

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Nassau
Council	Long Island
Network	NORTHWELL HEALTH
Reporting Organization	Plainview Hospital
Reporting Organization Id	0552
Reporting Organization Type	Hospital (pfi)
Data Entity	Plainview 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) ?
3rd patient requiring inpatient dialysis. Monday-Saturday 8am-830pm 3 bays	1	1.6	2	2
2nd f M- F stents, balloon pump, diagnostic cath	2	4	1	1
basement Pre surgical testing Mon- Fri 8am-4pm 1:1 -3bays	1	0.4	18	18
1st various medical conditions ranging from Minor injuries , Acute and critical 1:12 21 bays	6	1.01	34	5.6
Basement IR M-F 8am-4pm PICC, thoracentesis, paracentesis, drains 1:1 procedure 1:4pre/post	3	3.75	6	3
1st M-F 7am-5pm upper and lower endoscopy 1-2 RN's per procedure 2 rooms	3	1.6	14	4.6
1st PACU- Mon- Fri post op total joints general surgery, GYN, urological 1;1, 1:2-3, 1:4 9 bays	4	2	15	3.75

1st OR M- F 7-3 -7 OR's run General surgery, GYN, Total Joints, urological 1:1 or 1RN/1 Tech	7	2	12	1.7
1st Pre op/ASU- M- F 6am- 4pm patients awaiting surgery 1:4- 7 bays	2	0.75	20	10
Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor	6	1.33	36	6
medical surgical patients, oncological patients various medical conditions third floor	2	0.89	18	9
Medical surgical patients ,post operative procedures and various medical conditions second floor	3	1	24	9
Various acute conditions requiring intensive care treatments/modalities first floor	5	3.83	10	2
medical surgical unit various medical conditions first floor	2	0.89	18	9

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)
3rd patient requiring inpatient dialysis. Monday-Saturday 8am-830pm 3 bays	0	0
2nd f M- F stents, balloon pump, diagnostic cath	0	0
basement Pre surgical testing Mon- Fri 8am-4pm 1:1 -3bays	0	0
1st various medical conditions ranging from Minor injuries , Acute and critical 1:12 21 bays	0	0
Basement IR M-F 8am-4pm PICC, thoracentesis, paracentesis, drains 1:1 procedure 1:4pre/post	0	0
1st M-F 7am-5pm upper and lower endoscopy 1-2 RN's per procedure 2 rooms	0	0
1st PACU- Mon- Fri post op total joints general surgery, GYN, urological 1;1, 1:2-3, 1:4 9 bays	0	0

1st OR M- F 7-3 -7 OR's run General surgery, GYN, Total Joints, urological 1:1 or 1RN/1 Tech	0	0
1st Pre op/ASU- M- F 6am- 4pm patients awaiting surgery 1:4- 7 bays	0	0
Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor	0	0
medical surgical patients, oncological patients various medical conditions third floor	0	0
Medical surgical patients ,post operative procedures and various medical conditions second floor	0	0
Various acute conditions requiring intensive care treatments/modalities first floor	0	0
medical surgical unit various medical conditions first floor	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)
3rd patient requiring inpatient dialysis. Monday-Saturday 8am-830pm 3 bays	0	0
2nd f M- F stents, balloon pump, diagnostic cath	1	4
basement Pre surgical testing Mon- Fri 8am-4pm 1:1 -3bays	0	0
1st various medical conditions ranging from Minor injuries , Acute and critical 1:12 21 bays	0	0
Basement IR M-F 8am-4pm PICC, thoracentesis, paracentesis, drains 1:1 procedure 1:4pre/post	0	0
1st M-F 7am-5pm upper and lower endoscopy 1-2 RN's per procedure 2 rooms	0	0
1st PACU- Mon- Fri post op total joints general surgery, GYN, urological 1;1, 1:2-3, 1:4 9 bays	0	0

1st OR M- F 7-3 -7 OR's run General surgery, GYN, Total Joints, urological 1:1 or 1RN/1 Tech	1	2
1st Pre op/ASU- M- F 6am- 4pm patients awaiting surgery 1:4- 7 bays	0	0
Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor	5	53.8
medical surgical patients, oncological patients various medical conditions third floor	5	28.5
Medical surgical patients ,post operative procedures and various medical conditions second floor	5	48.6
Various acute conditions requiring intensive care treatments/modalities first floor	5	22.5
medical surgical unit various medical conditions first floor	5	32.3

