intermediate Care	3	0.77
GP 11C Oncology Intermediate Care	3	0.88
GP 9 East Medsurg	4	0.89
Madison 5 Adult Psych	5	1.61
KCC 7s Adult Psych	4	1.56
KCC 5N Medsurg	3	0.95
Psychiatry Emergency Department	1	3.41
MSH Pre-Op 769	0	0
MSH CT OR 779	4.5	4.9
MSH Endo 780	0	0
MSH OR 391/392/393	53.16	4.77
GP6 Echo Lab 124	9	3.41
DubinBrCtr. 377	4	0.43
Rad Onc 130	4	0.3
RTC Infusion 383	4	0.17
Apheresis 708	2	1.88
MSH TherInf. 410	2	0.19
RTC Office practice 384	44	1.1

Pediatric Endocrinology 470	3	2.08
Pediatrics	8	2.58
Neurophysiology	2	4.06
Oral Maxillofacial Surgery (OMS)/ENT	2	2.81
Medical ICU	2	1.07
GP 11W Nursing - Telemetry Med Surg	2	1.09
MSH PACU 778	5.75	0.75
DubinBrCtr 373	1	0.21
MSH Diag Radiology MRI. MR08/ 008	1	0.03
Interv Rad MR7/ 7007	30	11.25
Emergency Department	13	0.82
Cardiac Imaging 460/461	23	1.74
Cardiac Cath Lab - GP5 775	8	2.4
Electrophysiology Services - GP5 #364	2	1.5
Gp 6W Intermediate Care	4	0.91
CICU CDSU stepdown (formerly kcc6N/S moved to GP5E)	2	1.42
GP 7E Cardiac Intermediate Care	3	0.77
KP 8 Post/Ante Partum	2	0.97
KP 7 Post/Ante Partum	2	0.96

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>
KCC4N	....
<p>Mount Sinai Kidney Center (B1)</p>	<p>Clerical staff is present in the practice to register, check in and check out patients after their visit. Also, there are equipment technicians to manage the dialysis equipment. Nurse Manager, Nurse Educator</p>
<p>Respiratory Institute</p>	<p>Clerical staff is present in the practice to register, check in and check out patients after their visit. Nurse Manager, Practice manager, Nurse Educator</p>
<p>Obstetrics and Gynecologic Ambulatory Practice</p>	<p>Clerical staff is present in the practice to register, check in and check out patients after their visit.</p>

P4S Pediatric Stepdown	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KP 4 Gynecological Surgery Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KP 6 Palliative Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

P2 Pediatric Oncology	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Pediatric Cardio ICU	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Pediatric ICU	1 Transport Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

Surgical and Transplant ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists).
GP 9C Transplant	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 10C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KCC 4/5S Split Unit (split unit 2 floors) Medicine	2 Business Associates (1 for floor 4, 1 for floor 5). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 10W Med surg	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 3S Rehab	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KCC 2 Restorative Rehab	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 8C Med Surg	1 Senior Clinical Nurse, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 8 East Intermediate Care	1 Senior Clinical Nurse, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 9W - Intermediate Care	<p>Charge Nurse without an assignment, 1 Senior Clinical Nurse, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
GP 8W Intermediate Care	<p>Charge Nurse without an assignment, Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
GP 10 E	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
RETU 419	...

Labor and Delivery	1 Charge Nurse Without an Assignment, 2 Triage Nurses, 4 Business Associates, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KP5 Antepartum now on KP6E	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 5C/5W Cardiac ICU	2 Business Associate (2 areas), Charge Nurse Without Assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 7 West Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 7C Cardiac Intermediate	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	1 Senior Clinical Nurse, 1 Resource Nurse, 1 Charge Nurse without an assignment, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...). As per the MSH operating license the NICU is comprised of 26 ICU beds, 10 intermediate beds, and 10 continuing care beds all staffed from the same cohort of nurses with the highest level of training and care.
P5 Pediatric Medsurg	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KCC 9 Neuro Surgery ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11E Oncology Intermediate Care	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 9 East Medsurg	1 Charge Nurse Without a Nurse, 1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Madison 5 Adult Psych	1 Business Associate, Security support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 7s Adult Psych	1 Business Associate, Security support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KCC 5N Medsurg	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Psychiatry Emergency Department	...
MSH Pre-Op 769	...
MSH CT OR 779	...
MSH Endo 780	none
MSH OR 391/392/393	...
GP6 Echo Lab 124	Secretarial support, dedicated building services personnel, management support
DubinBrCtr. 377	Patient Encounter Associates staffed for registration and scheduling.
Rad Onc 130	Scheduler on-site with administrative support.
RTC Infusion 383	Patient Encounter Associates staffed for registration and scheduling.
Apheresis 708	Patient Encounter Associates staffed for registration and scheduling.
MSH TherInf. 410	Registrar

RTC Office practice 384	<p>Patient Encounter Associates staffed for registration and scheduling. Transplant coordinators staffed in Multiple Myeloma and Bone Marrow transplant. Clinical navigators staffed in Multiple Myeloma. Non-clinical navigators staffed in GI and Leukemia.</p>
Pediatric Endocrinology 470	<p>Clerical staff is present in the practice to register, check in and check out patients after their visit. Nurse Manager, Practice manager, Nurse Educator</p>
Pediatrics	<p>Clerical staff is present in the practice to register, check in and check out patients after their visit. Nurse Manager, Practice manager, Nurse Educator</p>
Neurophysiology	<p>Clerical staff is present in the practice to register, check in and check out patients after their visit. Nurse Manager, Practice manager, Nurse Educator</p>
Oral Maxillofacial Surgery (OMS)/ENT	<p>Clerical staff is present in the practice to register, check in and check out patients after their visit. Nurse Manager, Practice manager, Nurse Educator</p>

Medical ICU	1 Charge Nurse without an assignment, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11W Nursing - Telemetry Med Surg	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
MSH PACU 778	...
DubinBrCtr 373	Patient Encounter Associates staffed for registration and scheduling.
MSH Diag Radiology MRI. MR08/ 008	Registrar, Days 9 Evenings 7 Nights 3
Interv Rad MR7/ 7007	Schedulers, Days 3 Evenings 0 Nights 0 Registrars and BA
Emergency Department	...
Cardiac Imaging 460/461	Secretarial support, patient encounter associates, dedicated building services personnel, management support.

Cardiac Cath Lab - GP5 775	Management, unit level administrative personnel including patient liaison, registration staff, admin assistants, EVS, 2 family Liaison, 1 SCN, 1 Charge RN
Electrophysiology Services - GP5 #364	Management, unit level administrative personnel including unit secretary, EVS
Gp 6W Intermediate Care	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
CICU CDSU stepdown (formerly kcc6N/S moved to GP5E)	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 7E Cardiac Intermediate Care	<p>1 Business Associate.</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
KP 8 Post/Ante Partum	<p>1 Business Associate.</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
KP 7 Post/Ante Partum	<p>1 Business Associate.</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>

DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
KCC4N	Yes			
Mount Sinai Kidney Center (B1)	Yes			
Respiratory Institute	Yes			
Obstetrics and Gynecologic Ambulatory Practice	Yes			
P4S Pediatric Stepdown	Yes			
KP 4 Gynecological Surgery Intermediate Care	Yes			
KP 6 Palliative Care	Yes			
P2 Pediatric Oncology	Yes			
Pediatric Cardio ICU	Yes			
Pediatric ICU	Yes			
Surgical and Transplant ICU	Yes			
GP 9C Transplant	Yes			
GP 10C Oncology Intermediate Care	Yes			
KCC 4/5S Split Unit (split unit 2 floors) Medicine	Yes			
GP 10W Med surg	Yes			
KCC 3S Rehab	Yes			
KCC 2 Restorative Rehab	Yes			
GP 8C Med Surg	Yes			
GP 8 East Intermediate Care	Yes			
GP 9W - Intermediate Care	Yes			

GP 8W Intermediate Care	Yes			
GP 10 E	Yes			
RETU 419	Yes			
Labor and Delivery	Yes			
KP5 Antepartum now on KP6E	Yes			
GP 5C/5W Cardiac ICU	Yes			
GP 7 West Intermediate Care	Yes			
GP 7C Cardiac Intermediate	Yes			
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	Yes			
P5 Pediatric Medsurg	Yes			
KCC 9 Neuro Surgery ICU	Yes			
GP 11E Oncology Intermediate Care	Yes			
GP 11C Oncology Intermediate Care	Yes			
GP 9 East Medsurg	Yes			
Madison 5 Adult Psych	Yes			
KCC 7s Adult Psych	Yes			
KCC 5N Medsurg	Yes			
Psychiatry Emergency Department	Yes			
MSH Pre-Op 769	Yes			
MSH CT OR 779	Yes			
MSH Endo 780	Yes			
MSH OR 391/392/393	Yes			
GP6 Echo Lab 124	Yes			
DubinBrCtr. 377	Yes			
Rad Onc 130	Yes			
RTC Infusion 383	Yes			
Apheresis 708	Yes			
MSH TherInf. 410	Yes			
RTC Office practice 384	Yes			

<p>Pediatric Endocrinology 470</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Pediatrics</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Neurophysiology</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Oral Maxillofacial Surgery (OMS)/ENT</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Medical ICU</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>GP 11W Nursing - Telemetry Med Surg</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>MSH PACU 778</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>DubinBrCtr 373</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>MSH Diag Radiology MRI. MR08/ 008</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Interv Rad MR7/ 7007</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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Emergency Department	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Cardiac Imaging 460/461</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Cardiac Cath Lab - GP5 775</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Electrophysiology Services - GP5 #364</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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Gp 6W Intermediate Care	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>CICU CDSU stepdown (formerly kcc6N/S moved to GP5E)</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>GP 7E Cardiac Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>KP 8 Post/Ante Partum</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>KP 7 Post/Ante Partum</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</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)?
Mount Sinai Kidney Center (B1)	7	5.25	10	4
Echo Lab (124)	2	2.14	7	3.5
KCC4HH	4	2.29	13.1	3.28
P4S Pediatric Stepdown	3	2.65	8.5	2.83
KP 4 Gynecological Surgery Intermediate Care	0	0	0	0
KP 6 Palliative Care	4	2.56	11.7	2.93
P2 Pediatric Oncology	3	3.88	5.8	1.93
Pediatric Cardio ICU	5	6.94	5.4	1.08
Pediatric ICU	10	5.77	13	1.3
Surgical and Transplant ICU	20	6.28	23.9	1.2
GP 9C Transplant	11	2.65	31.1	2.83
GP 10C Oncology Intermediate Care	10	2.29	32.7	3.27
KCC 4/5S Split Unit (split unit 2 floors) Medicine	7	1.78	29.5	4.21
GP 10W Med surg	11	2.46	33.5	3.05
KCC 3S Rehab	5	1.6	23.5	4.7
KCC 2 Restorative Rehab	5	1.66	22.6	4.52
GP 8C Med Surg	9	1.94	34.8	3.87
GP 8 East Intermediate Care	8	1.75	34.3	4.29

GP 9W Intermediate Care	13	3.08	31.7	2.44
GP 8W Intermediate Care	10	2.47	30.4	3.04
GP 10 E	13	2.86	34.1	2.62
GP 7 West Intermediate Care	10	2.45	30.6	3.06
GP 7C Cardiac Intermediate	10	2.16	34.7	3.47
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	22	3.49	47.3	2.15
P5 Pediatric Medsurg	6	2.65	17	2.83
KCC 9 Neuro Surgery ICU	11	4.94	16.7	1.52
GP 11E Oncology Intermediate Care	10	2.55	29.4	2.94
GP 11C Oncology Intermediate Care	10	2.94	25.5	2.55
GP 9 East Medsurg	10	2.23	33.7	3.37
Madison 5 Adult Psych	5	1.61	23.3	4.66
KCC 7s Adult Psych	4	1.56	19.2	4.8
KCC 5N Medsurg	5	1.58	23.8	4.76
RETU. 419	6	1.67	27	4.5
Psych ED	2	6.82	2.2	1.1
Labor and Delivery	24	13.24	13.6	0.57
Kp5 Antepartum on KP6E	3	4.69	4.8	1.6
5C/5W was GP 5C/5E Cardiac ICU	14	4.29	24.5	1.75
MSH Pre-Op. 769	6.5	12.55	4.15	0.64
MSH CT OR. 779	14	19.55	5.73	0.41
MSH Endo. 780	6.75	1.2	45	6.67
DubinBrCtr 377	6	0.64	70	11.67
Rad Onc 130	6	0.45	100	16.67
RTC OFFICE PRACTICE 384	29	0.73	300	10.34
RTC 383	32	1.33	180	5.63
Apheresis 708	9	8.44	8	0.89
MSH TherInf 410	9	0.84	80	8.89
Cardiac Imaging (460/461)	10	0.3	250	25
Medical ICU	9	4.82	14	1.56
GP 11W Nursing - Telemetry Med Surg	3	1.63	13.8	4.6

MSH PACU. 778	24.81	2.96	67	2.7
MSH OR.391+392+393	47.88	8.64	44.32	0.93
DubinBrCtr 373	6	1.29	35	5.83
MSH Diag Radiology MR08/008	2	0.06	250	125
Interv Rad MR7/7007	6	4.5	10	1.67
Cardiac Cath Lab - GP5 775	30	4.18	40	1.33
Electrophysiology Services - GP5 364	11	4.8	15	1.36
ED. 785	31	1.95	119.5	3.85
Gp 6W Intermediate Care	10	2.27	33	3.3
KCC 6N/6S CICU CDSU stepdown moved to GP5E	6	4.25	10.6	1.77
GP 7E Cardiac Intermediate Care	9	2.3	29.3	3.26
KP 8 Post/Ante Partum	7	3.39	15.5	2.21
KP 7 Post/Ante Partum	7	3.37	15.6	2.23

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>
Mount Sinai Kidney Center (B1)	0	0
Echo Lab (124)	0	0
KCC4HH	0	0
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0

Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0
KCC 4/5S Split Unit (split unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W Intermediate Care	0	0
GP 8W Intermediate Care	0	0
GP 10 E	0	0
GP 7 West Intermediate Care	0	0
GP 7C Cardiac Intermediate	0	0
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology Intermediate Care	0	0
GP 11C Oncology Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0
RETU. 419	0	0
Psych ED	0	0
Labor and Delivery	0	0
Kp5 Antepartum on KP6E	0	0

