

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Queens
Council	New York City
Network	NORTHWELL HEALTH
Reporting Organization	Long Island Jewish Forest Hills
Reporting Organization Id	1638
Reporting Organization Type	Hospital (pfi)
Data Entity	Long Island Jewish Forest Hills

RN DAY SHIFT STAFFING

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</p>	<p>Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)</p>	<p>Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</p>	<p>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?</p>
<p>Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure</p>	<p>5</p>	<p>2.66</p>	<p>14.05</p>	<p>2.81</p>
<p>Cardiology department performing nuclear medicine and cardiac procedures</p>	<p>2</p>	<p>0.66</p>	<p>22.86</p>	<p>11.43</p>
<p>Interventional Radiology - minimally-invasive image-guided procedures to diagnose and treat diseases</p>	<p>2</p>	<p>2.72</p>	<p>2.43</p>	<p>2</p>
<p>PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery</p>	<p>4</p>	<p>0.73</p>	<p>19.37</p>	<p>5</p>
<p>Operating Room performing inpatient and outpatient surgical procedures.</p>	<p>7</p>	<p>1.9</p>	<p>19.82</p>	<p>4</p>

Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	3	0.75	15	5
Endoscopy Unit	3	0.63	11.72	11.72
Newborn Nursery	3	1.6	15	5
Labor and Delivery	4	4.57	7	1.75
ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	1	0.94	8	8
Department specializing in emergency medicine for pediatric and adult patients	13	1.23	65.2	5.01
Acute dialysis unit providing comprehensive inpatient renal replacement therapy	2	2.25	3.28	1.64
Post Partum Unit	3	1.85	13	4.33
ICU	7	4	14	2
6 South	3	1	24	8
6 North	3	1.33	18	6
5 South	3	1	24	8
5 North	4	1.1	29	7.25
4 South	3	1	24	8
4 North	4	1.33	24	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)
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	0	0
Cardiology department performing nuclear medicine and cardiac procedures	0	0
Interventional Radiology - minimally-invasive image-guided procedures to diagnose and treat diseases	0	0
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	0	0
Operating Room performing inpatient and outpatient surgical procedures.	0	0

Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	0	0
Endoscopy Unit	5.86	0
Newborn Nursery	0	0
Labor and Delivery	0	0
ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	0	0
Department specializing in emergency medicine for pediatric and adult patients	0	0
Acute dialysis unit providing comprehensive inpatient renal replacement therapy	0	0
Post Partum Unit	0	0
ICU	0	0
6 South	0	0
6 North	0	0
5 South	0	0
5 North	0	0
4 South	0	0
4 North	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)
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	0	0
Cardiology department performing nuclear medicine and cardiac procedures	1	0.33
Interventional Radiology - minimally-invasive image-guided procedures to diagnose and treat diseases	2	2.72
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	0	0
Operating Room performing inpatient and outpatient surgical procedures.	0	0
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	0	0

Endoscopy Unit	0	0
Newborn Nursery	0	0
Labor and Delivery	0	0
ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	2.71	20.36
Department specializing in emergency medicine for pediatric and adult patients	2.71	20.36
Acute dialysis unit providing comprehensive inpatient renal replacement therapy	0	0
Post Partum Unit	0.47	3.55
ICU	2.71	20.36
6 South	3.32	24.91
6 North	5.82	43.66
5 South	3.68	27.59
5 North	3.68	27.59
4 South	3.76	28.19
4 North	3.77	28.26

DAY SHIFT UNLICENSED STAFFING

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Planned average number of 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)</p>	<p>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)</p>
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Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	1	0.82
Cardiology department performing nuclear medicine and cardiac procedures	0	0
Interventional Radiology - minimally-invasive image-guided procedures to diagnose and treat diseases	0	0
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	1	0.94
Operating Room performing inpatient and outpatient surgical procedures.	7	1.9
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	0	0
Endoscopy Unit	3	0.63
Newborn Nursery	0	0
Labor and Delivery	1	1.14
ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	1	0.94
Department specializing in emergency medicine for pediatric and adult patients	5	0.57

Acute dialysis unit providing comprehensive inpatient renal replacement therapy	1	1
Post Partum Unit	2	1.23
ICU	1	0.57
6 South	3	1
6 North	3	1.33
5 South	3	1
5 North	3	0.83
4 South	3	1
4 North	3	1