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)
3rd patient requiring inpatient dialysis. Monday-Saturday 8am-830pm 3 bays	0	0
2nd f M- F stents, balloon pump, diagnostic cath	0	0
basement Pre surgical testing Mon- Fri 8am-4pm 1:1 -3bays	1	0.4
1st various medical conditions ranging from Minor injuries , Acute and critical 1:12 21 bays	2	1.01
Basement IR M-F 8am-4pm PICC, thoracentesis, paracentesis, drains 1:1 procedure 1:4pre/post	1	3.75
1st M-F 7am-5pm upper and lower endoscopy 1-2 RN's per procedure 2 rooms	0	0
1st PACU- Mon- Fri post op total joints general surgery, GYN, urological 1;1, 1:2-3, 1:4 9 bays	1	2

1st OR M- F 7-3 -7 OR's run General surgery, GYN, Total Joints, urological 1:1 or 1RN/1 Tech	0	0
1st Pre op/ASU- M- F 6am- 4pm patients awaiting surgery 1:4- 7 bays	1	0.75
Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor	4	1.45
medical surgical patients, oncological patients various medical conditions third floor	2	0.89
Medical surgical patients ,post operative procedures and various medical conditions second floor	3	1
Various acute conditions requiring intensive care treatments/modalities first floor	1	0.5
medical surgical unit various medical conditions first floor	2	0.89

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>3rd patient requiring inpatient dialysis. Monday-Saturday 8am-830pm 3 bays</p>	<p>Manager, ANM, Director, RRT, respiratory, Dialysis tech, hospitalist, MD, intensivist, EVS, transport hospital operations manager, SW, CM</p>
<p>2nd f M- F stents, balloon pump, diagnostic cath</p>	<p>Unit Director, anesthesia , RRT, unit clerk, hospitalist , Intensivist , NP , CM, SW, EVS, Hospital Operations Manager</p>
<p>basement Pre surgical testing Mon- Fri 8am-4pm 1:1 -3bays</p>	<p>unit management, Director, respiratory, Unit Clerk, NP, RRT, SW, CM, Hospitalist, Staff Educator, Spiritual Services, EVS, hospital operations Manager, EVS</p>

<p>1st various medical conditions ranging from Minor injuries , Acute and critical 1:12 21 bays</p>	<p>Manager, ANM, Director, respiratory, residents , PA's, NP's hospitalist, intensivist, RRT, SW, CM, Clinical pharmacists, Hospital Operations Manager, radiology, admitting, Unit clerks, admission RN, EVS, phlebotomy, tele technician , transporter, off shift ADN</p>
<p>Basement IR M-F 8am-4pm PICC, thoracentesis, paracentesis, drains 1:1 procedure 1:4pre/post</p>	<p>Unit ANM, Director, administrative support, Anesthesia, resident, Intensivist, Hospitalist, RRT, Hospital Operations Manager, off shift ADN, Respiratory, Transport, EVS, CM, SW</p>
<p>1st M-F 7am-5pm upper and lower endoscopy 1-2 RN's per procedure 2 rooms</p>	<p>Unit manager, Unit ANM, Director, Respiratory, anesthesia, Dietician, RRT, Hospitalist , Intensivist, Unit Clerk, SW, CM, Hospital operations manager</p>
<p>1st PACU- Mon- Fri post op total joints general surgery, GYN, urological 1;1, 1:2-3, 1:4 9 bays</p>	<p>Unit Manager, Unit ANM, Director, Unit Clerk, Respiratory, RRT, CM, SW, Physical therapy , Hospitalist, Intensivist, PA, Hospital Operations manager, EVS</p>

