

HERDS: 2805-t General Hospital Clinical Staffing Plan

New York State Dept. of Health

Activity :	General Hospital Clinical Staffing Plan Supplement	Name :	Little Falls Hospital (0362)
Organization :	Little Falls Hospital	Address 1 :	140 BURWELL STREET
Form :	2805-t General Hospital Clinical Staffing Plan	Address 2 :	
Data Entity		City :	LITTLE FALLS
Type :	Hospital (pfi)	State & Zip :	NY-13365
Name :	Little Falls Hospital	County :	Herkimer (043)
Time Period :	11/08/2023 12:00 AM	Region :	Central Regional Office
		Phone & Fax:	

The New York State Department of Health is implementing Section 2805-t of the Public Health Law, entitled "Clinical staffing committees and disclosure of nursing quality indicators." Every licensed general hospital is required to submit its clinical staffing plan by July 1, 2022, and then annually July 1 thereafter. The Department directs that the general hospital clinical staffing plan be submitted by the Chief Executive Officer of the facility or their designee.

Attestation

The following is an updated clinical staffing plan submitted to the New York State Department of Health in accordance with Public Health Law (PHL) Section 2805-t (Clinical staffing committees and disclosure of nursing quality indicators). I, the undersigned, with responsibility for this general hospital, attest that the general hospital clinical staffing plan was developed in accordance, and complies, with PHL Section 2805-t, and includes all clinical patient care units of our general hospital license under Public Health Law Article 28.

First Name of person completing:*

Stephanie

Last Name of person completing: *

Miller

Role at Facility: *

Administration

Phone Number:*

3157176698

Email:*

s.miller@lfhny.org

I am:*

[CEO's designee]

Description of the general hospital. Please include the general hospital's name and the titles of all the patient care units within the hospital:

Rural Critical Access Hospital

Directions for Additional information regarding Clinical Staffing Plan for units of the general hospital:

Please document the unit's name and provide the information requested for each patient care unit within the general hospital as defined in its operating certificate (for example, Intensive Care Unit, Critical Care Unit, Maternity Unit, Pediatric Unit, Psychiatric Unit, Medical Surgical Unit) in the section of the document for Day Shift, Evening Shift and Night Shift. There should be separate documentation submitted for each patient care unit and each shift within the general hospital.

When reporting the number of registered nurses, licensed practical nurses, and ancillary members of the frontline team, and number of patients, general hospitals should report the average number of each a unit has per shift.

Day Shift (for example, 7 am-3 pm) **

6. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *

[Dialysis O/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. *

outpatient dialysis

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)

1

*

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)*

6

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)

12

*

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) ?*

6

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)

6

*

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) *

6

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)*

2

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) *

6

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)*

2

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) *

6

* Shift means a 24-hour period of time as a whole or divided into parts as appropriate to the reporting facility. This template has 3 eight-hour shifts (a Day Shift, approximately 7am to 3pm; an Evening Shift, approximately 3pm to 11pm; and a Night Shift, approximately 11pm to 7am).

There are multiple different shifts that could be worked, for example, 8-hour shifts, 12-hour shifts, or split shifts. For each category that is being identified (registered nurses, licensed practical nurses, ancillary members of the frontline team), please attribute the components of their time to the appropriate eight-hour shift as outlined in this template (Day Shift, Evening Shift, or Night Shift).

Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *

Rapid response team

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *

[Yes]

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):

5. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *

[Cardiovascular]

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. *

cardiology clinic

Planned average number of Registered Nurses (RN) on

2

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)*

6

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) ?*

10

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)*

6

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)*

1

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)

*

6

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)*

1

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)

*

6

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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. *

Rapid response team

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *

[Yes]

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):

4. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *

[Other]

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. *

Specialties- various providers

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)

2

*

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)*

6

Planned average number of patients on the unit per day

20

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) ?*

6

10

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)

*

10

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)*

1

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)

*

6

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)*

6

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)

*

1

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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. *

Rapid response team

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *

[Yes]

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):

3. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *

[Ambulatory Surgery]

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. *

day surgery-census varies-ortho cases, cataracts, endoscopies, ENT, general surgery, minor plastics.

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)

3

*

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)*

8

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)

15

*

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) ?*

15

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

0

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)

*

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)

*

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)

*

	0
	1
	2
	0
	0

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Description of additional resources available to support unit level patient care on the Day Shift. These resources

RT/registration/administrative supervisors
--

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: *

[Yes]

If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:

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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):

--

2. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *

[Emergency Department]

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. *

CAH 15 bed ED. Located on first floor. CT scan/xray 24 hrs daily.

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)

5

*

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)*

15

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)

15

*

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) ?*

4

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)

0

*

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)

0

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)*

3

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)
*

6

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)*

3

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)
*

15

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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. *

registration/RT/administrative supervisor

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *

[Yes]

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):

--

1. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *

[Medical/Surgical]

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. *

3 East Medical Surgical Unit

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)

3

*

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)*

6

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)

20

*

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) ?*

4.5

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)

2

*

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)*

6

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)*

3

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)

6

*

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)*

3

Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on

6

the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
*

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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. *

PT/OT

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *

[Yes]

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):

Day Shift Extension (for example, 7 am-3 pm)**

Evening Shift (for example, 3 pm-11pm)**

2. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *

[Emergency Department]

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. *

CAH 15 bed ED. Located on first floor. CT scan/xray 24 hrs daily.

