

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Kings
Council	New York City
Network	NYC H+H
Reporting Organization	NYC HEALTH + HOSPITALS SOUTH BROOKLYN HEALTH
Reporting Organization Id	1294
Reporting Organization Type	Hospital (pfi)
Data Entity	NYC HEALTH + HOSPITALS SOUTH BROOKLYN HEALTH

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) ?
BH EMERGENCY SVCS	3	8	1	0.11
OPERATING ROOM	6	7.93	6.1	0.55
PED PRIMARY CARE	5	0.41	98.5	14.07
Public Health Service (IDAG)	1	0.43	18.8	18.8
INTERVENTIONAL RADIOLOGY	3	5	4.8	1.6
OP BEHAVIORAL HEALTH ADULT	2	0.16	98.3	49.17
Medical Clinic	17	0.4	99.99	17.98
Renal Dialysis	5	4.44	9	1.12
OB ADULT AND GYNECOLOGY	12	1.07	90	7.5
Surgical Clinic Adult	15	0.4	99.99	20.23
EMERGENCY SVCS ADULT	14	1.7	65.8	4.7
CARDIAC CATH LAB	3	8	1.3	0.43
Ambulatory Surgery	4	3.05	10.5	2.63
RBG01 PIP10W ADULT BH	2.57	1.14	18	7
RBG01 PIP10E ADULT BH	2.57	1.14	18	7
RBG01 PIP9E ADULT BH	3.43	1.14	24	7
CON01 RBG 8E Med/Surg	2	1.33	12	6
CON01 RBG 7E Med/Surg	2	1.33	12	6
CON01 RBG 9W Med/Surg	2	1.33	12	6

CON01 RBG 8W Med/Surg	2	1.33	12	6
CON01 RBG 7W MED/SURG	2	1.33	12	6
CON01 RBG 6W MED/SURG	2	1.33	12	6
CI IP LABOR & DLVRY	6	4.62	10.4	2
CON01 T8W NURSERY SPECIAL CARE	1.55	4	3.1	2
CON01 T8W MOM BABY	3.67	2.67	11	3
IP RECOVERY UNIT/DSCHG LOUNGE	0.65	2	2.6	4
CON01 T7W MED/SURG SD	0.83	2	3.3	4
CON01 T7W MED/SURG ICU	4.5	4	9	2
CON01 T7E MED/SURG ICU	5.65	4	11.3	2
CON01 T6E CARDIAC ICU/SDU	3.5	4	7	2
CON01 T8E MED/SURG	2.98	1.33	17.9	6
CON01 T6W MED/SURG	2.73	1.33	16.4	6
CON01 T4W MED/SURG SPECIAL	4.5	2	18	4
CON01 T4E MED/SURG SPECIAL	5.23	2	20.9	4
CON01 T3W MED/SURG	2.77	1.33	16.6	6
CON01 T3E MED/SURG	3.3	1.33	19.8	6

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)
BH EMERGENCY SVCS	0	0
OPERATING ROOM	1	1.32
PED PRIMARY CARE	2	0.16
Public Health Service (IDAG)	0	0
INTERVENTIONAL RADIOLOGY	0	0
OP BEHAVIORAL HEALTH ADULT	0	0
Medical Clinic	5	0.12
Renal Dialysis	0	0
OB ADULT AND GYNECOLOGY	0	0
Surgical Clinic Adult	5	0.13
EMERGENCY SVCS ADULT	0	0
CARDIAC CATH LAB	0	0
Ambulatory Surgery	0	0
RBG01 PIP10W ADULT BH	0	0
RBG01 PIP10E ADULT BH	0	0
RBG01 PIP9E ADULT BH	0	0
CON01 RBG 8E Med/Surg	0	0
CON01 RBG 7E Med/Surg	0	0
CON01 RBG 9W Med/Surg	0	0
CON01 RBG 8W Med/Surg	0	0

CON01 RBG 7W MED/SURG	0	0
CON01 RBG 6W MED/SURG	0	0
CI IP LABOR & DLVRY	0	0
CON01 T8W NURSERY SPECIAL CARE	0	0
CON01 T8W MOM BABY	0	0
IP RECOVERY UNIT/DSCHG LOUNGE	0	0
CON01 T7W MED/SURG SD	0	0
CON01 T7W MED/SURG ICU	0	0
CON01 T7E MED/SURG ICU	0	0
CON01 T6E CARDIAC ICU/SDU	0	0
CON01 T8E MED/SURG	0	0
CON01 T6W MED/SURG	0	0
CON01 T4W MED/SURG SPECIAL	0	0
CON01 T4E MED/SURG SPECIAL	0	0
CON01 T3W MED/SURG	0	0
CON01 T3E MED/SURG	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)
BH EMERGENCY SVCS	0	0
OPERATING ROOM	0	0
PED PRIMARY CARE	0	0
Public Health Service (IDAG)	0	0
INTERVENTIONAL RADIOLOGY	0	0
OP BEHAVIORAL HEALTH ADULT	0	0
Medical Clinic	0	0
Renal Dialysis	0	0
OB ADULT AND GYNECOLOGY	0	0
Surgical Clinic Adult	0	0
EMERGENCY SVCS ADULT	0	0
CARDIAC CATH LAB	0	0
Ambulatory Surgery	0	0
RBG01 PIP10W ADULT BH	0	0
RBG01 PIP10E ADULT BH	0	0
RBG01 PIP9E ADULT BH	0	0
CON01 RBG 8E Med/Surg	0	0
CON01 RBG 7E Med/Surg	0	0
CON01 RBG 9W Med/Surg	0	0
CON01 RBG 8W Med/Surg	0	0
CON01 RBG 7W MED/SURG	0	0

CON01 RBG 6W MED/SURG	0	0
CI IP LABOR & DLVRY	0	0
CON01 T8W NURSERY SPECIAL CARE	0	0
CON01 T8W MOM BABY	0	0
IP RECOVERY UNIT/DSCHG LOUNGE	0	0
CON01 T7W MED/SURG SD	0	0
CON01 T7W MED/SURG ICU	0	0
CON01 T7E MED/SURG ICU	0	0
CON01 T6E CARDIAC ICU/SDU	0	0
CON01 T8E MED/SURG	0	0
CON01 T6W MED/SURG	0	0
CON01 T4W MED/SURG SPECIAL	0	0
CON01 T4E MED/SURG SPECIAL	0	0
CON01 T3W MED/SURG	0	0
CON01 T3E MED/SURG	0	0

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)
BH EMERGENCY SVCS	2	8

OPERATING ROOM	5	6.61
PED PRIMARY CARE	4	0.32
Public Health Service (IDA G)	1	0.43
INTERVENTIONAL RADIOLOGY	0	0
OP BEHAVIORAL HEALTH ADULT	0	0
Medical Clinic	14	0.33
Renal Dialysis	1	0.89
OB ADULT AND GYNECOLOGY	4	0.36
Surgical Clinic Adult	8	0.21
EMERGENCY SVCS ADULT	10.7	1.3
CARDIAC CATH LAB	0	0
Ambulatory Surgery	1	0.76
RBG01 PIP10W ADULT BH	4	1.78
RBG01 PIP10E ADULT BH	4	1.78
RBG01 PIP9E ADULT BH	4	1.33
CON01 RBG 8E Med/Surg	1	0.67
CON01 RBG 7E Med/Surg	1	0.67
CON01 RBG 9W Med/Surg	1	0.67
CON01 RBG 8W Med/Surg	1	0.67
CON01 RBG 7W MED/SURG	1	0.67
CON01 RBG 6W MED/SURG	1	0.67
CI IP LABOR & DLVRY	1	0.77
CON01 T8W NURSERY SPECIAL CARE	1	2.58
CON01 T8W MOM BABY	1	0.73
IP RECOVERY UNIT/DSCHG LOUNGE	1	3.08
CON01 T7W MED/SURG SD	0	0
CON01 T7W MED/SURG ICU	1	0.89