<p>1st OR M- F 7-3 -7 OR's run General surgery, GYN, Total Joints, urological 1:1 or 1RN/1 Tech</p>	<p>Unit manager, Director, Unit Clerk, respiratory, anesthesia, RRT,CM,SW, radiology, intensivist, PA, Resident, Hospital operations manager, Off shift ADN ,EVS</p>
<p>1st Pre op/ASU- M- F 6am- 4pm patients awaiting surgery 1:4- 7 bays</p>	<p>Unit manager/ ANM, Director, Respiratory, Unit Clerk, RRT, SW, CM, Hospitalist, Intensivist, Anesthesia, Hospital Operations Manager</p>
<p>Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor</p>	<p>secretary, Assistant Nurse Manager, Manager, Dietician, Spiritual services , Rapid Response Team, transport , EVS, Tele tech, Admission /discharge nurse, Educator</p>
<p>medical surgical patients, oncological patients various medical conditions third floor</p>	<p>Secretary , Admission/Discharge nurse, Assistant Nurse Manager, Manager, Spiritual services , Dietician , rapid response team, Hospitalist, Residents, NP, Tele Tech</p>
<p>Medical surgical patients ,post operative procedures and various medical conditions second floor</p>	<p>Secretary, Assistant Nurse Manager, Nurse Manager, Admission /Discharge Nurse, EVS, Transport, Spiritual Services, Tele Tech</p>

Various acute conditions requiring intensive care treatments/modalities first floor	secretary, Assistant Nurse Manager, Manager, Intensivist/PA/NP, educator, spiritual services, Dietician, Transport , EVS
medical surgical unit various medical conditions first floor	Secretary, Assistant Nurse Manager, Manager, educator, rapid response team , dietician , Spiritual services , Hospitalist , residents, NP. EVS, Transport, Tele Tech

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):
3rd patient requiring inpatient dialysis. Monday-Saturday 8am-830pm 3 bays	Yes			
2nd f M- F stents, balloon pump, diagnostic cath	Yes			
basement Pre surgical testing Mon- Fri 8am-4pm 1:1 -3bays	Yes			

<p>1st various medical conditions ranging from Minor injuries , Acute and critical 1:12 21 bays</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Basement IR M-F 8am-4pm PICC, thoracentesis, paracentesis, drains 1:1 procedure 1:4pre/post</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>1st M-F 7am-5pm upper and lower endoscopy 1-2 RN's per procedure 2 rooms</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>1st PACU- Mon- Fri post op total joints general surgery, GYN, urological 1;1, 1:2-3, 1:4 9 bays</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>1st OR M- F 7-3 -7 OR's run General surgery, GYN, Total Joints, urological 1:1 or 1RN/1 Tech</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>1st Pre op/ASU- M- F 6am-4pm patients awaiting surgery 1:4- 7 bays</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>medical surgical patients, oncological patients various medical conditions third floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>Medical surgical patients ,post operative procedures and various medical conditions second floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>Various acute conditions requiring intensive care treatments/modalities first floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>medical surgical unit various medical conditions first floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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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>
<p>Third floor patients requiring dialysis.</p>	<p>1</p>	<p>1.6</p>	<p>1</p>	<p>1</p>
<p>second floor Stents Balloon pump and diagnostic cath</p>	<p>2</p>	<p>4</p>	<p>1</p>	<p>0</p>
<p>OR variety of general surgery, urological , GYN, total Joints 3pm-5pm- 5 OR's Run</p>	<p>5</p>	<p>2</p>	<p>3</p>	<p>1.6</p>
<p>OR various surgery general, GYN, urological 5pm-7pm- 3 OR's run</p>	<p>3</p>	<p>2</p>	<p>3</p>	<p>1</p>
<p>PACU - post op patients from OR</p>	<p>2</p>	<p>2.87</p>	<p>5</p>	<p>4</p>
<p>First floor various medical conditions ranging from Minor injuries , Acute and critical</p>	<p>6</p>	<p>1.86</p>	<p>37</p>	<p>6.1</p>
<p>Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor</p>	<p>6</p>	<p>1.33</p>	<p>36</p>	<p>6</p>

medical surgical patients, oncological patients various medical conditions third floor	2	0.89	18	9
Medical surgical patients ,post operative procedures and various medical conditions second floor	3	1	24	9
Various acute conditions requiring intensive care treatments/modalities first floor	5	3.83	10	2
medical surgical unit various medical conditions first floor	2	0.89	18	9

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Third floor patients requiring dialysis.	0	0
second floor Stents Balloon pump and diagnostic cath	0	0
OR variety of general surgery, urological , GYN, total Joints 3pm-5pm- 5 OR's Run	0	0