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure</p>	<p>Unit Nurse Manager, Nurse Educator, Unit Clerical Support, Rapid Response Team, Surgeons, Anesthesiologists</p>

Cardiology department performing nuclear medicine and cardiac procedures	Unit Nurse Manager, Unit Clerical Support, Rapid Response Team, Cardiologists, Anesthesiologists
Interventional Radiology - minimally-invasive image-guided procedures to diagnose and treat diseases	Unit director/supervisor, Nurse Educator, Unit Clerical Support, Rapid Response Team, Interventional Radiologists, Anesthesiologist, Physician Assistants
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	Unit Nurse Manager, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Surgeons, Anesthesiologists, Anesthesia Technicians
Operating Room performing inpatient and outpatient surgical procedures.	Unit Nurse Manager, Unit Assistant Nurse Manager, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Surgeons, Turnover Technicians, Physician Assistants, Anesthesiologists, Anesthesia Technicians
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	Unit Nurse Manager, Unit Clerical Support, Rapid Response Team

Endoscopy Unit	Unit Nurse Manager, Staff Nurse Educator, Rapid Response Team, Respiratory Therapy Team, Respiratory Therapy Support, GI Proceduralist, Anesthesiologist, Anesthesia Technician
Newborn Nursery	Unit Nurse Manager, Staff Educator, Rapid Response Team, Lactation Specialist, Chaplain, Neonatologist, Clinical Pharmacist
Labor and Delivery	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Lactation Specialist, Occupational Therapist, Speech Therapist, Chaplain, Physician Assistants, OB/GYN Physicians, Anesthesiologist, Clinical Pharmacist
ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	Nursing Director, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Chaplain, Hospitalist, Nurse Practitioners, Medical Residents, Clinical Pharmacist

Department specializing in emergency medicine for pediatric and adult patients	Unit Nurse Manager, Unit Assistant Nurse Manager, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Chaplain, Emergency Medicine Physicians, Nurse Practitioners, Medical Residents, Clinical Pharmacist
Acute dialysis unit providing comprehensive inpatient renal replacement therapy	Unit Nurse Manager, Staff Nurse Educator, 1:1 Patient Observer, Patient transport team, Telemetry technician, Rapid Response Team, Respiratory Therapy Support, Nephrologist, Medical Residents, Nurse Practitioners, Physician Assistant
Post Partum Unit	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Nutritionist, Chaplain, Physician Assistants, OB/GYN Physicians, Clinical Pharmacist

ICU	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Telemetry Technician, Cardiac Monitors, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Chaplain, Intensivist, Nursing Students, Clinical Pharmacist
6 South	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Phlebotomist, Chaplain, Hospitalist, Nurse Practitioner, Nursing Students, Clinical Pharmacist
6 North	Unit Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nurse Practitioner, Clinical Pharmacist

5 South	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Nutritionist, Phlebotomist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nurse Practitioners, Nursing Students, Clinical Pharmacist
5 North	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Phlebotomist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nursing Students, Clinical Pharmacist

4 South	Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Phlebotomist, Chaplaincy, Hospitalist, Nurse Practitioner, Hospice Attending, Nursing Students, Clinical Pharmacist
4 North	Unit Secretary, Nurse Manager, Staff Educator, 1:1 patient observer, Patient Transport Team, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Phlebotomist, Chaplain, Hospitalist, Nurse Practitioner, Intensivist, Nursing Students, Clinical Pharmacist

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):
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Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	Yes			
Cardiology department performing nuclear medicine and cardiac procedures	Yes			
Interventional Radiology - minimally-invasive image-guided procedures to diagnose and treat diseases	Yes			
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	Yes			
Operating Room performing inpatient and outpatient surgical procedures.	Yes			
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	Yes			
Endoscopy Unit	Yes			
Newborn Nursery	Yes			
Labor and Delivery	Yes			

<p>ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Department specializing in emergency medicine for pediatric and adult patients</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Acute dialysis unit providing comprehensive inpatient renal replacement therapy</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Post Partum Unit</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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ICU	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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6 South	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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RN EVENING SHIFT STAFFING

