

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	Nassau
<b>Council</b>	Long Island
<b>Network</b>	NORTHWELL HEALTH
<b>Reporting Organization</b>	Long Island Jewish Valley Stream
<b>Reporting Organization Id</b>	0518
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	Long Island Jewish Valley Stream

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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50) ?
ICU/CCU - Critical Care Units	6	4	12	2
2W - Orthopedic Surgery Unit	2	1.67	9	4.5
2E - Medical Surgical Unit	3	0.94	24	8
2D - Telemetry Medical Surgical Unit	4	1.25	24	6
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	4	1.24	24	6
1E - Medical Surgical	3	0.94	24	8
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	3	0.94	24	8

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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
ICU/CCU - Critical Care Units	0	0
2W - Orthopedic Surgery Unit	0	0
2E - Medical Surgical Unit	0	0
2D - Telemetry Medical Surgical Unit	0	0
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	0	0
1E - Medical Surgical	0	0
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	0	0

DAY SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
ICU/CCU - Critical Care Units	5	14.4
2W - Orthopedic Surgery Unit	4	22.9
2E - Medical Surgical Unit	4	16.4
2D - Telemetry Medical Surgical Unit	5	21.4
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	4	23.6
1E - Medical Surgical	4	18.8
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	4	18.9

**DAY 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 (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 4 digits. Ex: 10.50)</b>	<b>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 4 digits. Ex: 10.50)</b>
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ICU/CCU - Critical Care Units	1	1.25
2W - Orthopedic Surgery Unit	1	0.83
2E - Medical Surgical Unit	3	0.94
2D - Telemetry Medical Surgical Unit	3	0.94
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	3	0.94
1E - Medical Surgical	3	0.94
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	3	0.94

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>
ICU/CCU - Critical Care Units	Unit Secretary, Respiratory Therapists, Pharmacist, Physical Therapists

2W - Orthopedic Surgery Unit	Unit Secretary, Case Management, Social Work, Physical Therapy, Occupational Therapy, Physician Assistants, Residents,
2E - Medical Surgical Unit	Unit Secretary, Case Management, Social Work, Respiratory Therapy
2D - Telemetry Medical Surgical Unit	Unit Secretary
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	Unit Secretary, Case Management, Social Work, Physician Assistant,
1E - Medical Surgical	Unit Secretary
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	Unit Secretary, Case Management, Social Work,

**DAY SHIFT CONSENSUS INFORMATION**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
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<p>ICU/CCU - Critical Care Units</p>	<p>No</p>	<p>executive director considered both rationales and determined the appropriate staffing model. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary guidelines. It is our mission to provide adequate, safe and efficient staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>
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<p>2W - Orthopedic Surgery Unit</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 guidelines. The volume of this unit varies with day of the week and OR schedule. Staffing is adjusted to the volume and patient needs. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support..</p>
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<p>2E - Medical Surgical Unit</p>	<p>No</p>	<p>executive director considered both rationales and determined the appropriate staffing model. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary guidelines. It is our mission to provide adequate, safe and efficient staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff. We are committed to the delivery of excellent care focused on patient safety and improved patient experience.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>
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<p>2D - Telemetry Medical Surgical Unit</p>	<p>No</p>	<p>For the above unit, the 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 guidelines. Next steps for Northwell and Long Island Jewish Valley Stream are focused on maintaining the Clinical Staffing Committees and increasing awareness of the committee's responsibility through targeted and coordinated communication campaigns in hospital. We will continue to provide educational opportunities to increase the operational knowledge and connection to direct patient care.</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>
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<p>2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building</p>	<p>No</p>	<p>For the above unit, the 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 guidelines. The RN staffing model was changed to reflect the current state of the addition of telemetry patients on this unit and to align our standards for nursing care of telemetry patients. Our collective bargaining agreement defines a 1:6 RN ratio in the staffing guidelines.</p>	<p>The administrative co-leads were in full support of enhancing the RN ratio on this unit to 1:6 to maintain our staffing standards for telemetry patients. We submitted the initial plan with the guidelines specified in our collective bargaining agreement. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>
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<p>1E - Medical Surgical</p>	<p>No</p>	<p>adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital monitors staffing needs and quality outcomes for our patients.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Next steps for Northwell and Long Island Jewish Valley Stream are focused on maintaining the Clinical Staffing Committees and increasing awareness of the committee's responsibility through targeted and</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>
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<p>1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building</p>	<p>No</p>	<p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. We will continue to provide educational opportunities to increase the operational knowledge and connection to direct patient care.</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)?
ICU/CCU - Critical Care Units. 16 bed critical care unit located on the 2nd floor of main hospital	6	4	12	2
2W - Orthopedic Surgery Unit	2	1.67	9	4.5
2E - Medical Surgical Unit	3	0.94	24	8
2D - Telemetry Medical Surgical unit	4	1.25	24	6
2C - Telemetry Medical Surgical Unit	4	1.25	24	6
1E - Medical Surgical Unit	3	0.94	24	8
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	3	0.94	24	8