CON01 T7E MED/SURG ICU	1	0.71
CON01 T6E CARDIAC ICU/SDU	1	1.14
CON01 T8E MED/SURG	2	0.89
CON01 T6W MED/SURG	2	0.98
CON01 T4W MED/SURG SPECIAL	2	0.89
CON01 T4E MED/SURG SPECIAL	2	0.77
CON01 T3W MED/SURG	2	0.96
CON01 T3E MED/SURG	2	0.81

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>
---	---

BH EMERGENCY SVCS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
OPERATING ROOM	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
PED PRIMARY CARE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

Public Health Service (IDA G)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
INTERVENTIONAL RADIOLOGY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
OP BEHAVIORAL HEALTH ADULT	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

Medical Clinic	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
Renal Dialysis	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
OB ADULT AND GYNECOLOGY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

Surgical Clinic Adult	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
EMERGENCY SVCS ADULT	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CARDIAC CATH LAB	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

Ambulatory Surgery	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
RBG01 PIP10W ADULT BH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
RBG01 PIP10E ADULT BH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

RBG01 PIP9E ADULT BH	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
CON01 RBG 8E Med/Surg	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
CON01 RBG 7E Med/Surg	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

CON01 RBG 9W Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 RBG 8W Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 RBG 7W MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 RBG 6W MED/SURG	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
CI IP LABOR & DLVRY	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
CON01 T8W NURSERY SPECIAL CARE	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

CON01 T8W MOM BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP RECOVERY UNIT/DSCHG LOUNGE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T7W MED/SURG SD	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 T7W MED/SURG ICU	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
CON01 T7E MED/SURG ICU	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
CON01 T6E CARDIAC ICU/SDU	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

CON01 T8E MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T6W MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T4W MED/SURG SPECIAL	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

<p>CON01 T4E MED/SURG SPECIAL</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>CON01 T3W MED/SURG</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>CON01 T3E MED/SURG</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</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):
BH EMERGENCY SVCS	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
OPERATING ROOM	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
PED PRIMARY CARE	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.

Public Health Service (IDA G)	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
INTERVENTIONAL RADIOLOGY	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
OP BEHAVIORAL HEALTH ADULT	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
Medical Clinic	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.

Renal Dialysis	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
OB ADULT AND GYNECOLOGY	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
Surgical Clinic Adult	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
EMERGENCY SVCS ADULT	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.

CARDIAC CATH LAB	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
Ambulatory Surgery	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
RBG01 PIP10W ADULT BH	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

RBG01 PIP10E ADULT BH	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
RBG01 PIP9E ADULT BH	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 RBG 8E Med/Surg	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 RBG 7E Med/Surg	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 RBG 9W Med/Surg	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 RBG 8W Med/Surg	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 RBG 7W MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 RBG 6W MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CI IP LABOR & DLVRY	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 T8W NURSERY SPECIAL CARE	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T8W MOM BABY	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
IP RECOVERY UNIT/DSCHG LOUNGE	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 T7W MED/SURG SD	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T7W MED/SURG ICU	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T7E MED/SURG ICU	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 T6E CARDIAC ICU/SDU	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T8E MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T6W MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 T4W MED/SURG SPECIAL	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T4E MED/SURG SPECIAL	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T3W MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 T3E MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
--------------------	----	---	---	---