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</p>	<p>Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</p>	<p>Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</p>	<p>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?</p>
<p>Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure</p>	<p>2</p>	<p>4.18</p>	<p>1.79</p>	<p>0.9</p>
<p>PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery</p>	<p>2</p>	<p>0.73</p>	<p>4.12</p>	<p>2.06</p>
<p>Operating Room performing inpatient and outpatient surgical procedures.</p>	<p>2</p>	<p>1.9</p>	<p>3.67</p>	<p>1.86</p>
<p>Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery</p>	<p>3</p>	<p>0.75</p>	<p>12</p>	<p>4</p>
<p>Dedicated area where endoscopic procedures are performed for both inpatient and ambulatory patients.</p>	<p>1</p>	<p>0.63</p>	<p>1</p>	<p>1</p>
<p>Newborn Nursery</p>	<p>3</p>	<p>1.6</p>	<p>15</p>	<p>5</p>

Labor and Delivery	4	4.57	7	1.75
ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	1	0.94	8	1
Department specializing in emergency medicine for pediatric and adult patients	13	1.43	68.2	5.24
Acute dialysis unit providing comprehensive inpatient renal replacement therapy	2	3	2.32	1.16
Postpartum Unit	3	1.85	13	4.33
ICU	7	4	14	2
6 South	3	1	24	8
6 North	3	1.33	18	6
5 South	3	1	24	8
5 North	4	1.1	29	7.25
4 South	3	1	24	8
4 North	4	1.33	24	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)
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	0	0

PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	0	0
Operating Room performing inpatient and outpatient surgical procedures.	0	0
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	0	0
Dedicated area where endoscopic procedures are performed for both inpatient and ambulatory patients.	0	0
Newborn Nursery	0	0
Labor and Delivery	0	0
ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	0	0
Department specializing in emergency medicine for pediatric and adult patients	0	0
Acute dialysis unit providing comprehensive inpatient renal replacement therapy	0	0
Postpartum Unit	0	0
ICU	0	0
6 South	0	0
6 North	0	0
5 South	0	0
5 North	0	0

4 South	0	0
4 North	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)
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	0	0
PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	0	0
Operating Room performing inpatient and outpatient surgical procedures.	0	0
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	0	0
Dedicated area where endoscopic procedures are performed for both inpatient and ambulatory patients.	0	0
Newborn Nursery	0	0

Labor and Delivery	0	0
ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	2.36	12.86
Department specializing in emergency medicine for pediatric and adult patients	1.71	12.86
Acute dialysis unit providing comprehensive inpatient renal replacement therapy	0	0
Postpartum Unit	0.33	2.48
ICU	1	7.5
6 South	0.25	1.88
6 North	0.25	1.88
5 South	0.25	1.88
5 North	0.25	1.88
4 South	0.33	2.48
4 North	0.34	2.55

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)
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	1	0.95

PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	1	1.82
Operating Room performing inpatient and outpatient surgical procedures.	2	1.9
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	0	0
Dedicated area where endoscopic procedures are performed for both inpatient and ambulatory patients.	1	0.63
Newborn Nursery	0	0
Labor and Delivery	1	1.14
ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	1	0.94
Department specializing in emergency medicine for pediatric and adult patients	5	0.55
Acute dialysis unit providing comprehensive inpatient renal replacement therapy	0	0
Postpartum Unit	2	1.23
ICU	1	0.57
6 South	3	1
6 North	3	1.33
5 South	3	1
5 North	3	0.83

4 South	3	1
4 North	3	1

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>Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure</p>	<p>Unit Nurse Manager, Nurse Educator, Unit Clerical Support, Rapid Response Team, Surgeons, Anesthesiologists</p>
<p>PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery</p>	<p>Unit Nurse Manager, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Surgeons, Anesthesiologists, Anesthesia Technicians</p>