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)

4

*

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)*

15

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)*

15

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)?*

4

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)*

0

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)*

0

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)*

2

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)*

5

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)*

2

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)*

15

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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. *

registration/RT/administrative supervisor

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *

[Yes]

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):

1. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *

[Medical/Surgical]

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. *

3 East Medical Surgical Unit

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)

3

*

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)*

6

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)*

20

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)?*

4.5

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)*

2

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)*

4.5

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)*

3

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)*

6

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)*

3

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)*

6

* Shift means a 24-hour period of time as a whole or divided into parts as appropriate to the reporting facility. This template has 3 eight-hour shifts (a Day Shift, approximately 7am to 3pm; an Evening Shift, approximately 3pm to 11pm; and a Night Shift, approximately 11pm to 7am).

There are multiple different shifts that could be worked, for example, 8-hour shifts, 12-hour shifts, or split shifts. For each category that is being identified (registered nurses, licensed practical nurses, ancillary members of the frontline team), please attribute the components of their time to the appropriate eight-hour shift as outlined in this template (Day Shift, Evening Shift, or Night Shift).

Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *

PT/OT

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *

[Yes]

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):

--

Evening Shift Extension (for example, 7 am-3 pm)**

Night Shift (for example, 11 pm-7 am)**

2. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*

[Emergency Department]

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.*

CAH 15 bed ED. Located on first floor. CT scan/xray 24 hrs daily.

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)*

2

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)*

15

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)*

15

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)?*

7

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)*

0

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)*

0

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)*

1

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)*

7

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)*

2

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)*

15

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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. *

administrative supervisor

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*

[Yes]

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):

1. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*

[Medical/Surgical]

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.*

3 East Medical Surgical Unit

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)*

2

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)*

6

Planned average number of patients on the unit per day

20

on the Night 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 Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*

5

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)*

2

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)*

5

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)*

2

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)*

0

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)*

3

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)*

6

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Description of additional resources available to support

Administrative Supervisor

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:*

[Yes]

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):

Night Shift Extension (for example, 7 am-3 pm)**

Details Regarding the Plan

This facility's clinical staffing committee was established on this date:*

01/15/2022

[New committee]

The facility's clinical staffing committee was a:

We have one or more collective bargaining agreements:*

[No]

If yes, then:

Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):

**Please select association and identify staff (e.g. nurses, ancillary staff, etc.) represented.

Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:

The number of hospital employees represented by New York State Nurses Association is:

Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:

The number of hospital employees represented by SEIU 1199 is:

Our general hospital's collective bargaining agreement with Communications Workers of America expires on the following date:

The number of hospital employees represented by Communication Workers of America is:

Our general hospital's collective bargaining agreement with CSEA expires on the following date:

The number of hospital employees represented by CSEA is:

Our general hospital's collective bargaining agreement with DC 37 expires on the following date:

The number of hospital employees represented by DC37 is:

Please provide the name of the union:

Our general hospital's collective bargaining agreement expires on the following date:

The number of hospital employees represented by the union(s) above is:

[N/A]

Do the collective bargaining agreements of the registered nurses, licensed practical nurses, and/or the ancillary members of the frontline team govern how members of the clinical staffing committee are chosen?

*

If yes, what provision of the respective bargaining agreements determine how the members of the clinical staffing committee are chosen?

If no, what is the method by which the members who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are selected by their peers?

When was the first meeting of the clinical staffing committee?*

Since the last submission of the clinical staffing plan, on which dates has the clinical staffing committee met?

*

Clinical Staffing Committee Members

5. Hospital Administration Committee Members

The members of the clinical staffing committee selected by the general hospital administration are:

First Name:*

Last Name:*

Title:*

Please describe the title in greater detail:

4. Hospital Administration Committee Members

The members of the clinical staffing committee selected by the general hospital administration are:

First Name:*

Last Name:*

Title:*

Please describe the title in greater detail:

3. Hospital Administration Committee Members

The members of the clinical staffing committee selected by the general hospital administration are:

First Name:*

Last Name:*	Eckler
Title:*	[Patient Care Unit Directors]
Please describe the title in greater detail:	

2. Hospital Administration Committee Members

The members of the clinical staffing committee selected by the general hospital administration are:

First Name:*	Heidi
Last Name:*	Camardello
Title:*	[Chief Nursing Officer]
Please describe the title in greater detail:	

1. Hospital Administration Committee Members

The members of the clinical staffing committee selected by the general hospital administration are:

First Name:*	James
Last Name:*	Vielkind
Title:*	[Chief Financial Officer]
Please describe the title in greater detail:	

8. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Danielle
Last Name:*	Kress
Title:*	[Registered Nurse]
Please describe the title in greater detail:	

7. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Mindy
Last Name:*	Cover
Title:*	[Registered Nurse]
Please describe the title in greater detail:	

6. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Kali
Last Name:*	Lesniak
Title:*	[Ancillary Frontline Staff Member]
Please describe the title in greater detail:	

5. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary

members of the frontline team are:

First Name:*	Cynthia
Last Name:*	Gee
Title:*	[Licensed Practical Nurse]
Please describe the title in greater detail:	

4. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Crystal
Last Name:*	Stalnaker
Title:*	[Registered Nurse]
Please describe the title in greater detail:	

3. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Megan
Last Name:*	Nasypany
Title:*	[Registered Nurse]
Please describe the title in greater detail:	

2. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Robert
Last Name:*	Stalnaker
Title:*	[Registered Nurse]
Please describe the title in greater detail:	

1. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Heather
Last Name:*	Nasypany
Title:*	[Registered Nurse]
Please describe the title in greater detail:	

The clinical staffing committee considered all the factors in Public Health Law Section 2805-t(4)(b)(i) through (xvi) in development of the clinical staffing plan: * [Yes]

*Required Fields. ** Repeatable Sections.

Form Rules: