

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NYU LANGONE HEALTH
Reporting Organization	NYU Langone Hospitals
Reporting Organization Id	1463
Reporting Organization Type	Hospital (pfi)
Data Entity	NYU Langone Hospitals

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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
Neonatal Intensive/Intermediate Care - TH9 NICU	23	4.43	41.5	1.8
Pediatrics - KP 8 PEDS ACUTE	10.49	2.93	28.6	2.73
Medical / Surgical - KP 17 NEURO	9.93	2.67	29.8	3
Tisch Emergency Department Observation Unit	4.91	8.2	14.36	2.93
Tisch Emergency Department	31	2.6	84.4	2.7
Medical / Surgical - TH 11E	7.56	2.3	26.3	3.48
Maternity - TH 8 LABOR AND DELIVERY	16.19	8.5	15.24	0.94
Maternity - TH 12/13 OB	14.92	4.17	28.65	1.92
Medical / Surgical Acute & ICU - KP 15 CARD	13.95	3.43	32.5	2.33
Medical / Surgical Acute & ICU - KP 14 CV SURG	13.41	4.6	26.6	1.98
Medical / Surgical Acute & ICU - KP 13 SURG	18.23	4.6	31.7	1.74
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	11.55	2.83	32.6	2.82

Medical / Surgical - KP 11 SURG	10.9	2.67	32.7	3
Medical / Surgical - KP 10 SURG	10.9	2.67	32.7	3
Psychiatry - TH HCC10 PSYCH	3.88	1.82	19.1	4.07
Physical Medicine & Rehabilitation - TH HCC 9 REHAB	4.7	1.97	19.1	4.07
Medical / Surgical Acute & ICU - KP 16 NEURO	13.55	3.7	29.3	2.16
Medical / Surgical - TH16 EAST MED	6.5	2.3	22.6	3.48
Medical / Surgical - TH 17 WEST MED	8.4	2.3	29.2	3.48
Medical / Surgical - TH 17 EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - TH 16 WEST	8.4	2.3	29.2	3.48
Medical ICU - TH 15 EAST/WEST	19.38	5.17	30	1.55
Medical / Surgical - TH 14 WEST	5.66	2.3	19.7	3.48
Medical / Surgical - TH 14 EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - KP 18 HEME / ONC/ BMT	11.76	2.9	32.4	2.46
Intensive Care & Pediatrics - KP 9 PICU	12.38	6.27	15.8	1.28
Intensive Care & Pediatrics - KP 9 CCVCU	12.58	6.67	15.1	1.2
TH BK Endo- PACU	1.71	0.6	22.81	13.31
Essex Crossing- PACU	2.75	1.64	13.4	4.87
ACC 23- PACU	2.7	0.79	27.62	10.1
ACC 21- PACU	1.75	1.55	9.04	5.17
ACC3- PACU	2.25	1.62	11.14	4.95
TH ENDO- PACU	2.57	1.35	15.24	5.93
HCC 2- PACU	3	2.67	8.97	2.99
KP 5- PACU	2	3.42	4.68	2.34

KP 4- PACU	4	3.44	9.31	2.33
KP 2- PACU	1.29	3.66	2.81	2.19
TH 10- PACU	4	2.8	11.43	2.86
TH 6- PACU	10	5.74	13.93	1.39
TH BK Endo OR	2.4	3.58	28	13.87
Essex Crossing OR	4.8	5.46	17	4.35
ACC 23- OR	4.8	3.22	31	7.7
ACC 21- OR	3.8	2.55	14	3.88
ACC3- OR	3.8	4.2	15	4.21
TH ENDO- OR	6.6	3.94	26	3.69
HCC 2- OR	5.7	3.57	13	5.7
KP 5- OR	10.4	5.59	16	1.4
KP 4- PR	1.8	0.76	0.2	2.22
KP 4- OR	4.8	4.01	10	2.49
KP 4- OR	7.6	4.16	7	0.96
KP 2- OR	7.6	4.16	7	0.99
TH 10- OR	10.4	3.61	19	2.1
TH 6- OR	14.1	5.16	23	1.34
TH BK Endo PR	2.4	3.58	28	13.87

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal Intensive/Intermediate Care - TH9 NICU	0	0

Pediatrics - KP 8 PEDS ACUTE	0	0
Medical / Surgical - KP 17 NEURO	0	0
Tisch Emergency Department Observation Unit	0	0
Tisch Emergency Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR AND DELIVERY	0	0
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute & ICU - KP 15 CARD	0	0
Medical / Surgical Acute & ICU - KP 14 CV SURG	0	0
Medical / Surgical Acute & ICU - KP 13 SURG	0	0
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	0	0
Medical / Surgical - KP 11 SURG	0	0
Medical / Surgical - KP 10 SURG	0	0
Psychiatry - TH HCC10 PSYCH	0	0
Physical Medicine & Rehabilitation - TH HCC 9 REHAB	0	0
Medical / Surgical Acute & ICU - KP 16 NEURO	0	0
Medical / Surgical - TH16 EAST MED	0	0
Medical / Surgical - TH 17 WEST MED	0	0
Medical / Surgical - TH 17 EAST MED	0	0