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
BH EMERGENCY SVCS	3	8	1	0.11
OPERATING ROOM	3	3.97	6.1	0.55
PED PRIMARY CARE	2	0.08	98.5	14.07
Medical Clinic	2	0.02	99.99	17.98
Renal Dialysis	2	1.78	9	1.12
EMERGENCY SVCS ADULT	17	1.24	99.99	6.45
CARDIAC CATH LAB	3	8	1.3	0.43
Ambulatory Surgery	4	1.52	10.5	2.63
RBG01 PIP10W ADULT BH	2.57	1.14	18	7
RBG01 PIP10E ADULT BH	2.57	1.14	18	7
RBG01 PIP9E ADULT BH	3.43	1.14	24	7
CON01 RBG 8E Med/Surg	2	1.33	12	6
CON01 RBG 7E Med/Surg	2	1.33	12	6
CON01 RBG 9W Med/Surg	2	1.33	12	6
CON01 RBG 8W Med/Surg	2	1.33	12	6
CON01 RBG 7W MED/SURG	2	1.33	12	6
CON01 RBG 6W MED/SURG	2	1.33	12	6
CI IP LABOR & DLVRY	6	4.62	10.4	2
CON01 T8W NURSERY SPECIAL CARE	1.55	4	3.1	2
CON01 T8W MOM BABY	3.67	2.67	11	3

IP RECOVERY UNIT/DSCHG LOUNGE	0.65	2	2.6	4
CON01 T7W MED/SURG SD	0.83	2	3.3	4
CON01 T7W MED/SURG ICU	4.5	4	9	2
CON01 T7E MED/SURG ICU	5.65	4	11.3	2
CON01 T6E CARDIAC ICU/SDU	3.5	4	7	2
CON01 T8E MED/SURG	2.98	1.33	17.9	6
CON01 T6W MED/SURG	2.73	1.33	16.4	6
CON01 T4W MED/SURG SPECIAL	4.5	2	18	4
CON01 T4E MED/SURG SPECIAL	5.23	2	20.9	4
CON01 T3W MED/SURG	2.77	1.33	16.6	6
CON01 T3E MED/SURG	3.3	1.33	19.8	6

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)
BH EMERGENCY SVCS	0	0
OPERATING ROOM	0	0
PED PRIMARY CARE	0	0
Medical Clinic	0	0
Renal Dialysis	0	0
EMERGENCY SVCS ADULT	0	0
CARDIAC CATH LAB	0	0
Ambulatory Surgery	0	0
RBG01 PIP10W ADULT BH	0	0

RBG01 PIP10E ADULT BH	0	0
RBG01 PIP9E ADULT BH	0	0
CON01 RBG 8E Med/Surg	0	0
CON01 RBG 7E Med/Surg	0	0
CON01 RBG 9W Med/Surg	0	0
CON01 RBG 8W Med/Surg	0	0
CON01 RBG 7W MED/SURG	0	0
CON01 RBG 6W MED/SURG	0	0
CI IP LABOR & DLVRY	0	0
CON01 T8W NURSERY SPECIAL CARE	0	0
CON01 T8W MOM BABY	0	0
IP RECOVERY UNIT/DSCHG LOUNGE	0	0
CON01 T7W MED/SURG SD	0	0
CON01 T7W MED/SURG ICU	0	0
CON01 T7E MED/SURG ICU	0	0
CON01 T6E CARDIAC ICU/SDU	0	0
CON01 T8E MED/SURG	0	0
CON01 T6W MED/SURG	0	0
CON01 T4W MED/SURG SPECIAL	0	0
CON01 T4E MED/SURG SPECIAL	0	0
CON01 T3W MED/SURG	0	0
CON01 T3E MED/SURG	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)
BH EMERGENCY SVCS	0	0
OPERATING ROOM	0	0
PED PRIMARY CARE	0	0
Medical Clinic	0	0
Renal Dialysis	0	0
EMERGENCY SVCS ADULT	0	0
CARDIAC CATH LAB	0	0
Ambulatory Surgery	0	0
RBG01 PIP10W ADULT BH	0	0
RBG01 PIP10E ADULT BH	0	0
RBG01 PIP9E ADULT BH	0	0
CON01 RBG 8E Med/Surg	0	0
CON01 RBG 7E Med/Surg	0	0
CON01 RBG 9W Med/Surg	0	0
CON01 RBG 8W Med/Surg	0	0
CON01 RBG 7W MED/SURG	0	0
CON01 RBG 6W MED/SURG	0	0
CI IP LABOR & DLVRY	0	0
CON01 T8W NURSERY SPECIAL CARE	0	0
CON01 T8W MOM BABY	0	0
IP RECOVERY UNIT/DSCHG LOUNGE	0	0
CON01 T7W MED/SURG SD	0	0