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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
ICU/CCU - Critical Care Units. 16 bed critical care unit located on the 2nd floor of main hospital	0	0
2W - Orthopedic Surgery Unit	0	0
2E - Medical Surgical Unit	0	0
2D - Telemetry Medical Surgical unit	0	0
2C - Telemetry Medical Surgical Unit	0	0
1E - Medical Surgical Unit	0	0
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)

ICU/CCU - Critical Care Units. 16 bed critical care unit located on the 2nd floor of main hospital	5	14.4
2W - Orthopedic Surgery Unit	4	10.7
2E - Medical Surgical Unit	4	2.6
2D - Telemetry Medical Surgical unit	4	2.6
2C - Telemetry Medical Surgical Unit	3	10.5
1E - Medical Surgical Unit	2	8.5
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	1	6.5

#### 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 4 digits. Ex: 10.50)</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 4 digits. Ex: 10.50)</b>
ICU/CCU - Critical Care Units. 16 bed critical care unit located on the 2nd floor of main hospital	1	0.68
2W - Orthopedic Surgery Unit	1	0.83
2E - Medical Surgical Unit	3	0.94
2D - Telemetry Medical Surgical unit	3	0.94
2C - Telemetry Medical Surgical Unit	3	0.94



1E - Medical Surgical Unit	3	0.94
1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	3	0.94

**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.
ICU/CCU - Critical Care Units. 16 bed critical care unit located on the 2nd floor of main hospital	Unit Secretary, RespiratoryTherapist
2W - Orthopedic Surgery Unit	Unit Secretary, Physical Therapist
2E - Medical Surgical Unit	Unit Secretary, Admission Discharge RN
2D - Telemetry Medical Surgical unit	Unit Secretary, Respiratory Therapist, Admission/Discharge RN
2C - Telemetry Medical Surgical Unit	Unit Secretary, Admission/Discharge RN, Respiratory Therapist
1E - Medical Surgical Unit	Unit Secretary, Respiratory Therapist

1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building	Unit Secretary
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EVENING SHIFT CONSENSUS INFORMATION

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	

<p>ICU/CCU - Critical Care Units. 16 bed critical care unit located on the 2nd floor of main hospital</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 guidelines. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	
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<p>2W - Orthopedic Surgery Unit</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 guidelines. The volume of this unit varies with day of the week and OR schedule. Staffing is adjusted to the volume and patient needs. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	
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<p>2E - Medical Surgical Unit</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 guidelines. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	
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<p>2D - Telemetry Medical Surgical unit</p>	<p>No</p>	<p>For the above unit, the 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 guidelines. Next steps for Northwell and Long Island Jewish Valley Stream are focused on maintaining the Clinical Staffing Committees and increasing awareness of the committee's responsibility through targeted and coordinated communication campaigns in hospital. We will continue to provide educational opportunities to increase the operational knowledge and connection to direct patient care.</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	
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2C - Telemetry Medical Surgical Unit	No	<p>For the above unit, the 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 guidelines. The RN staffing model was changed to reflect the current state of the addition of telemetry patients on this unit and to align our standards for nursing care of telemetry patients. Our collective bargaining agreement defines a 1:6 RN ratio in the staffing guidelines.</p>	<p>The administrative co-leads were in full support of enhancing the RN ratio on this unit to 1:6 to maintain our staffing standards for telemetry patients. We submitted the initial plan with the guidelines specified in our collective bargaining agreement. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	
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1E - Medical Surgical Unit	No	For the above unit, the 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 guidelines.	A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.	
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<p>1B - Medical Surgical Unit 30 bed unit located on 1st floor hospital main building</p>	<p>No</p>	<p>adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital monitors staffing needs and quality outcomes for our patients.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Next steps for Northwell and Long Island Jewish Valley Stream are focused on maintaining the Clinical Staffing Committees and increasing awareness of the committee's responsibility through targeted and</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	
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RN NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
ICU/CCU - Critical Care Units	6	4	12	2
2W - Orthopedic Surgery Unit	2	1.67	9	4.5
2E - Medical Surgical Unit	3	0.94	24	8
2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2	4	1.25	24	6
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	3	1.25	24	6
1E - Medical Surgical unit 27 beds, located on 1st floor main hospital building	3	0.94	24	8
1B - Medical Surgical Unit	3	0.94	24	8