OR various surgery general, GYN, urological 5pm-7pm- 3 OR's run	0	0
PACU - post op patients from OR	0	0
First floor various medical conditions ranging from Minor injuries , Acute and critical	0	0
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	0	0
medical surgical patients, oncological patients various medical conditions third floor	0	0
Medical surgical patients ,post operative procedures and various medical conditions second floor	0	0
Various acute conditions requiring intensive care treatments/modalities first floor	0	0
medical surgical unit various medical conditions first floor	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Third floor patients requiring dialysis.	0	0
second floor Stents Balloon pump and diagnostic cath	1	1.5
OR variety of general surgery, urological , GYN, total Joints 3pm-5pm- 5 OR's Run	0	0
OR various surgery general, GYN, urological 5pm-7pm- 3 OR's run	0	0
PACU - post op patients from OR	0	0
First floor various medical conditions ranging from Minor injuries , Acute and critical	0	0
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	5	16.8
medical surgical patients, oncological patients various medical conditions third floor	5	7.3

Medical surgical patients ,post operative procedures and various medical conditions second floor	5	9.6
Various acute conditions requiring intensive care treatments/modalities first floor	4	8
medical surgical unit various medical conditions first floor	5	9

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)
Third floor patients requiring dialysis.	0	0
second floor Stents Balloon pump and diagnostic cath	0	0
OR variety of general surgery, urological , GYN, total Joints 3pm-5pm- 5 OR's Run	1	2
OR various surgery general, GYN, urological 5pm-7pm- 3 OR's run	1	2
PACU - post op patients from OR	1	2.87

First floor various medical conditions ranging from Minor injuries , Acute and critical	2	1.86
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	4	1.45
medical surgical patients, oncological patients various medical conditions third floor	2	0.89
Medical surgical patients ,post operative procedures and various medical conditions second floor	2	1
Various acute conditions requiring intensive care treatments/modalities first floor	1	0.5
medical surgical unit various medical conditions first floor	2	0.89

EVENING SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>Third floor patients requiring dialysis.</p>	<p>ANM, Director, RRT, respiratory, Dialysis tech, hospitalist, MD, intensivist, EVS, transport hospital operations manager, SW, CM, off shift ADN</p>
<p>second floor Stents Balloon pump and diagnostic cath</p>	<p>Director, off shift ADN, respiratory, RRT, SW,CM, EVS, Unit Clerk</p>
<p>OR variety of general surgery, urological , GYN, total Joints 3pm-5pm- 5 OR's Run</p>	<p>Off shift ADN, RRT, anesthesia, PA, intensivist, Hospitalist, radiology, turnover techs, EVS</p>
<p>OR various surgery general, GYN, urological 5pm-7pm- 3 OR's run</p>	<p>off shift ADN, RRT, anesthesia , resident respiratory, hospitalist , PA, intensivist, radiology, turnover techs, EVS</p>
<p>PACU - post op patients from OR</p>	<p>Off shift ADN, Respiratory, anesthesia, RRT, EVS, Unit Clerk, Hospitalist, PA, Intensivist, radiology</p>

<p>First floor various medical conditions ranging from Minor injuries , Acute and critical</p>	<p>Manager, ANM, Director, respiratory, residents , PA's, NP's hospitalist, intensivist, RRT, SW, CM, Clinical pharmacists, Hospital Operations Manager, radiology, admitting, Unit clerks, admission RN, EVS, phlebotomy, tele technician , transporter, off shift ADN</p>
<p>Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor</p>	<p>Secretary ,Assistant Nurse Manager, Manager, EVS, Rapid Response Team, Spiritual Services, Transport, Hospitalist, Residents, NP, Educator, Tele Tech</p>
<p>medical surgical patients, oncological patients various medical conditions third floor</p>	<p>Secretary, Assistant Nurse Manager, Manager, EVS, Rapid response team, spiritual services , educator, Hospitalist, residents, NP, transport, Tele Tech</p>
<p>Medical surgical patients ,post operative procedures and various medical conditions second floor</p>	<p>Secretary, Assistant Nurse Manager, Nurse Manager Admission/discharge, Spiritual services , educator, EVS, Transport, Rapid Response team, resident , Hospitalist, NP, Tele Tech</p>