Medical / Surgical - TH 16 WEST	0	0
Medical ICU - TH 15 EAST/WEST	0	0
Medical / Surgical - TH 14 WEST	0	0
Medical / Surgical - TH 14 EAST MED	0	0
Medical / Surgical - KP 18 HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics - KP 9 PICU	0	0
Intensive Care & Pediatrics - KP 9 CCVCU	0	0
TH BK Endo- PACU	0	0
Essex Crossing- PACU	0	0
ACC 23- PACU	0	0
ACC 21- PACU	0	0
ACC3- PACU	0	0
TH ENDO- PACU	0	0
HCC 2- PACU	0	0
KP 5- PACU	0	0
KP 4- PACU	0	0
KP 2- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
TH BK Endo OR	0	0
Essex Crossing OR	0	0
ACC 23- OR	0	0
ACC 21- OR	0	0
ACC3- OR	0	0
TH ENDO- OR	0	0
HCC 2- OR	0	0
KP 5- OR	0	0
KP 4- PR	0	0
KP 4- OR	0	0
KP 4- OR	0	0
KP 2- OR	0	0
TH 10- OR	0	0

TH 6- OR	0	0
TH BK Endo PR	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal Intensive/Intermediate Care - TH9 NICU	2	16
Pediatrics - KP 8 PEDS ACUTE	0.5	4
Medical / Surgical - KP 17 NEURO	0	0
Tisch Emergency Department Observation Unit	0	0
Tisch Emergency Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR AND DELIVERY	2	16
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute & ICU - KP 15 CARD	0	0
Medical / Surgical Acute & ICU - KP 14 CV SURG	0.5	4
Medical / Surgical Acute & ICU - KP 13 SURG	0.5	4

Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	0	0
Medical / Surgical - KP 11 SURG	0	0
Medical / Surgical - KP 10 SURG	0	0
Psychiatry - TH HCC10 PSYCH	0	0
Physical Medicine & Rehabilitation - TH HCC 9 REHAB	8.1	64.8
Medical / Surgical Acute & ICU - KP 16 NEURO	0.5	4
Medical / Surgical - TH16 EAST MED	0	0
Medical / Surgical - TH 17 WEST MED	0	0
Medical / Surgical - TH 17 EAST MED	0	0
Medical / Surgical - TH 16 WEST	0	0
Medical ICU - TH 15 EAST/WEST	2	16
Medical / Surgical - TH 14 WEST	0	0
Medical / Surgical - TH 14 EAST MED	0	0
Medical / Surgical - KP 18 HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics - KP 9 PICU	1.5	12
Intensive Care & Pediatrics - KP 9 CCVCU	1	8
TH BK Endo- PACU	0	0
Essex Crossing- PACU	0	0
ACC 23- PACU	0	0
ACC 21- PACU	0	0
ACC3- PACU	0	0

TH ENDO- PACU	0	0
HCC 2- PACU	0	0
KP 5- PACU	0	0
KP 4- PACU	0	0
KP 2- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
TH BK Endo OR	1.4	11.2
Essex Crossing OR	3.8	30.4
ACC 23- OR	3.8	30.4
ACC 21- OR	2.8	22.4
ACC3- OR	2.8	22.4
TH ENDO- OR	5.6	44.8
HCC 2- OR	4.7	37.6
KP 5- OR	9.4	75.2
KP 4- PR	0.8	6.4
KP 4- OR	3.8	30.4
KP 4- OR	6.6	52.8
KP 2- OR	0	0
TH 10- OR	9.4	75.2
TH 6- OR	13.1	99.99
TH BK Endo PR	1.4	11.2

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal Intensive/Intermediate Care - TH9 NICU	0.9	0.17

Pediatrics - KP 8 PEDS ACUTE	2.62	0.73
Medical / Surgical - KP 17 NEURO	2.27	0.61
Tisch Emergency Department Observation Unit	1.23	0.68
Tisch Emergency Department	15.5	1.1
Medical / Surgical - TH 11E	3.24	0.99
Maternity - TH 8 LABOR AND DELIVERY	2.86	1.5
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute & ICU - KP 15 CARD	2.75	0.68
Medical / Surgical Acute & ICU - KP 14 CV SURG	2	0.6
Medical / Surgical Acute & ICU - KP 13 SURG	2.77	0.7
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	2.89	0.71
Medical / Surgical - KP 11 SURG	2.73	0.67
Medical / Surgical - KP 10 SURG	2.73	0.67
Psychiatry - TH HCC10 PSYCH	1.67	0.78
Physical Medicine & Rehabilitation - TH HCC 9 REHAB	2.01	0.84
Medical / Surgical Acute & ICU - KP 16 NEURO	1.05	0.29
Medical / Surgical - TH16 EAST MED	2.79	0.99
Medical / Surgical - TH 17 WEST MED	3.6	0.99
Medical / Surgical - TH 17 EAST MED	3.24	0.99