LPN NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
ICU/CCU - Critical Care Units	0	0
2W - Orthopedic Surgery Unit	0	0
2E - Medical Surgical Unit	0	0
2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2	0	0
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	0	0
1E - Medical Surgical unit 27 beds, located on 1st floor main hospital building	0	0
1B - Medical Surgical Unit	0	0

NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
ICU/CCU - Critical Care Units	1	7.5
2W - Orthopedic Surgery Unit	4	10.7
2E - Medical Surgical Unit	4	2.6
2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2	2	8.5
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	1	2.5
1E - Medical Surgical unit 27 beds, located on 1st floor main hospital building	1	2.5
1B - Medical Surgical Unit	2	4.5

NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
ICU/CCU - Critical Care Units	2	1.25
2W - Orthopedic Surgery Unit	1	0.83
2E - Medical Surgical Unit	3	0.94
2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2	3	0.94
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	3	0.94
1E - Medical Surgical unit 27 beds, located on 1st floor main hospital building	3	0.94
1B - Medical Surgical Unit	3	0.94

NIGHT 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 Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
ICU/CCU - Critical Care Units	Unit Secretary, Respiratory Therapist
2W - Orthopedic Surgery Unit	Unit Secretary
2E - Medical Surgical Unit	Unit Secretary
2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2	Unit Secretary
2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building	Respiratory Therapist
1E - Medical Surgical unit 27 beds, located on 1st floor main hospital building	Respiratory Therapist
1B - Medical Surgical Unit	Unit Secretary, Respiratory Therapist

NIGHT 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):
ICU/CCU - Critical Care Units	No	<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 guidelines. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>

<p>2W - Orthopedic Surgery Unit</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 guidelines. The volume of this unit varies with day of the week and OR schedule. Staffing is adjusted to the volume and patient needs. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>
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<p>2E - Medical Surgical Unit</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 guidelines. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors staffing needs and quality outcomes for our patients. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>
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<p>2D Telemetry Med-Surg Unit. 30 bed unit on second floor main building providing cardiac and spO2</p>	<p>No</p>	<p>For the above unit, the 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 guidelines. Next steps for Northwell and Long Island Jewish Valley Stream are focused on maintaining the Clinical Staffing Committees and increasing awareness of the committee's responsibility through targeted and coordinated communication campaigns in hospital. We will continue to provide educational opportunities to increase the operational knowledge and connection to direct patient care.</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>
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<p>2C - Telemetry Med-Surg Unit providing cardiac and spO2 monitoring. 2nd floor main building</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 guidelines. The RN staffing model was changed to reflect the current state of the addition of telemetry patients on this unit and to align our standards for nursing care of telemetry patients. Our collective bargaining agreement defines a 1:6 RN ratio in the staffing guidelines. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital monitors</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>
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<p>1E - Medical Surgical unit 27 beds, located on 1st floor main hospital building</p>	<p>No</p>	<p>For the above unit, the 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 guidelines.</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</p>
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<p>1B - Medical Surgical Unit</p>	<p>No</p>	<p>adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital monitors staffing needs and quality outcomes for our patients.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Next steps for Northwell and Long Island Jewish Valley Stream are focused on maintaining the Clinical Staffing Committees and increasing awareness of the committee's responsibility through targeted and</p>	<p>A staffing plan was created for this unit utilizing the principles of safe staffing and the guidelines from our collective bargaining agreement. The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for this unit. Patient acuity is assessed continuously by nursing leadership and staffing adjustments are made accordingly. Staffing is a dynamic process that requires oversight and open communication with the frontline staff.</p>	<p>The frontline staff worked to create an enhanced model of care focused on patient safety and staff support.</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>12/31/20 23 12:00 AM</p>
<p><b>The number of hospital employees represented by New York State Nurses Association is:</b></p>	<p>281</p>
<p><b>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</b></p>	<p>12/31/20 24 12:00 AM</p>

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

793