CON01 T7W MED/SURG ICU	0	0
CON01 T7E MED/SURG ICU	0	0
CON01 T6E CARDIAC ICU/SDU	0	0
CON01 T8E MED/SURG	0	0
CON01 T6W MED/SURG	0	0
CON01 T4W MED/SURG SPECIAL	0	0
CON01 T4E MED/SURG SPECIAL	0	0
CON01 T3W MED/SURG	0	0
CON01 T3E MED/SURG	0	0

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)
BH EMERGENCY SVCS	2	8
OPERATING ROOM	1	1.32
PED PRIMARY CARE	1	0.04
Medical Clinic	3	0.04
Renal Dialysis	0	0
EMERGENCY SVCS ADULT	9.2	0.67
CARDIAC CATH LAB	0	0
Ambulatory Surgery	0	0
RBG01 PIP10W ADULT BH	4	1.78
RBG01 PIP10E ADULT BH	4	1.78
RBG01 PIP9E ADULT BH	4	1.33
CON01 RBG 8E Med/Surg	1	0.67
CON01 RBG 7E Med/Surg	1	0.67

CON01 RBG 9W Med/Surg	1	0.67
CON01 RBG 8W Med/Surg	1	0.67
CON01 RBG 7W MED/SURG	1	0.67
CON01 RBG 6W MED/SURG	1	0.67
CI IP LABOR & DLVRY	1	0.77
CON01 T8W NURSERY SPECIAL CARE	1	2.58
CON01 T8W MOM BABY	1	0.73
IP RECOVERY UNIT/DSCHG LOUNGE	1	3.08
CON01 T7W MED/SURG SD	0	0
CON01 T7W MED/SURG ICU	1	0.89
CON01 T7E MED/SURG ICU	1	0.71
CON01 T6E CARDIAC ICU/SDU	1	1.14
CON01 T8E MED/SURG	2	0.89
CON01 T6W MED/SURG	2	0.98
CON01 T4W MED/SURG SPECIAL	2	0.89
CON01 T4E MED/SURG SPECIAL	2	0.77
CON01 T3W MED/SURG	2	0.96
CON01 T3E MED/SURG	2	0.81

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>BH EMERGENCY SVCS</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>OPERATING ROOM</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

PED PRIMARY CARE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
Medical Clinic	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
Renal Dialysis	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

EMERGENCY SVCS ADULT	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CARDIAC CATH LAB	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
Ambulatory Surgery	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

RBG01 PIP10W ADULT BH	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
RBG01 PIP10E ADULT BH	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
RBG01 PIP9E ADULT BH	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

CON01 RBG 8E Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 RBG 7E Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 RBG 9W Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 RBG 8W Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 RBG 7W MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 RBG 6W MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CI IP LABOR & DLVRY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T8W NURSERY SPECIAL CARE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T8W MOM BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

IP RECOVERY UNIT/DSCHG LOUNGE	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T7W MED/SURG SD	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T7W MED/SURG ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 T7E MED/SURG ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T6E CARDIAC ICU/SDU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T8E MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 T6W MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T4W MED/SURG SPECIAL	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
CON01 T4E MED/SURG SPECIAL	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

CON01 T3W MED/SURG	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
CON01 T3E MED/SURG	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

EVENING SHIFT CONSENSUS INFORMATION

<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>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>	<p>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</p>
---	--	--	---	---

BH EMERGENCY SVCS	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
OPERATING ROOM	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
PED PRIMARY CARE	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
Medical Clinic	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.

Renal Dialysis	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
EMERGENCY SVCS ADULT	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
CARDIAC CATH LAB	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.
Ambulatory Surgery	No	Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.	Proposal was sent to union representatives and no response was obtained on consensus by 11am on 8/15/2023.