Medical / Surgical - TH 16 WEST	3.6	0.99
Medical ICU - TH 15 EAST/WEST	2.5	0.67
Medical / Surgical - TH 14 WEST	2.43	0.99
Medical / Surgical - TH 14 EAST MED	3.24	0.99
Medical / Surgical - KP 18 HEME / ONC/ BMT	2.66	0.66
Intensive Care & Pediatrics - KP 9 PICU	0.79	0.4
Intensive Care & Pediatrics - KP 9 CCVCU	0	0
TH BK Endo- PACU	0.94	0.33
Essex Crossing- PACU	0.94	0.56
ACC 23- PACU	1.5	0.43
ACC 21- PACU	0.75	0.66
ACC3- PACU	1.5	1.62
TH ENDO- PACU	0.75	0.39
HCC 2- PACU	1.5	1.33
KP 5- PACU	0.69	1.18
KP 4- PACU	1.5	1.29
KP 2- PACU	0.75	2.14
TH 10- PACU	2	1.4
TH 6- PACU	3.44	1.98
TH BK Endo OR	0	0
Essex Crossing OR	0	0
ACC 23- OR	0	0
ACC 21- OR	0	0
ACC3- OR	0	0
TH ENDO- OR	0	0
HCC 2- OR	0	0
KP 5- OR	0	0
KP 4- PR	0	0
KP 4- OR	0	0
KP 4- OR	0	0
KP 2- OR	0	0
TH 10- OR	0	0

TH 6- OR	0	0
TH BK Endo PR	0	0

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>Neonatal Intensive/Intermediate Care - TH9 NICU</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

Pediatrics - KP 8 PEDS ACUTE	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical / Surgical - KP 17 NEURO	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Tisch Emergency Department Observation Unit	House-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Tisch Emergency Department	3 Unit Clerks. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

<p>Medical / Surgical - TH 11E</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
<p>Maternity - TH 8 LABOR AND DELIVERY</p>	<p>ADC is average Deliveries per Day. 2 Triage Nurse, 1 Baby Nurse, 1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates and Clinical Nutrition.</p>

Maternity - TH 12/13 OB	2 Admit Nurses, 2 Nursery Nurses, 1 Unit Clerk (Patient Unit Associate). Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates and Clinical Nutrition.
Medical / Surgical Acute & ICU - KP 15 CARD	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Medical / Surgical Acute & ICU - KP 14 CV SURG	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
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<p>Medical / Surgical Acute & ICU - KP 13 SURG</p>	<p>1 Charge Nurse, 1 Head of Bed (Donor Center) Nurse, 1 Unit Clerk (Patient Unit Associate). Ancillary services dedicated to this unit typically include: Respiratory Therapy and Patient Support Associates. In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Behavioral Emergency Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>
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<p>Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
<p>Medical / Surgical - KP 11 SURG</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

Medical / Surgical - KP 10 SURG	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Psychiatry - TH HCC10 PSYCH	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

<p>Physical Medicine & Rehabilitation - TH HCC 9 REHAB</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
<p>Medical / Surgical Acute & ICU - KP 16 NEURO</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

Medical / Surgical - TH16 EAST MED	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical / Surgical - TH 17 WEST MED	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Medical / Surgical - TH 17 EAST MED	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical / Surgical - TH 16 WEST	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Medical ICU - TH 15 EAST/WEST	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical / Surgical - TH 14 WEST	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Medical / Surgical - TH 14
EAST MED

1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

<p>Medical / Surgical - KP 18 HEME / ONC/ BMT</p>	<p>1 Tx/Chemo Nurse, 1 Unit Clerk (Patient Unit Associate). Ancillary services dedicated to this unit typically include Patient Support Associates. In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Behavioral Emergency Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>
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Intensive Care & Pediatrics - KP 9 PICU	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
Intensive Care & Pediatrics - KP 9 CCVCU	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

TH BK Endo- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Essex Crossing- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

ACC 23- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
ACC 21- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

ACC3- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
TH ENDO- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

HCC 2- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
KP 5- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

KP 4- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
KP 2- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

TH 10- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
TH 6- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

TH BK Endo OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.
Essex Crossing OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates

ACC 23- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates
ACC 21- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates

ACC3- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates
TH ENDO- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.

HCC 2- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.
KP 5- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.

KP 4- PR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.
KP 4- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.

KP 4- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.
KP 2- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.

TH 10- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.
TH 6- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.

TH BK Endo PR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.
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DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Neonatal Intensive/Intermediate Care - TH9 NICU	Yes			
Pediatrics - KP 8 PEDS ACUTE	Yes			
Medical / Surgical - KP 17 NEURO	Yes			

<p>Tisch Emergency Department Observation Unit</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members. 2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Tisch Emergency Department</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members. 2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 11E</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Maternity - TH 8 LABOR AND DELIVERY</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Maternity - TH 12/13 OB</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical Acute & ICU - KP 15 CARD</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical Acute & ICU - KP 14 CV SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical Acute & ICU - KP 13 SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - KP 11 SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - KP 10 SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Psychiatry - TH HCC10 PSYCH</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Physical Medicine & Rehabilitation - TH HCC 9 REHAB</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical Acute & ICU - KP 16 NEURO</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH16 EAST MED</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 17 WEST MED</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 17 EAST MED</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 16 WEST</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical ICU - TH 15 EAST/WEST</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 14 WEST</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 14 EAST MED</p>	<p>No</p>	<p>1 Charge Nurse, 1 Unit Clerk (Patient Unit Associate). Ancillary services dedicated to this unit typically include Patient Support Associates. In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Behavioral Emergency Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - KP 18 HEME / ONC/ BMT</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
<p>Intensive Care & Pediatrics - KP 9 PICU</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>

