

HOSPITAL INFORMATION

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| Region | Metropolitan Area Regional Office |
| County | New York |
| Council | New York City |
| Network | MOUNT SINAI HEALTH SYSTEM |
| Reporting Organization | Mount Sinai Morningside |
| Reporting Organization Id | 1469 |
| Reporting Organization Type | Hospital (pfi) |
| Data Entity | Mount Sinai Morningside |

RN DAY SHIFT STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) | Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ? |
|---|--|--|--|---|
| PACU | 8.25 | 2.53 | 26 | 0 |
| Echo | 3 | 0.52 | 46 | 0 |
| Emergency Department | 18 | 1.04 | 138 | 0 |
| EP | 8.4 | 7.44 | 9 | 0 |
| Cath Lab | 9.75 | 8.67 | 9 | 0 |
| Oncology | 2.8 | 0.84 | 25 | 0 |
| Hemodialysis | 4 | 4 | 8 | 0 |
| Endoscopy | 9 | 2.93 | 23 | 0 |
| Operating Room | 14.5 | 4.5 | 26 | 0 |
| Multispecialty Article 28 Practices, Medicine, Orthopediacs, Urology, Pain Management | 3 | 4.83 | 116 | 0 |
| 5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych | 3 | 2 | 12 | 5 |
| CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych | 4 | 1.1 | 29 | 7 |
| 7E ICU-Nursing - Critical Care | 10 | 4 | 20 | 2 |
| 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | 11 | 4.89 | 18 | 1.7 |

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| 4 WEST-Nursing- Cardiac Stepdown | 3 | 3 | 8 | 3.5 |
| 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | 7 | 2 | 28 | 4 |
| 9 EAST Nursing - Telemetry Med Surg | 8 | 2.13 | 30 | 4.5 |
| 8 WEST Nursing - Ortho/Stepdown | 4 | 2.29 | 14 | 4.65 |
| 8E SURGICAL UNIT - Nursing Surgery | 8 | 2 | 32 | 4.65 |
| 9W MEDICAL UNIT -Nursing - Med Surg | 6 | 1.66 | 29 | 5 |
| 7W MEDICAL UNIT -Nursing - Med Surg | 7 | 1.75 | 32 | 5 |
| 6W MEDICAL UNIT -Nursing - Med Surg | 6 | 1.71 | 28 | 5 |
| STUY 6 REHAB UNIT- Nursing - Rehab | 3 | 1.6 | 15 | 5 |
| Clark 5 - Nursing - Med Surg | 5 | 1.82 | 22 | 5 |

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) |
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| PACU | 0 | 0 |
| Echo | 0 | 0 |
| Emergency Department | 0 | 0 |

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| EP | 0 | 0 |
| Cath Lab | 0 | 0 |
| Oncology | 0 | 0 |
| Hemodialysis | 0 | 0 |
| Endoscopy | 0 | 0 |
| Operating Room | 0 | 0 |
| Multispecialty Article 28 Practices, Medicine, Orthopediacs, Urology, Pain Management | 3 | 4.83 |
| 5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych | 0 | 0 |
| CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych | 0 | 0 |
| 7E ICU-Nursing - Critical Care | 0 | 0 |
| 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | 0 | 0 |
| 4 WEST-Nursing- Cardiac Stepdown | 0 | 0 |
| 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | 0 | 0 |
| 9 EAST-Nursing - Telemetry Med Surg | 0 | 0 |
| 8 WEST-Nursing - Ortho/Stepdown | 0 | 0 |
| 8E SURGICAL UNIT - Nursing Surgery | 0 | 0 |
| 9W MEDICAL UNIT -Nursing - Med Surg | 0 | 0 |
| 7W MEDICAL UNIT -Nursing - Med Surg | 0 | 0 |
| 6W MEDICAL UNIT -Nursing - Med Surg | 0 | 0 |
| STUY 6 REHAB UNIT- Nursing - Rehab | 0 | 0 |

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| Clark 5 - Nursing - Med Surg | 0 | 0 |
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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) |
|--|--|---|
| PACU | 0 | 0 |
| Echo | 0 | 0 |
| Emergency Department | 0 | 0 |
| EP | 0 | 0 |
| Cath Lab | 0 | 0 |
| Oncology | 0 | 0 |
| Hemodialysis | 0 | 0 |
| Endoscopy | 0 | 0 |
| Operating Room | 0 | 0 |
| Multispecialty Article 28 Practices, Medicine, Orthopediacs, Urology, Pain Management | 0 | 0 |
| 5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych | 0 | 0 |
| CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych | 0 | 0 |
| 7E ICU-Nursing - Critical Care | 0 | 0 |

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| 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | 0 | 0 |
| 4 WEST-Nursing- Cardiac Stepdown | 0 | 0 |
| 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | 0 | 0 |
| 9 EAST Nursing - Telemetry Med Surg | 0 | 0 |
| 8 WEST Nursing - Ortho/Stepdown | 0 | 0 |
| 8E SURGICAL UNIT - Nursing Surgery | 0 | 0 |
| 9W MEDICAL UNIT -Nursing Med Surg | 0 | 0 |
| 7W MEDICAL UNIT -Nursing Med Surg | 0 | 0 |
| 6W MEDICAL UNIT -Nursing Med Surg | 0 | 0 |
| STUY 6 REHAB UNIT- Nursing - Rehab | 0 | 0 |
| Clark 5 - Nursing - Med Surg | 0 | 0 |

DAY SHIFT UNLICENSED STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
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| PACU | 1 | 0.3 |

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| Echo | 1 | 0.17 |
| Emergency Department | 7 | 0.41 |
| EP | 63 | 5.66 |
| Cath Lab | 7 | 6.22 |
| Oncology | 0.9 | 0.28 |
| Hemodialysis | 1 | 1 |
| Endoscopy | 4 | 1.2 |
| Operating Room | 5.8 | 1.8 |
| Multispecialty Article 28 Practices, Medicine, Orthopediacs, Urology, Pain Management | 9 | 1.61 |
| 5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych | 4 | 2.66 |
| CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych | 5 | 1.37 |
| 7E ICU-Nursing - Critical Care | 2 | 0.8 |
| 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | 2 | 0.89 |
| 4 WEST-Nursing- Cardiac Stepdown | 2 | 2.21 |
| 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | 3 | 1.07 |
| 9 EAST Nursing - Telemetry Med Surg | 3 | 1.01 |
| 8 WEST Nursing - Ortho/Stepdown | 2 | 1.35 |
| 8E SURGICAL UNIT - Nursing Surgery | 3 | 0.96 |
| 9W MEDICAL UNIT -Nursing - Med Surg | 3 | 1.04 |
| 7W MEDICAL UNIT -Nursing - Med Surg | 2 | 0.71 |
| 6W MEDICAL UNIT -Nursing - Med Surg | 2 | 0.78 |

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| STUY 6 REHAB UNIT- Nursing - Rehab | 1 | 0.53 |
| Clark 5 - Nursing - Med Surg | 2 | 0.73 |

DAY SHIFT ADDITIONAL RESOURCES

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| <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>PACU</p> | <p>1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |

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| Echo | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| Emergency Department | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| EP | 1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |

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| Cath Lab | 1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| Oncology | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| Hemodialysis | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |

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| Endoscopy | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| Operating Room | 1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| Multispecialty Article 28 Practices, Medicine, Orthopediacs, Urology, Pain Management | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |

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| <p>5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych</p> | <p>1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |
| <p>CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych</p> | <p>1 Unit Secretary / .576 FTE BHA / 1.7 FTE Security Officer. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (case managers, social workers, physical therapists, etc...)</p> |
| <p>7E ICU-Nursing - Critical Care</p> | <p>2 Unit Secretary, 1 Charge Nurse (0% of this resource used for direct patient care). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |

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| <p>6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac</p> | <p>2 Unit Secretary, 1 Charge Nurse (0% of this resource used for direct patient care). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |
| <p>4 WEST-Nursing- Cardiac Stepdown</p> | <p>1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |
| <p>10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac</p> | <p>1 Unit Secretary.. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |

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| 9 EAST Nursing - Telemetry Med Surg | Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| 8 WEST Nursing - Ortho/Stepdown | Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| 8E SURGICAL UNIT - Nursing Surgery | Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |

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| 9W MEDICAL UNIT -Nursing Med Surg | Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| 7W MEDICAL UNIT -Nursing Med Surg | Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| 6W MEDICAL UNIT -Nursing Med Surg | Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |

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| STUY 6 REHAB UNIT- Nursing - Rehab | Unit Secretary -1 Day shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| Clark 5 - Nursing - Med Surg | Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |

DAY SHIFT CONSENSUS INFORMATION

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| <p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p> | <p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p> | <p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p> | <p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p> | <p>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</p> |
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| <p>PACU</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Echo | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Emergency Department | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| <p>EP</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Cath Lab | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Oncology | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Hemodialysis | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Endoscopy | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| <p>Operating Room</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| <p>Multispecialty Article 28 Practices, Medicine, Orthopediacs, Urology, Pain Management</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| <p>5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> | <p>N/A</p> |
| <p>CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> | <p>N/A</p> |

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| 7E ICU-Nursing - Critical Care | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |
| 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |

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| 4 WEST-Nursing- Cardiac Stepdown | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |
| 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |

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| <p>9 EAST Nursing - Telemetry Med Surg</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> | <p>N/A</p> |
| <p>8 WEST Nursing - Ortho/Stepdown</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> | <p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p> |

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| 8E SURGICAL UNIT - Nursing Surgery | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. |
| 9W MEDICAL UNIT -Nursing Med Surg | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |

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| 7W MEDICAL UNIT -Nursing - Med Surg | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. |
| 6W MEDICAL UNIT -Nursing - Med Surg | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. |

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| STUY 6 REHAB UNIT- Nursing - Rehab | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |
| Clark 5 - Nursing - Med Surg | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. |

RN EVENING SHIFT STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50) | Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)? |
|---|--|--|--|--|
| PACU | 11.68 | 13.35 | 7 | 0 |
| Echo | 1.5 | 0.75 | 16 | 0 |
| Emergency Department | 15 | 3.24 | 37 | 0 |
| EP | 5.9 | 23.75 | 2 | 0 |
| Cath Lab | 7 | 18.67 | 3 | 0 |
| Oncology | 0.8 | 1 | 6 | 0 |
| Endoscopy | 1.87 | 2 | 7 | 0 |
| Operating Room | 6 | 5.33 | 9 | 0 |
| 5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych | 3 | 2 | 12 | 5 |
| CLARK 8 ADULT PSYCH UNIT-Nursing - Adult Psych | 4 | 1.1 | 29 | 7 |
| 7E ICU-Nursing - Critical Care | 10 | 4 | 20 | 2 |
| 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | 11 | 4.89 | 18 | 1.7 |
| 4 WEST-Nursing- Cardiac Stepdown | 3 | 3 | 8 | 3.5 |
| 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | 7 | 2 | 28 | 4 |

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|-------------------------------------|---|------|----|------|
| 9 EAST Nursing - Telemetry Med Surg | 8 | 2.13 | 30 | 4.5 |
| 8 WEST Nursing - Ortho/Stepdown | 4 | 2.29 | 14 | 4.65 |
| 8E SURGICAL UNIT - Nursing Surgery | 8 | 2 | 32 | 4.65 |
| 9W MEDICAL UNIT -Nursing Med Surg | 6 | 1.66 | 29 | 5 |
| 7W MEDICAL UNIT -Nursing Med Surg | 7 | 1.75 | 32 | 5 |
| 6W MEDICAL UNIT -Nursing Med Surg | 6 | 1.71 | 28 | 5 |
| STUY 6 REHAB UNIT- Nursing - Rehab | 3 | 1.6 | 15 | 5 |
| Clark 5 - Nursing - Med Surg | 5 | 1.82 | 22 | 5 |

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) |
|--|--|--|
| PACU | 0 | 0 |
| Echo | 0 | 0 |
| Emergency Department | 0 | 0 |
| EP | 0 | 0 |
| Cath Lab | 0 | 0 |
| Oncology | 0 | 0 |
| Endoscopy | 0 | 0 |
| Operating Room | 0 | 0 |
| 5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych | 0 | 0 |

| | | |
|---|---|---|
| CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych | 0 | 0 |
| 7E ICU-Nursing - Critical Care | 0 | 0 |
| 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | 0 | 0 |
| 4 WEST-Nursing- Cardiac Stepdown | 0 | 0 |
| 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | 0 | 0 |
| 9 EAST-Nursing - Telemetry Med Surg | 0 | 0 |
| 8 WEST-Nursing - Ortho/Stepdown | 0 | 0 |
| 8E SURGICAL UNIT - Nursing Surgery | 0 | 0 |
| 9W MEDICAL UNIT -Nursing Med Surg | 0 | 0 |
| 7W MEDICAL UNIT -Nursing Med Surg | 0 | 0 |
| 6W MEDICAL UNIT -Nursing Med Surg | 0 | 0 |
| STUY 6 REHAB UNIT- Nursing - Rehab | 0 | 0 |
| Clark 5 - Nursing - Med Surg | 0 | 0 |

EVENING SHIFT ANCILLARY STAFF

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|---|---|--|
| PACU | 0 | 0 |
| Echo | 0 | 0 |
| Emergency Department | 0 | 0 |
| EP | 0 | 0 |
| Cath Lab | 0 | 0 |
| Oncology | 0 | 0 |
| Endoscopy | 0 | 0 |
| Operating Room | 0 | 0 |
| 5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych | 0 | 0 |
| CLARK 8 ADULT PSYCH UNIT-Nursing - Adult Psych | 0 | 0 |
| 7E ICU-Nursing - Critical Care | 0 | 0 |
| 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | 0 | 0 |
| 4 WEST-Nursing- Cardiac Stepdown | 0 | 0 |
| 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | 0 | 0 |
| 9 EAST-Nursing - Telemetry Med Surg | 0 | 0 |
| 8 WEST-Nursing - Ortho/Stepdown | 0 | 0 |
| 8E SURGICAL UNIT - Nursing Surgery | 0 | 0 |

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| 9W MEDICAL UNIT -Nursing Med Surg | 0 | 0 |
| 7W MEDICAL UNIT -Nursing Med Surg | 0 | 0 |
| 6W MEDICAL UNIT -Nursing Med Surg | 0 | 0 |
| STUY 6 REHAB UNIT- Nursing - Rehab | 0 | 0 |
| Clark 5 - Nursing - Med Surg | 0 | 0 |

EVENING SHIFT UNLICENSED STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|--|---|---|
| PACU | 0.75 | 0.67 |
| Echo | 0 | 0 |
| Emergency Department | 7 | 1.51 |
| EP | 2.5 | 10 |
| Cath Lab | 2.6 | 6.93 |
| Oncology | 0.27 | 0.33 |
| Endoscopy | 0.5 | 0.5 |
| Operating Room | 2 | 1.6 |
| 5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych | 4 | 2.66 |
| CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych | 5 | 1.3 |
| 7E ICU-Nursing - Critical Care | 2 | 0.8 |

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| 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | 2 | 0.89 |
| 4 WEST-Nursing- Cardiac Stepdown | 2 | 2.21 |
| 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | 3 | 1.07 |
| 9 EAST-Nursing - Telemetry Med Surg | 3 | 1.01 |
| 8 WEST-Nursing - Ortho/Stepdown | 2 | 1.35 |
| 8E SURGICAL UNIT - Nursing Surgery | 3 | 0.96 |
| 9W MEDICAL UNIT -Nursing Med Surg | 2 | 0.76 |
| 7W MEDICAL UNIT -Nursing Med Surg | 2 | 0.71 |
| 6W MEDICAL UNIT -Nursing Med Surg | 2 | 0.78 |
| STUY 6 REHAB UNIT- Nursing - Rehab | 1 | 0.53 |
| Clark 5 - Nursing - Med Surg | 2 | 0.73 |

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>PACU</p> | <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |
| <p>Echo</p> | <p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |

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| Emergency Department | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| EP | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| Cath Lab | 1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |

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| Oncology | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| Endoscopy | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| Operating Room | 1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |

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| <p>5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych</p> | <p>1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |
| <p>CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych</p> | <p>1 Unit Secretary / .576 FTE BHA / 1.7 FTE Security Officer. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (case managers, social workers, physical therapists, etc...)</p> |
| <p>7E ICU-Nursing - Critical Care</p> | <p>2 Unit Secretary, 1 Charge Nurse (0% of this resource used for direct patient care)</p> |

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| <p>6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac</p> | <p>2 Unit Secretary, 1 Charge Nurse (0% of this resource used for direct patient care). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |
| <p>4 WEST-Nursing- Cardiac Stepdown</p> | <p>1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |
| <p>10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac</p> | <p>1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |

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| <p>9 EAST Nursing - Telemetry Med Surg</p> | <p>Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |
| <p>8 WEST Nursing - Ortho/Stepdown</p> | <p>Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |
| <p>8E SURGICAL UNIT - Nursing Surgery</p> | <p>Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> |

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| 9W MEDICAL UNIT -Nursing Med Surg | Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| 7W MEDICAL UNIT -Nursing Med Surg | Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| 6W MEDICAL UNIT -Nursing Med Surg | Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |

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| STUY 6 REHAB UNIT- Nursing - Rehab | Unit Secretary -1 Evening shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |
| Clark 5 - Nursing - Med Surg | Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) |

EVENING SHIFT CONSENSUS INFORMATION

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| 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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| <p>PACU</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Echo | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Emergency Department | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| EP | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Cath Lab | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Oncology | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| Endoscopy | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| <p>Operating Room</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</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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| <p>5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> | <p>N/A</p> |
| <p>CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> | <p>N/A</p> |

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| 7E ICU-Nursing - Critical Care | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |
| 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |

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| 4 WEST-Nursing- Cardiac Stepdown | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |
| 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |

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| <p>9 EAST Nursing - Telemetry Med Surg</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> | <p>N/A</p> |
| <p>8 WEST Nursing - Ortho/Stepdown</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> | <p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p> |

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| 8E SURGICAL UNIT - Nursing Surgery | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. |
| 9W MEDICAL UNIT -Nursing Med Surg | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |

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| 7W MEDICAL UNIT -Nursing - Med Surg | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. |
| 6W MEDICAL UNIT -Nursing - Med Surg | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. |

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| STUY 6 REHAB UNIT- Nursing - Rehab | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | N/A |
| Clark 5 - Nursing - Med Surg | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. | Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. |

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) |
|------------------------|---|--|--|--|
| Emergency Department | Emergency Department | 14 | 12.44 | 9 |
| Psychiatry | 5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych | 3 | 2 | 12 |
| Psychiatry | CLARK 8 ADULT PSYCH UNIT-Nursing - Adult Psych | 4 | 1.1 | 29 |
| Intensive Care | 7E ICU-Nursing - Critical Care | 10 | 4 | 20 |
| Intensive Care | 6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac | 11 | 4.89 | 18 |
| Stepdown | 4 WEST-Nursing- Cardiac Stepdown | 3 | 3 | 8 |
| Telemetry | 10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac | 7 | 2 | 28 |
| Telemetry | 9 EAST-Nursing - Telemetry Med Surg | 8 | 2.13 | 30 |
| Stepdown | 8 WEST-Nursing - Ortho/Stepdown | 4 | 2.29 | 14 |
| Medical/Surgical | 8E SURGICAL UNIT - Nursing Surgery | 8 | 2 | 32 |
| Medical/Surgical | 9W MEDICAL UNIT -Nursing Med Surg | 6 | 1.66 | 29 |
| Medical/Surgical | 7W MEDICAL UNIT -Nursing Med Surg | 7 | 1.75 | 32 |
| Medical/Surgical | 6W MEDICAL UNIT -Nursing Med Surg | 6 | 1.71 | 28 |

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|------------------|---------------------------------------|---|------|----|
| Rehabilitaion | STUY 6 REHAB UNIT- Nursing - Rehab | 3 | 1.6 | 15 |
| Medical/Surgical | Clark 5 - Nursing - Med Surg | 5 | 1.82 | 22 |

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) |
|-------------------------------|---|--|
| Emergency Department | 0 | 0 |
| Psychiatry | 5 | 0 |
| Psychiatry | 7 | 0 |
| Intensive Care | 2 | 0 |
| Intensive Care | 1.7 | 0 |
| Stepdown | 3.5 | 0 |
| Telemetry | 4 | 0 |
| Telemetry | 4.5 | 0 |
| Stepdown | 4.65 | 0 |
| Medical/Surgical | 4.65 | 0 |
| Medical/Surgical | 5 | 0 |
| Medical/Surgical | 5 | 0 |
| Medical/Surgical | 5 | 0 |
| Rehabilitaion | 5 | 0 |
| Medical/Surgical | 5 | 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) |
|-------------------------------|--|--|
| Emergency Department | 0 | 0 |
| Psychiatry | 0 | 0 |
| Psychiatry | 0 | 0 |
| Intensive Care | 0 | 0 |
| Intensive Care | 0 | 0 |
| Stepdown | 0 | 0 |
| Telemetry | 0 | 0 |
| Telemetry | 0 | 0 |
| Stepdown | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Medical/Surgical | 0 | 0 |
| Rehabilitaion | 0 | 0 |
| Medical/Surgical | 0 | 0 |

NIGHT SHIFT UNLICENSED STAFFING

| Name of Clinical Unit: | Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50) | Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) |
|-------------------------------|---|---|
| Emergency Department | 0 | 7 |
| Psychiatry | 0 | 4 |
| Psychiatry | 0 | 5 |
| Intensive Care | 0 | 2 |

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|------------------|---|---|
| Intensive Care | 0 | 2 |
| Stepdown | 0 | 2 |
| Telemetry | 0 | 3 |
| Telemetry | 0 | 3 |
| Stepdown | 0 | 2 |
| Medical/Surgical | 0 | 3 |
| Medical/Surgical | 0 | 2 |
| Medical/Surgical | 0 | 2 |
| Medical/Surgical | 0 | 2 |
| Rehabilitaion | 0 | 1 |
| Medical/Surgical | 0 | 2 |

NIGHT SHIFT ADDITIONAL RESOURCES

| Name of Clinical Unit: | Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|-------------------------------|---|
| Emergency Department | 6.22 |
| Psychiatry | 2 |
| Psychiatry | 0.83 |
| Intensive Care | 0.8 |
| Intensive Care | 0.89 |
| Stepdown | 2.21 |
| Telemetry | 1.07 |
| Telemetry | 1.01 |
| Stepdown | 1.35 |
| Medical/Surgical | 0.96 |
| Medical/Surgical | 0.76 |
| Medical/Surgical | 0.71 |
| Medical/Surgical | 0.78 |
| Rehabilitaion | 0.53 |
| Medical/Surgical | 0.73 |

NIGHT SHIFT CONSENSUS INFORMATION

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| <p>Name of Clinical Unit:</p> | <p>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p> | <p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p> | <p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p> | <p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p> |
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| Emergency Department | There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. |
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| Psychiatry | <p>0 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> |
| Psychiatry | <p>0 Unit Secretary / .576 FTE BHA / 1.7 FTE Security Officer. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (case managers, social workers, physical therapists, etc...)</p> | No | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> |

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| Intensive Care | 1 Unit Secretary, 1 Charge Nurse (0% of this resource used for direct patient care). There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. |
| Intensive Care | 1 Unit Secretary, 1 Charge Nurse (0% of this resource used for direct patient care). There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. |

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| Stepdown | 1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. |
| Telemetry | .5 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. |

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| Telemetry | 1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. |
| Stepdown | Unit Secretary -0 Night Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...) | No | Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. | Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. |

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| <p>Medical/Surgical</p> | <p>Unit Secretary -0 Night Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> |
| <p>Medical/Surgical</p> | <p>Unit Secretary -0 Night Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> |

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| <p>Medical/Surgical</p> | <p>Unit Secretary -0 Night Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> |
| <p>Medical/Surgical</p> | <p>Unit Secretary -0 Night Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> |

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| <p>Rehabilitaion</p> | <p>Unit Secretary -0 Night shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> |
| <p>Medical/Surgical</p> | <p>Unit Secretary -0 Night Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...)</p> | <p>No</p> | <p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p> | <p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p> |

CBA INFORMATION

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| <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>New York State Nurses Association, SEIU 1199</p> |
| <p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p> | <p>12/31/2025 12:00 AM</p> |

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| <p>The number of hospital employees represented by New York State Nurses Association is:</p> | <p>797</p> |
| <p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p> | <p>09/30/2026 12:00 AM</p> |
| <p>The number of hospital employees represented by SEIU 1199 is:</p> | <p>1216</p> |