RBG01 PIP10W ADULT BH	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
RBG01 PIP10E ADULT BH	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
RBG01 PIP9E ADULT BH	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 RBG 8E Med/Surg	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 RBG 7E Med/Surg	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 RBG 9W Med/Surg	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 RBG 8W Med/Surg	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 RBG 7W MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 RBG 6W MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CI IP LABOR & DLVRY	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T8W NURSERY SPECIAL CARE	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T8W MOM BABY	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

IP RECOVERY UNIT/DSCHG LOUNGE	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T7W MED/SURG SD	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T7W MED/SURG ICU	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 T7E MED/SURG ICU	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T6E CARDIAC ICU/SDU	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T8E MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 T6W MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T4W MED/SURG SPECIAL	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T4E MED/SURG SPECIAL	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

CON01 T3W MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.
CON01 T3E MED/SURG	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission for full statement.

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	BH EMERGENCY SVCS	3	8	1
Other	OPERATING ROOM	2	2.64	6.1
Dialysis - Acute	Renal Dialysis	1	0.89	9
Emergency Department	EMERGENCY SVCS ADULT	15	2.73	43.9
Psychiatry	RBG01 PIP10W ADULT BH	2.57	1.14	18
Psychiatry	RBG01 PIP10E ADULT BH	2.57	1.14	18
Medical/Surgical	RBG01 PIP9E ADULT BH	3.43	1.14	24
Medical/Surgical	CON01 RBG 8E Med/Surg	2	1.33	12
Medical/Surgical	CON01 RBG 7E Med/Surg	2	1.33	12
Medical/Surgical	CON01 RBG 9W Med/Surg	2	1.33	12
Medical/Surgical	CON01 RBG 8W Med/Surg	2	1.33	12
Medical/Surgical	CON01 RBG 7W MED/SURG	2	1.33	12
Medical/Surgical	CON01 RBG 6W MED/SURG	2	1.33	12
Obstetrics/Gynecology	CI IP LABOR & DLVRY	6	4.62	10.4
Neonatal	CON01 T8W NURSERY SPECIAL CARE	1.55	4	3.1
Obstetrics/Gynecology	CON01 T8W MOM BABY	3.67	2.67	11
Stepdown	IP RECOVERY UNIT/DSCHG LOUNGE	0.65	2	2.6
Stepdown	CON01 T7W MED/SURG SD	0.83	2	3.3
Critical Care	CON01 T7W MED/SURG ICU	4.5	4	9
Critical Care	CON01 T7E MED/SURG ICU	5.65	4	11.3

Critical Care	CON01 T6E CARDIAC ICU/SDU	3.5	4	7
Medical/Surgical	CON01 T8E MED/SURG	2.98	1.33	17.9
Medical/Surgical	CON01 T6W MED/SURG	2.73	1.33	16.4
Stepdown	CON01 T4W MED/SURG SPECIAL	4.5	2	18
Stepdown	CON01 T4E MED/SURG SPECIAL	5.23	2	20.9
Medical/Surgical	CON01 T3W MED/SURG	2.77	1.33	16.6
Medical/Surgical	CON01 T3E MED/SURG	3.3	1.33	19.8

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	0.11	0
Other	0.55	0
Dialysis - Acute	1.12	0
Emergency Department	2.93	0
Psychiatry	7	0
Psychiatry	7	0
Medical/Surgical	7	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Obstetrics/Gynecology	2	0
Neonatal	2	0
Obstetrics/Gynecology	3	0
Stepdown	4	0

Stepdown	4	0
Critical Care	2	0
Critical Care	2	0
Critical Care	2	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Stepdown	4	0
Stepdown	4	0
Medical/Surgical	6	0
Medical/Surgical	6	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
Other	0	0
Dialysis - Acute	0	0
Emergency Department	0	0
Psychiatry	0	0
Psychiatry	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Obstetrics/Gynecology	0	0
Neonatal	0	0
Obstetrics/Gynecology	0	0
Stepdown	0	0

