

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Queens
Council	New York City
Network	INDEPENDENT
Reporting Organization	St Johns Episcopal Hospital So Shore
Reporting Organization Id	1635
Reporting Organization Type	Hospital (pfi)
Data Entity	St Johns Episcopal Hospital So Shore

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) ?
OB/GYN	2	8	30	15
Pediatric & Sub Specialty	4	8	40	10
Wound Care/Hyperbaric	2	8	18	9
Call Center	0	0	0	0
Womens Health	2	8	25	8
Interventional Radiology	2	8	8	4
Nuclear Medicine	1	8	4	4
Dialysis Inpatient	4	8	8	2
Dialysis Outpatient	3	8	15	8
PACU	4	8	8	2
Care Management	10	10	35	17.5
ED	9	8	37	4.6
NICU	1	8	2	2
Pediatrics	1	8	6	6
Mother/ Baby	2	8	4	3
Labor & Delivery	4	8	8	2
Psych ED	2	8	11	6
Tower 4 Behavioral Health Inpatient	4	8	25	8
CP4 Behavioral Health Inpatient	3	8	18	6
Critical Care	4	8	8	2
T11	9	8	38	6
T10 - Surgical Care	9	9	41	5

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)
OB/GYN	0	0
Pediatric & Sub Specialty	0	0
Wound Care/Hyperbaric	0	0
Call Center	0	0
Womens Health	0	0
Interventional Radiology	0	0
Nuclear Medicine	0	0
Dialysis Inpatient	1	8
Dialysis Outpatient	0	0
PACU	0	0
Care Management	0	0
ED	0	0
NICU	0	0
Pediatrics	0	0
Mother/ Baby	0	0
Labor & Delivery	0	0
Psych ED	0	0
Tower 4 Behavioral Health Inpatient	0	0
CP4 Behavioral Health Inpatient	0	0
Critical Care	0	0
T11	0	0
T10 - Surgical Care	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)
OB/GYN	0	0
Pediatric & Sub Specialty	0	0
Wound Care/Hyperbaric	0	0
Call Center	8	8
Womens Health	3	3
Interventional Radiology	0	0
Nuclear Medicine	0	0
Dialysis Inpatient	3	8
Dialysis Outpatient	0	0
PACU	1	8
Care Management	0	0
ED	7	8
NICU	0	0
Pediatrics	0	0
Mother/ Baby	2	8
Labor & Delivery	1	8
Psych ED	4	8
Tower 4 Behavioral Health Inpatient	4	8
CP4 Behavioral Health Inpatient	4	8
Critical Care	2	8
T11	7	8
T10 - Surgical Care	6	8

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)
OB/GYN	2	8
Pediatric & Sub Specialty	4	8
Wound Care/Hyperbaric	2	8
Call Center	0	0
Womens Health	0	0
Interventional Radiology	0	0
Nuclear Medicine	0	0
Dialysis Inpatient	3	8
Dialysis Outpatient	0	0
PACU	0	0
Care Management	0	0
ED	5	7.5
NICU	0	0
Pediatrics	0	0
Mother/ Baby	1	8
Labor & Delivery	1	8
Psych ED	4	8
Tower 4 Behavioral Health Inpatient	4	8
CP4 Behavioral Health Inpatient	3	8
Critical Care	1	8
T11	6	8
T10 - Surgical Care	6	8

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
OB/GYN	N/A
Pediatric & Sub Specialty	N/A
Wound Care/Hyperbaric	N/A
Call Center	N/A
Womens Health	N/A
Interventional Radiology	N/A
Nuclear Medicine	N/A
Dialysis Inpatient	Dialysis Tech
Dialysis Outpatient	Clerical Assistant
PACU	Peri-op Liason
Care Management	N/A
ED	Clerical Assistant
NICU	Clerical Assistant
Pediatrics	Clerical Assistant
Mother/ Baby	Clerical Assistant
Labor & Delivery	Clerical Assistant
Psych ED	Clerical Assistant and Materials Management Coordinator
Tower 4 Behavioral Health Inpatient	Clerical Assistant, Behavioral Health Tech

CP4 Behavioral Health Inpatient	Clerical Assistant, Behavioral Health Tech
Critical Care	Clerical Assistant
T11	Clerical Assistant
T10 - Surgical Care	Clerical Assistant

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):
OB/GYN	Yes			
Pediatric & Sub Specialty	Yes			
Wound Care/Hyperbaric	Yes			
Call Center	Yes			
Womens Health	Yes			
Interventional Radiology	Yes			
Nuclear Medicine	Yes			
Dialysis Inpatient	Yes			
Dialysis Outpatient	Yes			
PACU	Yes			
Care Management	Yes			
ED	Yes			
NICU	Yes			
Pediatrics	Yes			
Mother/ Baby	Yes			
Labor & Delivery	Yes			
Psych ED	Yes			
Tower 4 Behavioral Health Inpatient	Yes			
CP4 Behavioral Health Inpatient	Yes			
Critical Care	Yes			

T11	Yes			
T10 - Surgical Care	Yes			

RN EVENING SHIFT STAFFING

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>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)</p>	<p>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)</p>	<p>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)</p>	<p>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)?</p>
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LPN EVENING SHIFT STAFFING

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>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)</p>	<p>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)</p>
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EVENING SHIFT ANCILLARY STAFF

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>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)</p>	<p>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)</p>
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EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
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EVENING SHIFT ADDITIONAL RESOURCES

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.	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.
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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):
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RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	ED	9	8	37
Other	NICU	1	8	2
Pediatric	Pediatrics	1	8	6
Other	Mother/Baby	2	8	4
Obstetrics/Gynecology	Labor & Delivery	4	8	8
Other	Psych ED	2	8	11
Other	Tower 4 Behavioral Health Inpatient	3	8	25
Other	CP4 Behavioral Health Inpatient	3	8	18
Critical Care	Critical Care	4	8	8
Telemetry	T11	9	8	38
Medical/Surgical	T10 -Surgical Care Unit	7	8	35

LPN NIGHT SHIFT STAFFING

Name of Clinical Unit:	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	4.2	0
Other	2	0
Pediatric	6	0

Other	3	0
Obstetrics/Gynecology	2	0
Other	6	0
Other	8	0
Other	6	0
Critical Care	2	0
Telemetry	5	0
Medical/Surgical	5	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)
Emergency Department	0	5
Other	0	0
Pediatric	0	0
Other	0	0
Obstetrics/Gynecology	0	1
Other	0	1
Other	0	4
Other	0	3
Critical Care	0	1
Telemetry	0	5
Medical/Surgical	0	4

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	8	5
Other	0	0
Pediatric	0	0
Other	0	0
Obstetrics/Gynecology	8	1
Other	8	1
Other	8	4
Other	8	3
Critical Care	8	1
Telemetry	8	5
Medical/Surgical	8	5

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)
Emergency Department	8
Other	0
Pediatric	0
Other	0
Obstetrics/Gynecology	8
Other	8
Other	8

Other	8
Critical Care	8
Telemetry	8
Medical/Surgical	8

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):
Emergency Department	Clerical Assistant	Yes		
Other	N/A	Yes		
Pediatric	N/A	Yes		
Other	N/A	Yes		
Obstetrics/Gynecology	N/A	Yes		
Other	N/A	Yes		

Other	N/A	Yes		
Other	Clerical Assistant	Yes		
Critical Care	N/A	Yes		
Telemetry	Clerical Assistant	Yes		
Medical/Surgical	Clerical Assistant	Yes		

CBA INFORMATION

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

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

10/01/20
25 12:00
AM

The number of hospital employees represented by SEIU 1199 is:

905