5C/5W was GP 5C/5E Cardiac ICU	0	0
MSH Pre-Op. 769	0	0
MSH CT OR. 779	0	0
MSH Endo. 780	0	0
DubinBrCtr 377	0	0
Rad Onc 130	0	0
RTC OFFICE PRACTICE 384	0	0
RTC 383	0	0
Apheresis 708	0	0
MSH TherInf 410	0	0
Cardiac Imaging (460/461)	0	0
Medical ICU	0	0
GP 11W Nursing - Telemetry Med Surg	0	0
MSH PACU. 778	0	0
MSH OR.391+392+393	0	0
DubinBrCtr 373	0	0
MSH Diag Radiology MR08/008	0	0
Interv Rad MR7/7007	0	0
Cardiac Cath Lab - GP5 775	0	0
Electrophysiology Services - GP5 364	0	0
ED. 785	0	0
Gp 6W Intermediate Care	0	0
KCC 6N/6S CICU CDSU stepdown moved to GP5E	0	0
GP 7E Cardiac Intermediate Care	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	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>
Mount Sinai Kidney Center (B1)	0	0
Echo Lab (124)	0	0
KCC4HH	1	7.5
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	1	7.5
P2 Pediatric Oncology	1	7.5
Pediatric Cardio ICU	1	7.5
Pediatric ICU	1	7.5
Surgical and Transplant ICU	2	15
GP 9C Transplant	1	7.5
GP 10C Oncology Intermediate Care	1	7.5
KCC 4/5S Split Unit (split unit 2 floors) Medicine	1	7.5
GP 10W Med surg	1	7.5
KCC 3S Rehab	1	7.5
KCC 2 Restorative Rehab	1	7.5
GP 8C Med Surg	1	7.5
GP 8 East Intermediate Care	1	7.5
GP 9W Intermediate Care	1	7.5
GP 8W Intermediate Care	1	7.5
GP 10 E	1	7.5
GP 7 West Intermediate Care	1	7.5

GP 7C Cardiac Intermediate	1	7.5
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	2	15
P5 Pediatric Medsurg	1	7.5
KCC 9 Neuro Surgery ICU	2	15
GP 11E Oncology Intermediate Care	1	7.5
GP 11C Oncology Intermediate Care	1	7.5
GP 9 East Medsurg	1	7.5
Madison 5 Adult Psych	1	7.5
KCC 7s Adult Psych	1	7.5
KCC 5N Medsurg	1	7.5
RETU. 419	1	7.5
Psych ED	0	0
Labor and Delivery	4	30
Kp5 Antepartum on KP6E	1	7.5
5C/5W was GP 5C/5E Cardiac ICU	2	15
MSH Pre-Op. 769	0	0
MSH CT OR. 779	3.19	4.45
MSH Endo. 780	0	0
DubinBrCtr 377	0	0
Rad Onc 130	0	0
RTC OFFICE PRACTICE 384	0	0
RTC 383	0	0
Apheresis 708	0	0
MSH TherInf 410	0	0
Cardiac Imaging (460/461)	3	22.5
Medical ICU	1	7.5
GP 11W Nursing - Telemetry Med Surg	1	7.5
MSH PACU. 778	2.88	0.34
MSH OR.391+392+393	0.44	0.18
DubinBrCtr 373	0	0
MSH Diag Radiology MR08/008	50	375

Interv Rad MR7/7007	4	30
Cardiac Cath Lab - GP5 775	0	0
Electrophysiology Services - GP5 364	0	0
ED. 785	12	90
Gp 6W Intermediate Care	1	7.5
KCC 6N/6S CICU CDSU stepdown moved to GP5E	1	7.5
GP 7E Cardiac Intermediate Care	1	7.5
KP 8 Post/Ante Partum	1	7.5
KP 7 Post/Ante Partum	1	7.5

**EVENING SHIFT UNLICENSED STAFFING**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Mount Sinai Kidney Center (B1)	2	1.5
Echo Lab (124)	9	9.64
KCC4HH	2	1.15
P4S Pediatric Stepdown	2	1.76
KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	2	1.28
P2 Pediatric Oncology	1	1.29
Pediatric Cardio ICU	1	1.39
Pediatric ICU	3	1.73
Surgical and Transplant ICU	2	0.63
GP 9C Transplant	4	0.96

GP 10C Oncology Intermediate Care	5	1.15
KCC 4/5S Split Unit (split unit 2 floors) Medicine	5	1.27
GP 10W Med surg	4	0.9
KCC 3S Rehab	5	1.6
KCC 2 Restorative Rehab	5	1.66
GP 8C Med Surg	4	0.86
GP 8 East Intermediate Care	4	0.87
GP 9W Intermediate Care	4	0.95
GP 8W Intermediate Care	5	1.23
GP 10 E	5	1.1
GP 7 West Intermediate Care	4	0.98
GP 7C Cardiac Intermediate	3	0.65
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	3	0.48
P5 Pediatric Medsurg	3	1.32
KCC 9 Neuro Surgery ICU	2	0.9
GP 11E Oncology Intermediate Care	3	0.77
GP 11C Oncology Intermediate Care	3	0.88
GP 9 East Medsurg	4	0.89
Madison 5 Adult Psych	5	1.61
KCC 7s Adult Psych	4	1.56
KCC 5N Medsurg	3	0.95
RETU. 419	3	0.83
Psych ED	1	3.41
Labor and Delivery	3	1.65
Kp5 Antepartum on KP6E	1	1.56
5C/5W was GP 5C/5E Cardiac ICU	4	1.22
MSH Pre-Op. 769	0	0
MSH CT OR. 779	8	11.17
MSH Endo. 780	0	0

DubinBrCtr 377	4	0.43
Rad Onc 130	4	0.3
RTC OFFICE PRACTICE 384	44	1.1
RTC 383	4	0.17
Apheresis 708	2	1.88
MSH TherInf 410	2	0.19
Cardiac Imaging (460/461)	6	0.18
Medical ICU	2	1.07
GP 11W Nursing - Telemetry Med Surg	2	1.09
MSH PACU. 778	7.19	0.86
MSH OR.391+392+393	167.46	30.23
DubinBrCtr 373	1	0.21
MSH Diag Radiology MR08/008	1	0.03
Interv Rad MR7/7007	4	3
Cardiac Cath Lab - GP5 775	23	3.88
Electrophysiology Services - GP5 364	6	2.67
ED. 785	20	1.26
Gp 6W Intermediate Care	4	0.91
KCC 6N/6S CICU CDSU stepdown moved to GP5E	2	1.42
GP 7E Cardiac Intermediate Care	3	0.77
KP 8 Post/Ante Partum	2	0.97
KP 7 Post/Ante Partum	2	0.96

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>Mount Sinai Kidney Center (B1)</p>	<p>Nurse Manager, Nurse Educator</p>
<p>Echo Lab (124)</p>	<p>1 Secretarial Associate</p>
<p>KCC4HH</p>	<p>...1 Secretarial Associate</p>
<p>P4S Pediatric Stepdown</p>	<p>1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>

KP 4 Gynecological Surgery Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KP 6 Palliative Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
P2 Pediatric Oncology	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

Pediatric Cardio ICU	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Pediatric ICU	1 Transport Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Surgical and Transplant ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 9C Transplant	1 Senior Clinical Nurse (1/2 the shift) 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 10C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 4/5S Split Unit (split unit 2 floors) Medicine	2 Business Associates (1 for floor 4, 1 for floor 5), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 10W Med surg	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 3S Rehab	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 2 Restorative Rehab	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 8C Med Surg	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 8 East Intermediate Care	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 9W Intermediate Care	1 Charge Nurse without an assignment, 1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 8W Intermediate Care	Charge Nurse without an assignment, Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 10 E	1 Senior Clinical Nurse starting at 730 pm
GP 7 West Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 7C Cardiac Intermediate	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	1 Senior Clinical Nurse (1/2 shift), 1 Resource Nurse, 1 Charge Nurse without an assignment, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...). As per the MSH operating license this unit contains 26 ICU level beds, 10 intermediate, and 10 continuing care beds all staffed by the same cohort of nurses with the highest level of care.
P5 Pediatric Medsurg	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KCC 9 Neuro Surgery ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11E Oncology Intermediate Care	1 Senior Clinical Nurse (half the shift), 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse for half the shift, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 9 East Medsurg	1 Charge Nurse Without a Nurse, 1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Madison 5 Adult Psych	1 Business Associate, Security support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 7s Adult Psych	1 Business Associate, Security support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KCC 5N Medsurg	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
RETU. 419	...
Psych ED	...
Labor and Delivery	1 Charge Nurse Without an Assignment, 2 Triage Nurses, 4 Business Associates, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).24, 25 if 3 scheduled c sections, nights 21, ancillary staff has split shift of 3-5 per shift
Kp5 Antepartum on KP6E	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

5C/5W was GP 5C/5E Cardiac ICU	2 Business Associate (2 areas), 2 Charge Nurses Without Assignment (1 on 5C 1 on 5E). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
MSH Pre-Op. 769	...
MSH CT OR. 779	...
MSH Endo. 780	...
DubinBrCtr 377	Patient Encounter Associates staffed for registration and scheduling.
Rad Onc 130	Scheduler on-site with administrative support.
RTC OFFICE PRACTICE 384	Patient Encounter Associates staffed for registration and scheduling. Transplant coordinators staffed in Multiple Myeloma and Bone Marrow transplant. Clinical navigators staffed in Multiple Myeloma. Non-clinical navigators staffed in GI and Leukemia.
RTC 383	Patient Encounter Associates staffed for registration and scheduling.

Apheresis 708	Patient Encounter Associates staffed for registration and scheduling.
MSH TherInf 410	Patient Encounter Associates staffed for registration and scheduling.
Cardiac Imaging (460/461)	1 Echo PEA, 1 CT PEA, 1 Nuc PEA
Medical ICU	1 Charge Nurse without an assignment, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11W Nursing - Telemetry Med Surg	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
MSH PACU. 778	...
MSH OR.391+392+393	...
DubinBrCtr 373	Patient Encounter Associates staffed for registration and scheduling.

MSH Diag Radiology MR08/008	...Registrars Days 9 Evenings 7 Nights 3
Interv Rad MR7/7007	...Days 3 Evenings 0 Nights 0 Registrars and BA
Cardiac Cath Lab - GP5 775	...
Electrophysiology Services - GP5 364	Management, unit level administrative personnel including unit secretary, EVS
ED. 785	Various
Gp 6W Intermediate Care	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 6N/6S CICU CDSU stepdown moved to GP5E	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 7E Cardiac Intermediate Care	<p>1 Business Associate.</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
KP 8 Post/Ante Partum	<p>1 Business Associate.</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
KP 7 Post/Ante Partum	<p>1 Business Associate.</p> <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Mount Sinai Kidney Center (B1)	Yes			
Echo Lab (124)	Yes			
KCC4HH	Yes			
P4S Pediatric Stepdown	Yes			
KP 4 Gynecological Surgery Intermediate Care	Yes			
KP 6 Palliative Care	Yes			
P2 Pediatric Oncology	Yes			
Pediatric Cardio ICU	Yes			
Pediatric ICU	Yes			
Surgical and Transplant ICU	Yes			
GP 9C Transplant	Yes			
GP 10C Oncology Intermediate Care	Yes			
KCC 4/5S Split Unit (split unit 2 floors) Medicine	Yes			
GP 10W Med surg	Yes			
KCC 3S Rehab	Yes			
KCC 2 Restorative Rehab	Yes			
GP 8C Med Surg	Yes			
GP 8 East Intermediate Care	Yes			
GP 9W Intermediate Care	Yes			
GP 8W Intermediate Care	Yes			
GP 10 E	Yes			
GP 7 West Intermediate Care	Yes			

GP 7C Cardiac Intermediate	Yes			
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	Yes			
P5 Pediatric Medsurg	Yes			
KCC 9 Neuro Surgery ICU	Yes			
GP 11E Oncology Intermediate Care	Yes			
GP 11C Oncology Intermediate Care	Yes			
GP 9 East Medsurg	Yes			
Madison 5 Adult Psych	Yes			
KCC 7s Adult Psych	Yes			
KCC 5N Medsurg	Yes			
RETU. 419	Yes			
Psych ED	Yes			
Labor and Delivery	Yes			
Kp5 Antepartum on KP6E	Yes			
5C/5W was GP 5C/5E Cardiac ICU	Yes			
MSH Pre-Op. 769	Yes			
MSH CT OR. 779	Yes			
MSH Endo. 780	Yes			
DubinBrCtr 377	Yes			
Rad Onc 130	Yes			
RTC OFFICE PRACTICE 384	Yes			
RTC 383	Yes			
Apheresis 708	Yes			
MSH TherInf 410	Yes			

<p>Cardiac Imaging (460/461)</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Medical ICU</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>GP 11W Nursing - Telemetry Med Surg</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>MSH PACU. 778</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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MSH OR.391+392+393	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>DubinBrCtr 373</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>MSH Diag Radiology MR08/008</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Interv Rad MR7/7007</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Cardiac Cath Lab - GP5 775</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Electrophysiology Services - GP5 364</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>ED. 785</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors. Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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Gp 6W Intermediate Care	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>KCC 6N/6S CICU CDSU stepdown moved to GP5E</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>GP 7E Cardiac Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>KP 8 Post/Ante Partum</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>KP 7 Post/Ante Partum</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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## RN NIGHT SHIFT STAFFING

<b>Name of Clinical Unit:</b>	<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 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)</b>	<b>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)</b>	<b>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)</b>
Cardiovascular	KCC4 HH	4	2.29	13.1
Pediatric	P4S Pediatric Stepdown	3	2.65	8.5
Oncology	KP 4 Gynecological Surgery Intermediate Care	0	0	0
Other	KP 6 Palliative Care	4	2.56	11.7
Pediatric	P2 Pediatric Oncology	3	3.88	5.8
Pediatric	Pediatric Cardio ICU	5	6.94	5.4
Pediatric	Pediatric ICU	10	5.77	13
Intensive Care	Surgical and Transplant ICU	20	6.28	23.9
Transplant	GP 9C Transplant	11	2.69	30.7
Oncology	GP 10C Oncology Intermediate Care	10	2.29	32.7
Medical/Surgical	KCC 4/5S Split Unit (split unit 2 floors) Medicine	7	1.78	29.5
Medical/Surgical	GP 10W Med surg	11	2.46	33.5
Rehabilitaion	KCC 3S Rehab	5	1.6	23.5
Rehabilitaion	KCC 2 Restorative Rehab	5	1.66	22.6
Medical/Surgical	GP 8C Med Surg	9	1.94	34.8
Medical/Surgical	GP 8 East Intermediate Care	8	1.75	34.3
Stepdown	GP 9W Intermediate Care	13	3.08	31.7
Stepdown	GP 8W Intermediate Care	10	2.47	30.4
Medical/Surgical	GP 10 E	13	2.86	34.1
Short Stay	RETU. 419	6	1.67	27
Emergency Department	psych ED	2	6.82	2.2
Obstetrics/Gynecology	Labor and Delivery	24	13.24	13.6

Obstetrics/Gynecology	Kp5 Antepartum now on KP6E	3	4.69	4.8
Cardiovascular	GP 5C/5E Cardiac ICU now 5C/5W	14	4.29	24.5
Cardiovascular	GP 7 West Intermediate Care	10	2.45	30.6
Cardiovascular	GP 7C Cardiac Intermediate	10	2.16	34.7
Neonatal	Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	22	3.49	47.3
Pediatric	P5 Pediatric Medsurg	6	2.65	17
Intensive Care	KCC 9 Neuro Surgery ICU	11	4.94	16.7
Oncology	GP 11E Oncology Intermediate Care	10	2.55	29.4
Oncology	GP 11C Oncology Intermediate Care	10	2.94	25.5
Medical/Surgical	GP 9 East Medsurg	10	2.23	33.7
Psychiatry	Madison 5 Adult Psych	5	1.61	23.3
Psychiatry	KCC 7s Adult Psych	4	1.56	19.2
Medical/Surgical	KCC 5N Medsurg	5	1.58	23.8
Other	MSH Pre-Op. 769	2.25	0.77	23.39
Other	MSH CT OR. 779	1.44	18.85	0.61
Other	MSH OR.391+392+393	4.69	16.59	2.26
Nuclear Medicine/Radiology	MSH Diagnostic Radiology (MR08/008)	1	0.05	150
Nuclear Medicine/Radiology	Interventional Radiology (MR7/7007)	1	0	0
Intensive Care	Medical ICU	9	4.82	14
Medical/Surgical	GP 11W Nursing - Telemetry Med Surg	3	1.63	13.8
Other	MSH PACU. 778	8.31	4.75	14
Infusion Services	RTC infusion 383	2	5	3
Cardiac Catheterization/EP	Cardiac Cath Lab - GP5 775	2	0	0
Emergency Department	MSH ED. 785	24	1.51	119.5
Cardiovascular	Gp 6W Intermediate Care formerly KCC6N/S	10	2.27	33

Cardiovascular	KCC 6N/6S CICU CDSU stepdown now GP5E	6	4.25	10.6
Cardiovascular	GP 7E Cardiac Intermediate Care	9	2.3	29.3
Obstetrics/Gynecology	KP 8 Post/Ante Partum	7	3.39	15.5
Obstetrics/Gynecology	KP 7 Post/Ante Partum	7	3.37	15.6

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>
Cardiovascular	3.28	0
Pediatric	2.83	0
Oncology	0	0
Other	2.93	0
Pediatric	1.93	0
Pediatric	1.08	0
Pediatric	1.3	0
Intensive Care	1.2	0
Transplant	2.79	0
Oncology	3.27	0
Medical/Surgical	4.21	0
Medical/Surgical	3.05	0
Rehabilitaion	4.7	0
Rehabilitaion	4.52	0
Medical/Surgical	3.87	0
Medical/Surgical	4.29	0
Stepdown	2.44	0
Stepdown	3.04	0
Medical/Surgical	2.62	0
Short Stay	4.5	0

Emergency Department	1.1	0
Obstetrics/Gynecology	0.57	0
Obstetrics/Gynecology	1.6	0
Cardiovascular	1.75	0
Cardiovascular	3.06	0
Cardiovascular	3.47	0
Neonatal	2.15	0
Pediatric	2.83	0
Intensive Care	1.52	0
Oncology	2.94	0
Oncology	2.55	0
Medical/Surgical	3.37	0
Psychiatry	4.66	0
Psychiatry	4.8	0
Medical/Surgical	4.76	0
Other	10.4	0
Other	0.42	0
Other	0.48	0
Nuclear Medicine/Radiology	150	0
Nuclear Medicine/Radiology	0	0
Intensive Care	1.56	0
Medical/Surgical	4.6	0
Other	1.68	0
Infusion Services	1.5	0
Cardiac Catheterization/EP	0	0
Emergency Department	4.98	0
Cardiovascular	3.3	0
Cardiovascular	1.77	0
Cardiovascular	3.26	0
Obstetrics/Gynecology	2.21	0
Obstetrics/Gynecology	2.23	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)
Cardiovascular	0	0
Pediatric	0	0
Oncology	0	0
Other	0	0
Pediatric	0	0
Pediatric	0	1
Pediatric	0	1
Intensive Care	0	0
Transplant	0	0
Oncology	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Rehabilitaion	0	0
Rehabilitaion	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Stepdown	0	1
Stepdown	0	0
Medical/Surgical	0	0
Short Stay	0	1
Emergency Department	0	0
Obstetrics/Gynecology	0	4
Obstetrics/Gynecology	0	1
Cardiovascular	0	0
Cardiovascular	0	0
Cardiovascular	0	0
Neonatal	0	1
Pediatric	0	0
Intensive Care	0	0

Oncology	0	0
Oncology	0	0
Medical/Surgical	0	0
Psychiatry	0	0
Psychiatry	0	0
Medical/Surgical	0	0
Other	0	0
Other	0	0
Other	0	0
Nuclear Medicine/Radiology	0	17
Nuclear Medicine/Radiology	0	0
Intensive Care	0	0
Medical/Surgical	0	0
Other	0	1
Infusion Services	0	0
Cardiac Catheterization/EP	0	0
Emergency Department	0	12
Cardiovascular	0	0
Cardiovascular	0	0
Cardiovascular	0	0
Obstetrics/Gynecology	0	1
Obstetrics/Gynecology	0	1