Stepdown	0	0
Critical Care	0	0
Critical Care	0	0
Critical Care	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Stepdown	0	0
Stepdown	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0

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	2
Other	0	1
Dialysis - Acute	0	0
Emergency Department	0	6.2
Psychiatry	0	4
Psychiatry	0	4
Medical/Surgical	0	4
Medical/Surgical	0	1
Medical/Surgical	0	1
Medical/Surgical	0	1
Medical/Surgical	0	1
Medical/Surgical	0	1
Medical/Surgical	0	1
Medical/Surgical	0	1
Obstetrics/Gynecology	0	1
Neonatal	0	1
Obstetrics/Gynecology	0	1
Stepdown	0	1
Stepdown	0	0

Critical Care	0	1
Critical Care	0	1
Critical Care	0	1
Medical/Surgical	0	2
Medical/Surgical	0	2
Stepdown	0	2
Stepdown	0	2
Medical/Surgical	0	2
Medical/Surgical	0	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	8
Other	1.32
Dialysis - Acute	0
Emergency Department	1.13
Psychiatry	1.78
Psychiatry	1.78
Medical/Surgical	1.33
Medical/Surgical	0.67
Medical/Surgical	0.67
Medical/Surgical	0.67
Medical/Surgical	0.67
Medical/Surgical	0.67
Medical/Surgical	0.67
Medical/Surgical	0.67
Obstetrics/Gynecology	0.77
Neonatal	2.58
Obstetrics/Gynecology	0.73
Stepdown	3.08
Stepdown	0

Critical Care	0.89
Critical Care	0.71
Critical Care	1.14
Medical/Surgical	0.89
Medical/Surgical	0.98
Stepdown	0.89
Stepdown	0.77
Medical/Surgical	0.96
Medical/Surgical	0.81

NIGHT SHIFT CONSENSUS INFORMATION

<p>Name of Clinical Unit:</p>	<p>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.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>
--------------------------------------	---	--	--	---

Other	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>	No	<p>Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.</p>	<p>Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.</p>
Other	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>	No	<p>Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.</p>	<p>Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.</p>

Dialysis - Acute	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>	No	<p>Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.</p>	<p>Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.</p>
Emergency Department	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>	No	<p>Upon careful review of both the employee's and management's proposals, which are provided below, I agree with management's proposal and their rationale to maintain the current staffing ratio listed above.</p>	<p>Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses, LPNs, nurse's aides, techs, clerical, and BHA's staff on the unit.</p>

Psychiatry	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------	---	----	---	---

Psychiatry	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

Obstetrics/Gynecology	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
-----------------------	---	----	---	---

Neonatal	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
----------	---	----	---	---

Obstetrics/Gynecology	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
-----------------------	---	----	---	---

Stepdown	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
----------	---	----	---	---

Stepdown	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
----------	---	----	---	---

Critical Care	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
---------------	---	----	---	---

Critical Care	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
---------------	---	----	---	---

Critical Care	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
---------------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

Stepdown	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
----------	---	----	---	---

Stepdown	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
----------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

Medical/Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.	No	Upon careful review of both the employee's and management's proposal, which are provided in this document, I agree with management's proposal and their rationale to maintain the current staffing ratio of nurse aids, clerical, and BHAs.	Management members found that experience at the hospital and the literature on safe staffing models supported the current ratio for nurses aids, clerical, and BHA's staff on the unit.
------------------	---	----	---	---

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.)</p>	<p>DC 37,New York State Nurses Associatio n,SEIU 1199</p>
<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>09/30/20 28 12:00 AM</p>

<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>632</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>04/09/2022 12:00 AM</p>
<p>The number of hospital employees represented by SEIU 1199 is:</p>	<p>121</p>

<p>Our general hospital's collective bargaining agreement with DC 37 expires on the following date:</p>	<p>11/06/20 26 12:00 AM</p>
<p>The number of hospital employees represented by DC37 is:</p>	<p>1130</p>