<p>Operating Room performing inpatient and outpatient surgical procedures.</p>	<p>Unit Nurse Manager, Unit Assistant Nurse Manager, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Surgeons, Turnover Technicians, Physician Assistants, Anesthesiologists, Anesthesia Technicians</p>
<p>Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery</p>	<p>Unit Nurse Manager, Unit Clerical Support, Rapid Response Team</p>
<p>Dedicated area where endoscopic procedures are performed for both inpatient and ambulatory patients.</p>	<p>Unit Nurse Manager, Staff Nurse Educator, Rapid Response Team, Respiratory Therapy Team, Respiratory Therapy Support, GI Proceduralist, Anesthesiologist, Anesthesia Technician</p>
<p>Newborn Nursery</p>	<p>Rapid Response Team, Chaplain, Neonatologist, Clinical Pharmacist</p>
<p>Labor and Delivery</p>	<p>Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Physician Assistants, OB/GYN Physicians, Anesthesiologist, Clinical Pharmacist</p>

<p>ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit</p>	<p>Nursing Director, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Chaplain, Hospitalist, Nurse Practitioners, Medical Residents, Clinical Pharmacist</p>
<p>Department specializing in emergency medicine for pediatric and adult patients</p>	<p>Unit Nurse Manager, Unit Assistant Nurse Manager, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Chaplain, Emergency Medicine Physicians, Nurse Practitioners, Medical Residents, Clinical Pharmacist</p>
<p>Acute dialysis unit providing comprehensive inpatient renal replacement therapy</p>	<p>Unit Nurse Manager, Staff Nurse Educator, 1:1 Patient Observer, Patient transport team, Telemetry technician, Rapid Response Team, Respiratory Therapy Support, Nephrologist, Medical Residents, Nurse Practitioners, Physician Assistant</p>

Postpartum Unit	Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Physician Assistants, OB/GYN Physicians, Clinical Pharmacist
ICU	Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Telemetry Technician, Cardiac Monitors, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Medical Residents , Nurse Practitioner, Intensivist, Clinical Pharmacist
6 South	Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Hospitalist, Nurse Practitioner, Clinical Pharmacist

6 North	Unit Clerical Support, 1:1 Patient Observer, Patient transport team, Rapid Response Team, Occupational Therapist, Speech Therapist, Telemetry Technician, Clinical Pharmacist, Chaplain, Hospitalist, Nurse Practitioner, Physician Assistants
5 South	Assistant Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Clinical Pharmacist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nurse Practitioner
5 North	Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Clinical Pharmacist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents

4 South	Assistant Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Clinical Pharmacist, Chaplaincy, Hospitalist, Nurse Practitioner, Hospice Attending
4 North	Unit Secretary, 1:1 patient observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Clinical Pharmacist, Chaplain, Hospitalist, Nurse Practitioner, Intensivist

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Provides preparation for surgery/procedures and provides phase 2 recovery post surgery/procedure	Yes			

PACU - Perform post anesthesia care required to recover patients post procedures and/or surgery	Yes			
Operating Room performing inpatient and outpatient surgical procedures.	Yes			
Pre-Surgical Testing providing preparation and management of patients prior to scheduled surgery	Yes			
Dedicated area where endoscopic procedures are performed for both inpatient and ambulatory patients.	Yes			
Newborn Nursery	Yes			
Labor and Delivery	Yes			

<p>ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Department specializing in emergency medicine for pediatric and adult patients</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2023 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Acute dialysis unit providing comprehensive inpatient renal replacement therapy</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2023 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>Management's recommendation for minimal staffing on this unit is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing is crucial for patient care, and improved outcomes, and ensures patients receive the needed attention, expertise, and support. It allows for swift responses to emergencies and reduces the risk of errors.</p> <p>Insufficient staffing also drives worker turnover and exacerbates the workforce crisis. To achieve high-quality care, adequate staffing is required in this unit. We feel our proposal met the requirements of the law, improves patient care, and enhances staff retention and recruitment.</p>
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<p>Postpartum Unit</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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ICU	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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6 South	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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6 North	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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5 South	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCS Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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5 North	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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4 South	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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4 North	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>	<p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the</p>
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RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Neonatal	Newborn Nursery	3	1.6	15
Obstetrics/Gynecology	Labor and Delivery	4	4.57	7
Other	ED Holding - Holding unit for admitted ED patients prior to transfer to inpatient unit	1	0.94	8
Emergency Department	Department specializing in emergency medicine for pediatric and adult patients	9	2.53	26.7
Obstetrics/Gynecology	Postpartum Unit	3	1.85	13
Critical Care	ICU	7	4	14
Medical/Surgical	6 South	3	1	24
Medical/Surgical	6 North	3	1.33	18
Medical/Surgical	5 South	3	1	24
Telemetry	5 North	4	1.1	29
Medical/Surgical	4 South	3	1	24
Medical/Surgical	4 North	4	1.33	24