**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>
Cardiovascular	0	2
Pediatric	0	1

Oncology	0	0
Other	0	2
Pediatric	0	1
Pediatric	7.5	1
Pediatric	7.5	3
Intensive Care	0	2
Transplant	0	4
Oncology	0	5
Medical/Surgical	0	5
Medical/Surgical	0	4
Rehabilitaion	0	5
Rehabilitaion	0	5
Medical/Surgical	0	4
Medical/Surgical	0	4
Stepdown	7.5	4
Stepdown	0	5
Medical/Surgical	0	5
Short Stay	7.5	3
Emergency Department	0	1
Obstetrics/Gynecology	30	3
Obstetrics/Gynecology	7.5	1
Cardiovascular	0	4
Cardiovascular	0	2
Cardiovascular	0	3
Neonatal	7.5	2
Pediatric	0	2
Intensive Care	0	2
Oncology	0	3
Oncology	0	3
Medical/Surgical	0	4
Psychiatry	0	5
Psychiatry	0	4
Medical/Surgical	0	3
Other	0	0
Other	0	0.75
Other	0	8.5
Nuclear Medicine/Radiology	127.5	0

Nuclear Medicine/Radiology	0	0
Intensive Care	0	2
Medical/Surgical	0	2
Other	0.57	1.94
Infusion Services	0	0
Cardiac Catheterization/EP	0	1
Emergency Department	90	12
Cardiovascular	0	4
Cardiovascular	0	2
Cardiovascular	0	3
Obstetrics/Gynecology	7.5	2
Obstetrics/Gynecology	7.5	2

NIGHT SHIFT ADDITIONAL RESOURCES

Name of Clinical Unit:	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Cardiovascular	1.15
Pediatric	0.88
Oncology	0
Other	1.28
Pediatric	1.29
Pediatric	1.39
Pediatric	1.73
Intensive Care	0.63
Transplant	0.98
Oncology	1.15
Medical/Surgical	1.27
Medical/Surgical	0.9
Rehabilitaion	1.6

Rehabilitaion	1.66
Medical/Surgical	0.86
Medical/Surgical	0.87
Stepdown	0.95
Stepdown	1.23
Medical/Surgical	1.1
Short Stay	0.83
Emergency Department	3.41
Obstetrics/Gynecology	1.65
Obstetrics/Gynecology	1.56
Cardiovascular	1.22
Cardiovascular	0.49
Cardiovascular	0.65
Neonatal	0.32
Pediatric	0.88
Intensive Care	0.9
Oncology	0.77
Oncology	0.88
Medical/Surgical	0.89
Psychiatry	1.61
Psychiatry	1.56
Medical/Surgical	0.95
Other	0
Other	9.84
Other	30.09
Nuclear Medicine/Radiology	0
Nuclear Medicine/Radiology	0
Intensive Care	1.07
Medical/Surgical	1.09
Other	1.4
Infusion Services	0
Cardiac Catheterization/EP	0
Emergency Department	0.75
Cardiovascular	0.91
Cardiovascular	1.42
Cardiovascular	0.77

Obstetrics/Gynecology	0.97
Obstetrics/Gynecology	0.96

**NIGHT SHIFT CONSENSUS INFORMATION**

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

Pediatric	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Oncology	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Other	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Pediatric	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		

Pediatric	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Pediatric	1 Transport Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Intensive Care	1 Charge Nurse without an assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		

Transplant	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Oncology	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Medical/Surgical	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Medical/Surgical	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		

Rehabilitaion	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Rehabilitaion	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Medical/Surgical	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Medical/Surgical	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		

Stepdown	1 Charge Nurse without an assignment, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Stepdown	Charge Nurse without an assignment, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Medical/Surgical	1 Senior Clinical Nurse, Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Short Stay	...	Yes		
Emergency Department	...	Yes		

Obstetrics/Gynecology	<p>1 Charge Nurse Without an Assignment, 2 Triage Nurses, 3 Business Associates, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).24, 25 if 3 scheduled c sections, nights 21, ancillary staff has split shift of 3-5 per shift</p>	Yes		
Obstetrics/Gynecology	<p>1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>	Yes		

Cardiovascular	2 Business Associate (2 areas), 2 Charge Nurses Without Assignment (1 on 5C 1 on 5E). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Cardiovascular	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Cardiovascular	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		

Neonatal	1 Resource Nurse, 1 Charge Nurse without an assignment, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Pediatric	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Intensive Care	1 Charge Nurse without an assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		

Oncology	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Oncology	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Medical/Surgical	1 Charge Nurse Without a Nurse, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		

Psychiatry	Security Support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Psychiatry	Security Support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Medical/Surgical	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	Yes		
Other	...	Yes		
Other	...	Yes		
Other	...	Yes		

Nuclear Medicine/Radiology	Registrars Days 9 Evenings 7 Nights 3	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.
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Nuclear Medicine/Radiology	...	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.
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<p>Intensive Care</p>	<p>1 Charge Nurse without an assignment, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Medical/Surgical</p>	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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Other	...	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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Infusion Services	...	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.
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Cardiac Catheterization/EP	...	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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Emergency Department	...	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.
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Cardiovascular	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.
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Cardiovascular	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.
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Cardiovascular	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.
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<p>Obstetrics/Gynecology</p>	<p>1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>
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<p>Obstetrics/Gynecology</p>	<p>1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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>New York State Nurses Association, SEIU 1199</p>

<p><b>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</b></p>	<p>12/31/2025 12:00 AM</p>
<p><b>The number of hospital employees represented by New York State Nurses Association is:</b></p>	<p>3103</p>
<p><b>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</b></p>	<p>09/30/2024 12:00 AM</p>

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

1232