Various acute conditions requiring intensive care treatments/modalities first floor	Secretary, Intensivist/PA/NP, Assistant Nurse Manager, Manager, EVS, dietician, transport, spiritual services, Educator,
medical surgical unit various medical conditions first floor	Secretary, Assistant Nurse Manager, Manager, EVS, Transport, Dietician , educator, Residents , Hospitalist, NP, spiritual Services, Rapid Response Team, Tele Tech

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):
Third floor patients requiring dialysis.	Yes			
second floor Stents Balloon pump and diagnostic cath	Yes			

<p>OR variety of general surgery, urological , GYN, total Joints 3pm-5pm- 5 OR's Run</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>OR various surgery general, GYN, urological 5pm-7pm- 3 OR's run</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>PACU - post op patients from OR</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>First floor various medical conditions ranging from Minor injuries , Acute and critical</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team.</p>
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<p>Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>medical surgical patients, oncological patients various medical conditions third floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>Medical surgical patients ,post operative procedures and various medical conditions second floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>Various acute conditions requiring intensive care treatments/modalities first floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>medical surgical unit various medical conditions first floor</p>	<p>No</p>	<p>executive director considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision. At this time the management representatives have provided me with written justification of their proposal, the labor</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	1st floor OR varying general surgery , GYN, Urological 7pm-11pm 2 OR's Run	2	2	2
Emergency Department	First floor various medical conditions ranging from Minor injuries , Acute and critical	4	2.5	12
Telemetry	Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	6	1.33	36
Medical/Surgical	medical surgical patients, oncological patients various medical conditions third floor	2	0.89	18
Medical/Surgical	Medical surgical patients ,post operative procedures and various medical conditions second floor	3	1	24
Critical Care	Various acute conditions requiring intensive care treatments/modalities first floor	5	3.83	10

Medical/Surgical	medical surgical unit various medical conditions first floor	2	0.89	18
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LPN NIGHT SHIFT STAFFING

Name of Clinical Unit:	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	1	0
Emergency Department	3	0
Telemetry	6	0
Medical/Surgical	9	0
Medical/Surgical	9	0
Critical Care	2	0
Medical/Surgical	9	0

NIGHT SHIFT ANCILLARY STAFF

Name of Clinical Unit:	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	0
Emergency Department	0	0
Telemetry	0	2
Medical/Surgical	0	1

Medical/Surgical	0	2
Critical Care	0	2
Medical/Surgical	0	2

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	1
Emergency Department	0	2
Telemetry	4.1	4
Medical/Surgical	1.2	2
Medical/Surgical	2.1	3
Critical Care	3.7	1
Medical/Surgical	2.8	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)
Other	2
Emergency Department	2.5
Telemetry	1.45
Medical/Surgical	0.89
Medical/Surgical	1
Critical Care	0.5

NIGHT SHIFT CONSENSUS INFORMATION

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

Other	Off Shift ADN, anesthesia, respiratory, RRT, Resident , PA, Intensivist, Hospitalist Radiology, EVS.	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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Emergency Department	ANM, respiratory, RRT, residents , PA's, NP's hospitalist, intensivist, RRT, radiology, admitting, Unit clerks, EVS, tele technician , transporter, off shift ADN	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were several items upon which the Committee was unable to agree, and I was called upon to render a decision. Currently the management representatives have provided me with written justification of their proposal, the labor representatives have not submitted a written justification. In addition to</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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<p>Telemetry</p>	<p>Assistant Nurse Manager, EVS, Residents, Hospitalist , Rapid Response Team, Tele Tech</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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<p>Medical/Surgical</p>	<p>Assistant nurse manager, EVS, Rapid Response Team, Resident, Hospitalist, Tele Tech</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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<p>Medical/Surgical</p>	<p>Assistant Nurse Manager, EVS, Resident, Hospitalist, Rapid Response Team, Tele Tech</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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<p>Critical Care</p>	<p>PA/NP, EVS, Resident, respiratory, assistant nurse manager, EICU</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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<p>Medical/Surgical</p>	<p>assistant nurse manager, EVS, Rapid Response Team, Resident , Hospitalist, Tele Tech</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>
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CBA INFORMATION

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

<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>12/31/20 25 12:00 AM</p>
<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>265</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/20 26 12:00 AM</p>

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

400