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)
Neonatal	5	0
Obstetrics/Gynecology	1.75	0
Other	8	0
Emergency Department	2.97	0
Obstetrics/Gynecology	4.33	0
Critical Care	2	0
Medical/Surgical	8	0
Medical/Surgical	6	0
Medical/Surgical	8	0
Telemetry	1.1	0
Medical/Surgical	8	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)
Neonatal	0	0
Obstetrics/Gynecology	0	0
Other	0	1
Emergency Department	0	1
Obstetrics/Gynecology	0	0.33

Critical Care	0	1
Medical/Surgical	0	0.25
Medical/Surgical	0	0.25
Medical/Surgical	0	0.25
Telemetry	0	0.25
Medical/Surgical	0	0.33
Medical/Surgical	0	0.34

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)
Neonatal	0	0
Obstetrics/Gynecology	0	1
Other	7.5	1
Emergency Department	7.5	4
Obstetrics/Gynecology	2.48	2
Critical Care	7.5	1
Medical/Surgical	1.88	3
Medical/Surgical	1.88	3
Medical/Surgical	1.88	3
Telemetry	1.88	3
Medical/Surgical	2.48	3
Medical/Surgical	2.55	3

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)
Neonatal	0
Obstetrics/Gynecology	1.14
Other	0.94
Emergency Department	1.12
Obstetrics/Gynecology	1.23
Critical Care	0.57
Medical/Surgical	1
Medical/Surgical	1.33
Medical/Surgical	1
Telemetry	0.83
Medical/Surgical	1
Medical/Surgical	1

NIGHT SHIFT CONSENSUS INFORMATION

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

Obstetrics/Gynecology	Assistant Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplain, Physician Assistants, OB/GYN Physicians, Anesthesiologist	Yes		
Other	Nursing Director, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Chaplain, Hospitalist, Nurse Practitioners, Medical Residents, Clinical Pharmacist	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>

Emergency Department	Unit Nurse Manager, Unit Assistant Nurse Manager, Nurse Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Chaplain, Emergency Medicine Physicians, Nurse Practitioners, Medical Residents, Clinical Pharmacist	No	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>
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<p>Obstetrics/Gynecology</p>	<p>Assistant Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplain, Physician Assistants, OB/GYN Physicians</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>
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<p>Critical Care</p>	<p>Assistant Nurse Manager, Staff Educator, 1:1 Patient Observer, Telemetry Technician, Cardiac Monitors, Rapid Response Team, Clinical Pharmacist, Chaplain, Medical Residents, Nurse Practitioner, Intensivist</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>
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<p>Medical/Surgical</p>	<p>Assistant Nurse Manager, Staff Educator, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplain, Hospitalist, Nurse Practitioner</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>
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<p>Medical/Surgical</p>	<p>Assistant Nurse Manager, Staff Educator, 1:1 Patient Observer, Rapid Response Team, Telemetry Technician, Clinical Pharmacist, Chaplain, Hospitalist, Nurse Practitioner, Physician Assistants</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently re- evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>
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<p>Medical/Surgical</p>	<p>Staff Educator, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nurse Practitioner</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>
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<p>Telemetry</p>	<p>Assistant Nurse Manager, Staff Educator, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>
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<p>Medical/Surgical</p>	<p>1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplaincy, Hospitalist, Nurse Practitioner, Hospice Attending</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>
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<p>Medical/Surgical</p>	<p>Assistant Nurse Manager, Staff Educator, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplain, Hospitalist, Nurse Practitioner, Intensivist</p>	<p>No</p>	<p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained. We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient</p>	<p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p>
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CBA INFORMATION

<p>We have one or more collective bargaining agreements:</p>	<p>Yes</p>
<p>If yes, then:</p> <p>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</p> <p>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.)</p>	<p>SEIU 1199</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/01/2026 12:00 AM</p>

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

1260