

## 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>	Syosset Hospital
<b>Reporting Organization Id</b>	0550
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	Syosset Hospital

RN DAY SHIFT STAFFING

<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>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)</b></p>	<p><b>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)</b></p>	<p><b>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)</b></p>	<p><b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?</b></p>
<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>2</p>	<p>1.07</p>	<p>15</p>	<p>10</p>
<p>32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor</p>	<p>2</p>	<p>1</p>	<p>16</p>	<p>8</p>
<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th floor</p>	<p>3</p>	<p>3.83</p>	<p>6</p>	<p>2</p>
<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor</p>	<p>3</p>	<p>1.6</p>	<p>15</p>	<p>6</p>

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)
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	0	0
32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	0	0
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	0	0
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st 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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	5	13.8
32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	5	68
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	5	19.7
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	5	37.5

**DAY SHIFT UNLICENSED STAFFING**

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
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Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	1.07
32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor	2	1
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	1	1.33
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor	2	1.07

**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>
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<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>Unit secretary, occupational therapist, nurse manager, assistant nurse manager, recreational therapist, NP, rapid response team, Hospitalist, Psychiatrist, dietician, educator, Spiritual services, environmental services</p>
<p>32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd floor</p>	<p>Unit secretary, admission/discharge nurse, nurse manager, assistant nurse manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff</p>
<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th floor</p>	<p>Unit secretary, Nurse Manager, Assistant Nurse Manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff</p>
<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st floor</p>	<p>Unit secretary, nurse manager, assistant nurse manager, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff</p>

DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	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 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>	<p>Rationale not provided</p>

<p>32 bed orthopedic unit with post op orthopedic patients and med/surg patients, 2nd 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 rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided.</p>
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<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th 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 rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided.</p>
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<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring on the 1st 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 rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>No rationale was provided.</p>
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RN EVENING SHIFT STAFFING

<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>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)</b></p>	<p><b>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)</b></p>	<p><b>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)</b></p>	<p><b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?</b></p>
<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>2</p>	<p>1.07</p>	<p>15</p>	<p>10</p>
<p>32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor</p>	<p>2</p>	<p>1</p>	<p>16</p>	<p>8</p>
<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th floor</p>	<p>3</p>	<p>3.83</p>	<p>6</p>	<p>2</p>
<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor</p>	<p>3</p>	<p>1.6</p>	<p>15</p>	<p>6</p>

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)
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	0	0
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	0	0
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	0	0
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st 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 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)
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Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	5	2.7
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	5	16.3
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	5	5.4
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	5	7

**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>
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	1.07
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	2	1

ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	1	1.33
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	2	1.07

EVENING SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>Unit secretary, Assistant Nurse Manager, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, NP, environmental service staff</p>

32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	Unit secretary, nursing tech, admission/discharge nurse, Assistant Nurse Manager, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	Unit secretary, Assistant Nurse Manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	Unit secretary, Assistant Nurse Manager, nursing tech, educator, rapid response team, dietician, Spiritual services, Hospitalist, PA, environmental service staff

**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>	
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<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st 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>	
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<p>32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd 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>	
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<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th 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>	
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<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st 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>	
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**RN NIGHT SHIFT STAFFING**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of 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)</b>	<b>Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>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)</b>	<b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?</b>
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	1.07	15	10
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	2	1	16	8
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	3	3.83	6	2
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	3	1.6	15	6

**LPN NIGHT SHIFT STAFFING**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
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Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	0	0
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	0	0
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	0	0
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	0	0

NIGHT 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 Night 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 Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	0.5
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	2	3.2

ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	2	2.4
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	2	1.1

NIGHT 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 Night 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 Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	2	1.07
32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor	2	1
ICU caring for acute critical patients requiring multiple complex modalities, 4th floor	1	1.33
Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor	2	1.07

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>
<p>Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor</p>	<p>rapid response team, Spiritual services, Hospitalist, PA, environmental service staff</p>
<p>32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd floor</p>	<p>nursing tech, rapid response team, Spiritual services, Hospitalist, PA, environmental service staff</p>
<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th floor</p>	<p>nursing tech, rapid response team, Spiritual services, Hospitalist, PA, environmental service staff</p>
<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st floor</p>	<p>nursing tech, rapid response team, Spiritual services, Hospitalist, PA, environmental service staff</p>

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):
Behavioral health unit that is closed to behavioral health patients since Apr. 2020, 1st floor	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 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>	Rationale not provided

<p>32 bed orthopedic unit caring for post op orthopedic and med/surg patients, 2nd 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 rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided</p>
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<p>ICU caring for acute critical patients requiring multiple complex modalities, 4th 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 rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>Rationale not provided.</p>
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<p>Telemetry/ med/surg unit providing cardiac and pulse ox monitoring, 1st 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 rationale for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>No rationale was provided.</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>10/31/20 25 12:00 AM</p>
<p><b>The number of hospital employees represented by New York State Nurses Association is:</b></p>	<p>161</p>
<p><b>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</b></p>	<p>09/30/20 26 12:00 AM</p>

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

153