<p>Intensive Care & Pediatrics - KP 9 CCVCU</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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TH BK Endo- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
Essex Crossing- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

ACC 23- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
ACC 21- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

ACC3- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
TH ENDO- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

HCC 2- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
KP 5- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

<p>KP 4- PACU</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
<p>KP 2- PACU</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

TH 10- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
TH 6- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

TH BK Endo OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
Essex Crossing OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

ACC 23- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
ACC 21- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

ACC3- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
TH ENDO- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

HCC 2- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
KP 5- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

<p>KP 4- PR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
<p>KP 4- OR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

<p>KP 4- OR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
<p>KP 2- OR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

TH 10- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
TH 6- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

TH BK Endo PR	No	I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.	RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.	RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.
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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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
Neonatal Intensive/Intermediate Care - TH9 NICU	23	4.43	41.5	1.8
Pediatrics - KP 8 PEDS ACUTE	9	2.9	28.4	3.2
Medical / Surgical - KP 17 NEURO	9.93	2.67	29.8	3
Tisch Emergency Department Observation Department	4.91	8.2	14.36	2.93
Tisch Emergency Department	48	2.6	99.99	2.72
Medical / Surgical - TH 11E	7.56	2.3	26.3	3.48
Maternity - TH 8 LABOR AND DELIVERY	16.19	8.5	15.24	0.94
Maternity - TH 12/13 OB	14.92	4.17	28.65	1.92
Medical / Surgical Acute & ICU - KP 15 CARD	13.95	3.43	32.5	2.33
Medical / Surgical Acute & ICU - KP 14 CV SURG	13.41	4.03	26.6	1.98
Medical / Surgical Acute & ICU - KP 13 SURG	18.23	4.6	31.7	1.74
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	11.55	2.83	32.6	2.82

Medical / Surgical - KP 11 SURG	10.9	2.67	32.7	3
Medical / Surgical - KP 10 SURG	10.9	2.67	32.7	3
Psychiatry - TH HCC10 PSYCH	3.88	1.82	17.1	4.4
Physical Medicine & Rehabilitation - TH HCC 9 REHAB	3.88	1.97	19.1	4.07
Medical / Surgical Acute & ICU - KP 16 NEURO	13.55	3.7	29.3	2.16
Medical / Surgical - TH16 EAST MED ONC	8.4	2.3	22.6	3.48
Medical / Surgical - TH 17 EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - TH 17 EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - TH 16 WEST	8.4	2.3	29.2	3.48
Medical ICU - TH 15 EAST/WEST	19.38	5.17	30	1.55
Medical / Surgical - TH 14 WEST	5.66	2.3	19.7	3.48
Medical / Surgical - TH 14 EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - KP 18 HEME / ONC/ BMT	11.76	2.9	32.24	2.76
Intensive Care & Pediatrics - KP 9 PICU	12.38	6.27	15.8	1.28
Intensive Care & Pediatrics - KP 9 CCVCU	12.58	6.67	15.1	1.2
TH BK Endo- PACU	0.75	0.6	9.98	13.31
Essex Crossing- PACU	1.25	1.29	7.76	6.21
ACC 23- PACU	1.42	0.79	14.34	10.1
ACC 21- PACU	1.25	1.55	6.46	5.17
ACC 3- PACU	1.28	1.62	6.34	4.95
TH ENDO- PACU	2.43	1.35	14.39	5.93
HCC 2- PACU	3	2.67	8.97	2.99
KP 5- PACU	2.85	3.42	6.67	2.34

KP 4- PACU	3	3.44	6.98	2.33
KP 2- PACU	1.86	3.66	4.06	2.19
TH 10- PACU	5	2.8	14.29	2.86
TH 6- PACU	9	5.74	12.54	1.39
TH BK Endo PR	0.9	0.62	2	0.91
Essex Crossing OR	3	2.26	5	1.13
ACC 23- OR	3.4	1.6	11	2.7
ACC 21- OR	1.8	0.77	2	0.55
ACC 3- OR	1.8	1.65	3	0.78
TH Endo- OR	4.5	3.52	16	2.25
HCC 2- OR	3.6	2.67	6	2.7
KP 5- OR	8.3	3.82	9	0.76
KP 4- OR	3.9	2.49	5	1.13
KP 2- OR	4.8	3.74	4	0.56
TH 10- OR	6.8	3.03	11	1.15
TH 6- OR	11.9	4	15	0.88

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal Intensive/Intermediate Care - TH9 NICU	0	0
Pediatrics - KP 8 PEDS ACUTE	0	0
Medical / Surgical - KP 17 NEURO	0	0
Tisch Emergency Department Observation Department	0	0

Tisch Emergency Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR AND DELIVERY	0	0
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute & ICU - KP 15 CARD	0	0
Medical / Surgical Acute & ICU - KP 14 CV SURG	0	0
Medical / Surgical Acute & ICU - KP 13 SURG	0	0
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	0	0
Medical / Surgical - KP 11 SURG	0	0
Medical / Surgical - KP 10 SURG	0	0
Psychiatry - TH HCC10 PSYCH	0	0
Physical Medicine & Rehabilitation - TH HCC 9 REHAB	0	0
Medical / Surgical Acute & ICU - KP 16 NEURO	0	0
Medical / Surgical - TH16 EAST MED ONC	0	0
Medical / Surgical - TH 17 EAST MED	0	0
Medical / Surgical - TH 17 EAST MED	0	0
Medical / Surgical - TH 16 WEST	0	0
Medical ICU - TH 15 EAST/WEST	0	0
Medical / Surgical - TH 14 WEST	0	0

Medical / Surgical - TH 14 EAST MED	0	0
Medical / Surgical - KP 18 HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics - KP 9 PICU	0	0
Intensive Care & Pediatrics - KP 9 CCVCU	0	0
TH BK Endo- PACU	0	0
Essex Crossing- PACU	0	0
ACC 23- PACU	0	0
ACC 21- PACU	0	0
ACC 3- PACU	0	0
TH ENDO- PACU	0	0
HCC 2- PACU	0	0
KP 5- PACU	0	0
KP 4- PACU	0	0
KP 2- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
TH BK Endo PR	0	0
Essex Crossing OR	0	0
ACC 23- OR	0	0
ACC 21- OR	0	0
ACC 3- OR	0	0
TH Endo- OR	0	0
HCC 2- OR	0	0
KP 5- OR	0	0
KP 4- OR	0	0
KP 2- OR	0	0
TH 10- OR	0	0
TH 6- OR	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal Intensive/Intermediate Care - TH9 NICU	2	16
Pediatrics - KP 8 PEDS ACUTE	1	8
Medical / Surgical - KP 17 NEURO	0	0
Tisch Emergency Department Observation Department	0	0
Tisch Emergency Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR AND DELIVERY	2	16
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute & ICU - KP 15 CARD	0	0
Medical / Surgical Acute & ICU - KP 14 CV SURG	0.5	4
Medical / Surgical Acute & ICU - KP 13 SURG	0.5	4
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	0	0
Medical / Surgical - KP 11 SURG	0	0
Medical / Surgical - KP 10 SURG	0	0

Psychiatry - TH HCC10 PSYCH	0	0
Physical Medicine & Rehabilitation - TH HCC 9 REHAB	8.1	64.8
Medical / Surgical Acute & ICU - KP 16 NEURO	0.5	4
Medical / Surgical - TH16 EAST MED ONC	0	0
Medical / Surgical - TH 17 EAST MED	0	0
Medical / Surgical - TH 17 EAST MED	0	0
Medical / Surgical - TH 16 WEST	0	0
Medical ICU - TH 15 EAST/WEST	2	16
Medical / Surgical - TH 14 WEST	0	0
Medical / Surgical - TH 14 EAST MED	0	0
Medical / Surgical - KP 18 HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics - KP 9 PICU	1.5	12
Intensive Care & Pediatrics - KP 9 CCVCU	1	8
TH BK Endo- PACU	0	0
Essex Crossing- PACU	0	0
ACC 23- PACU	0	0
ACC 21- PACU	0	0
ACC 3- PACU	0	0
TH ENDO- PACU	0	0
HCC 2- PACU	0	0
KP 5- PACU	0	0
KP 4- PACU	0	0
KP 2- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0

TH BK Endo PR	0.9	7.2
Essex Crossing OR	2	16
ACC 23- OR	2.4	19.2
ACC 21- OR	0.8	6.4
ACC 3- OR	0.8	6
TH Endo- OR	3.5	28
HCC 2- OR	2.6	20.8
KP 5- OR	7.3	58.4
KP 4- OR	2.9	23.2
KP 2- OR	3.8	30.4
TH 10- OR	5.8	46.4
TH 6- OR	10.9	87.2

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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
Neonatal Intensive/Intermediate Care - TH9 NICU	0.9	0.17
Pediatrics - KP 8 PEDS ACUTE	3.4	0.7
Medical / Surgical - KP 17 NEURO	2.27	0.61
Tisch Emergency Department Observation Department	1.23	2.05
Tisch Emergency Department	15.5	1.1
Medical / Surgical - TH 11E	3.24	0.99
Maternity - TH 8 LABOR AND DELIVERY	2.86	1.5

Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute & ICU - KP 15 CARD	2.75	0.68
Medical / Surgical Acute & ICU - KP 14 CV SURG	2	0.6
Medical / Surgical Acute & ICU - KP 13 SURG	2.77	0.7
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	2.89	0.71
Medical / Surgical - KP 11 SURG	2.73	0.67
Medical / Surgical - KP 10 SURG	2.73	0.67
Psychiatry - TH HCC10 PSYCH	1.67	0.78
Physical Medicine & Rehabilitation - TH HCC 9 REHAB	2.01	0.84
Medical / Surgical Acute & ICU - KP 16 NEURO	1.05	0.29
Medical / Surgical - TH16 EAST MED ONC	2.69	0.99
Medical / Surgical - TH 17 EAST MED	3.24	0.99
Medical / Surgical - TH 17 EAST MED	2.92	0.99
Medical / Surgical - TH 16 WEST	3.6	0.99
Medical ICU - TH 15 EAST/WEST	2.5	0.67
Medical / Surgical - TH 14 WEST	2.43	0.99
Medical / Surgical - TH 14 EAST MED	3.24	0.99
Medical / Surgical - KP 18 HEME / ONC/ BMT	2.66	0.66
Intensive Care & Pediatrics - KP 9 PICU	0.79	0.4

Intensive Care & Pediatrics - KP 9 CCVCU	0	0
TH BK Endo- PACU	0.06	0.05
Essex Crossing- PACU	0.06	0.06
ACC 23- PACU	0.5	0.28
ACC 21- PACU	0.25	0.31
ACC 3- PACU	0.5	0.63
TH ENDO- PACU	1.25	0.69
HCC 2- PACU	1.5	1.34
KP 5- PACU	1.19	1.43
KP 4- PACU	1.5	1.72
KP 2- PACU	1.25	2.46
TH 10- PACU	1.25	0.7
TH 6- PACU	3.56	2.27
TH BK Endo PR	0	0
Essex Crossing OR	0	0
ACC 23- OR	0	0
ACC 21- OR	0	0
ACC 3- OR	0	0
TH Endo- OR	0	0
HCC 2- OR	0	0
KP 5- OR	0	0
KP 4- OR	0	0
KP 2- OR	0	0
TH 10- OR	0	0
TH 6- OR	0	0

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>Neonatal Intensive/Intermediate Care - TH9 NICU</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

<p>Pediatrics - KP 8 PEDS ACUTE</p>	<p>1 Charge Nurse, 1 Unit Clerk. Ancillary services dedicated to this unit typically include: Respiratory Therapy and Patient Support Associates. In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Behavioral Emergency Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>
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Medical / Surgical - KP 17 NEURO	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Tisch Emergency Department Observation Department	House-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Tisch Emergency Department	3 Unit Clerks. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical / Surgical - TH 11E	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

<p>Maternity - TH 8 LABOR AND DELIVERY</p>	<p>ADC is average Deliveries per Day. 2 Triage Nurse, 1 Baby Nurse, 1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates and Clinical Nutrition.</p>
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<p>Maternity - TH 12/13 OB</p>	<p>2 Admit Nurses, 2 Nursery Nurses, 1 Unit Clerk (Patient Unit Associate). Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates and Clinical Nutrition.</p>
<p>Medical / Surgical Acute & ICU - KP 15 CARD</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

Medical / Surgical Acute & ICU - KP 14 CV SURG	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
Medical / Surgical Acute & ICU - KP 13 SURG	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

<p>Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
<p>Medical / Surgical - KP 11 SURG</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

Medical / Surgical - KP 10 SURG	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Psychiatry - TH HCC10 PSYCH	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

<p>Physical Medicine & Rehabilitation - TH HCC 9 REHAB</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
<p>Medical / Surgical Acute & ICU - KP 16 NEURO</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

Medical / Surgical - TH16 EAST MED ONC	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical / Surgical - TH 17 EAST MED	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

<p>Medical / Surgical - TH 17 EAST MED</p>	<p>1 Charge Nurse, 1 Unit Clerk (Patient Unit Associate). Ancillary services dedicated to this unit typically include Patient Support Associates.</p> <p>In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Behavioral Emergency Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>
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Medical / Surgical - TH 16 WEST	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical ICU - TH 15 EAST/WEST	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Medical / Surgical - TH 14 WEST	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical / Surgical - TH 14 EAST MED	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Medical / Surgical - KP 18 HEME / ONC/ BMT	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Intensive Care & Pediatrics - KP 9 PICU	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Intensive Care & Pediatrics - KP 9 CCVCU	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
TH BK Endo- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Essex Crossing- PACU	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
ACC 23- PACU	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

ACC 21- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
ACC 3- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

TH ENDO- PACU	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
HCC 2- PACU	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

KP 5- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
KP 4- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

KP 2- PACU	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
TH 10- PACU	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

TH 6- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
TH BK Endo PR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates

Essex Crossing OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates
ACC 23- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates

ACC 21- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates
ACC 3- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates

TH Endo- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, and Patient Support Associates.
HCC 2- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.

KP 5- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.
KP 4- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.

KP 2- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, Certified Scrub Techs, and Patient Support Associates.
TH 10- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, and Patient Support Associates.

TH 6- OR	OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, and Patient Support Associates.”
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EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit’s location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	
Neonatal Intensive/Intermediate Care - TH9 NICU	Yes			
Pediatrics - KP 8 PEDS ACUTE	Yes			
Medical / Surgical - KP 17 NEURO	Yes			

<p>Tisch Emergency Department Observation Department</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members. 2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily</p>	
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<p>Tisch Emergency Department</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members. 2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily</p>	
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<p>Medical / Surgical - TH 11E</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Maternity - TH 8 LABOR AND DELIVERY</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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Maternity - TH 12/13 OB	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical Acute & ICU - KP 15 CARD</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical Acute & ICU - KP 14 CV SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical Acute & ICU - KP 13 SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical - KP 11 SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical - KP 10 SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Psychiatry - TH HCC10 PSYCH</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Physical Medicine & Rehabilitation - TH HCC 9 REHAB</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical Acute & ICU - KP 16 NEURO</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical - TH16 EAST MED ONC</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical - TH 17 EAST MED</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical - TH 17 EAST MED</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical - TH 16 WEST</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical ICU - TH 15 EAST/WEST</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical - TH 14 WEST</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical - TH 14 EAST MED</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Medical / Surgical - KP 18 HEME / ONC/ BMT</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Intensive Care & Pediatrics - KP 9 PICU</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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<p>Intensive Care & Pediatrics - KP 9 CCVCU</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	
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TH BK Endo- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
Essex Crossing- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

ACC 23- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
ACC 21- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

ACC 3- PACU	No	I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.	RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.	
TH ENDO- PACU	No	I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.	RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.	

HCC 2- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
KP 5- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

KP 4- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
KP 2- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

TH 10- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
TH 6- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

TH BK Endo PR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
Essex Crossing OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

ACC 23- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
ACC 21- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

ACC 3- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
TH Endo- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

HCC 2- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
KP 5- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

<p>KP 4- OR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
<p>KP 2- OR</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

TH 10- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	
TH 6- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	

RN NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
Neonatal Intensive/Intermediate Care - TH9 NICU	23	4.43	41.5	1.8
Pediatrics - KP 8 PEDS ACUTE	10.49	2.93	28.6	2.73
Tisch Emergency Department Observation Unit	4.91	8.2	14.36	2.93
Tisch Emergency Department	30.5	2.6	83	2.72
Medical / Surgical - TH 11E	7.56	2.3	26.3	3.48
Maternity - TH 8 LABOR AND DELIVERY	16.19	8.5	15.24	0.94
Maternity - TH 12/13 OB	14.92	4.17	28.65	1.92
Medical / Surgical Acute & ICU - KP 15 CARD	13.95	3.43	32.5	2.33
Medical / Surgical Acute & ICU - KP 14 CV SURG	13.41	4.03	26.6	1.98
Medical / Surgical Acute & ICU - KP 13 SURG	18.23	4.6	31.7	1.74
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	11.55	2.83	32.6	2.82
Medical / Surgical - KP 11 SURG	10.9	2.67	37.7	3
Medical / Surgical - KP 10 SURG	10.9	2.67	32.7	3

Psychiatry - TH HCC10 PSYCH	3.88	1.82	17.1	4.4
Physical Medicine & Rehabilitation - TH HCC 9 REHAB	4.7	1.97	19.1	4.07
Medical / Surgical - KP 17 NEURO	9.93	2.67	29.8	3
Medical / Surgical Acute & ICU - KP 16 NEURO	13.55	3.7	29.3	2.16
Medical / Surgical - TH16 EAST MED	6.5	2.3	22.6	3.48
Medical / Surgical - TH 17 WEST MED	8.4	2.3	29.2	3.48
Medical / Surgical - TH 17 EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - TH 16 WEST	8.4	2.3	29.2	3.48
Medical ICU - TH 15 EAST/WEST	19.38	5.17	30	1.55
Medical / Surgical - TH 14 WEST	5.66	2.3	19.7	3.48
Medical / Surgical - TH 14 EAST MED	7.56	2.3	26.3	3.48
Medical / Surgical - KP 18 HEME / ONC/ BMT	11.76	2.9	32.4	2.76
Intensive Care & Pediatrics - KP 9 PICU	12.38	6.27	15.8	1.28
Intensive Care & Pediatrics - KP 9 CCVCU	12.58	6.67	15.1	1.2
KP 5- PACU	2	3.42	4.68	2.34
TH 10- PACU	0.75	2.8	2.14	2.86
TH 6- PACU	5	5.74	6.97	1.39
TH 6- OR	3	2.56	2	0.14

LPN NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal Intensive/Intermediate Care - TH9 NICU	0	0
Pediatrics - KP 8 PEDS ACUTE	0	0
Tisch Emergency Department Observation Unit	0	0
Tisch Emergency Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR AND DELIVERY	0	0
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute & ICU - KP 15 CARD	0	0
Medical / Surgical Acute & ICU - KP 14 CV SURG	0	0
Medical / Surgical Acute & ICU - KP 13 SURG	0	0
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	0	0
Medical / Surgical - KP 11 SURG	0	0
Medical / Surgical - KP 10 SURG	0	0
Psychiatry - TH HCC10 PSYCH	0	0

Physical Medicine & Rehabilitation - TH HCC 9 REHAB	0	0
Medical / Surgical - KP 17 NEURO	0	0
Medical / Surgical Acute & ICU - KP 16 NEURO	0	0
Medical / Surgical - TH16 EAST MED	0	0
Medical / Surgical - TH 17 WEST MED	0	0
Medical / Surgical - TH 17 EAST MED	0	0
Medical / Surgical - TH 16 WEST	0	0
Medical ICU - TH 15 EAST/WEST	0	0
Medical / Surgical - TH 14 WEST	0	0
Medical / Surgical - TH 14 EAST MED	0	0
Medical / Surgical - KP 18 HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics - KP 9 PICU	0	0
Intensive Care & Pediatrics - KP 9 CCVCU	0	0
KP 5- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
TH 6- OR	0	0

NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal Intensive/Intermediate Care - TH9 NICU	2	16
Pediatrics - KP 8 PEDS ACUTE	0.5	4
Tisch Emergency Department Observation Unit	0	0
Tisch Emergency Department	0	0
Medical / Surgical - TH 11E	0	0
Maternity - TH 8 LABOR AND DELIVERY	2	16
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute & ICU - KP 15 CARD	0	0
Medical / Surgical Acute & ICU - KP 14 CV SURG	0.5	4
Medical / Surgical Acute & ICU - KP 13 SURG	0.5	4
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	0	0
Medical / Surgical - KP 11 SURG	0	0
Medical / Surgical - KP 10 SURG	0	0
Psychiatry - TH HCC10 PSYCH	0	0

Physical Medicine & Rehabilitation - TH HCC 9 REHAB	8.1	64.8
Medical / Surgical - KP 17 NEURO	0	0
Medical / Surgical Acute & ICU - KP 16 NEURO	0.5	4
Medical / Surgical - TH16 EAST MED	0	0
Medical / Surgical - TH 17 WEST MED	0	0
Medical / Surgical - TH 17 EAST MED	0	0
Medical / Surgical - TH 16 WEST	0	0
Medical ICU - TH 15 EAST/WEST	2	16
Medical / Surgical - TH 14 WEST	0	0
Medical / Surgical - TH 14 EAST MED	0	0
Medical / Surgical - KP 18 HEME / ONC/ BMT	0	0
Intensive Care & Pediatrics - KP 9 PICU	1.5	12
Intensive Care & Pediatrics - KP 9 CCVCU	1	8
KP 5- PACU	0	0
TH 10- PACU	0	0
TH 6- PACU	0	0
TH 6- OR	2	16

NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
Neonatal Intensive/Intermediate Care - TH9 NICU	0.9	0.17
Pediatrics - KP 8 PEDS ACUTE	2.62	0.73
Tisch Emergency Department Observation Unit	1.23	2.05
Tisch Emergency Department	15.5	1.1
Medical / Surgical - TH 11E	3.24	0.99
Maternity - TH 8 LABOR AND DELIVERY	2.86	1.5
Maternity - TH 12/13 OB	0	0
Medical / Surgical Acute & ICU - KP 15 CARD	2.75	0.68
Medical / Surgical Acute & ICU - KP 14 CV SURG	2	0.6
Medical / Surgical Acute & ICU - KP 13 SURG	2.77	0.7
Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT	2.89	0.71
Medical / Surgical - KP 11 SURG	2.73	0.67
Medical / Surgical - KP 10 SURG	2.73	0.67
Psychiatry - TH HCC10 PSYCH	1.67	0.78

Physical Medicine & Rehabilitation - TH HCC 9 REHAB	2.01	0.84
Medical / Surgical - KP 17 NEURO	2.27	0.61
Medical / Surgical Acute & ICU - KP 16 NEURO	1.05	0.29
Medical / Surgical - TH16 EAST MED	2.79	0.99
Medical / Surgical - TH 17 WEST MED	3.6	0.99
Medical / Surgical - TH 17 EAST MED	3.24	0.99
Medical / Surgical - TH 16 WEST	3.6	0.99
Medical ICU - TH 15 EAST/WEST	2.5	0.67
Medical / Surgical - TH 14 WEST	2.43	0.99
Medical / Surgical - TH 14 EAST MED	3.24	0.99
Medical / Surgical - KP 18 HEME / ONC/ BMT	2.66	0.66
Intensive Care & Pediatrics - KP 9 PICU	0.79	0.4
Intensive Care & Pediatrics - KP 9 CCVCU	0	0
KP 5- PACU	0	0
TH 10- PACU	0.25	0.93
TH 6- PACU	0.21	0.24
TH 6- OR	0	0

NIGHT 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 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>Neonatal Intensive/Intermediate Care - TH9 NICU</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

<p>Pediatrics - KP 8 PEDS ACUTE</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
<p>Tisch Emergency Department Observation Unit</p>	<p>House-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

Tisch Emergency Department	<p>3 Unit Clerks. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
Medical / Surgical - TH 11E	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

<p>Maternity - TH 8 LABOR AND DELIVERY</p>	<p>ADC is average Deliveries per Day. 2 Triage Nurse, 1 Baby Nurse, 1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates and Clinical Nutrition.</p>
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Maternity - TH 12/13 OB	2 Admit Nurses, 2 Nursery Nurses, 1 Unit Clerk (Patient Unit Associate). Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates and Clinical Nutrition.
Medical / Surgical Acute & ICU - KP 15 CARD	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Medical / Surgical Acute & ICU - KP 14 CV SURG	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
Medical / Surgical Acute & ICU - KP 13 SURG	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

<p>Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
<p>Medical / Surgical - KP 11 SURG</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

Medical / Surgical - KP 10 SURG	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Psychiatry - TH HCC10 PSYCH	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

<p>Physical Medicine & Rehabilitation - TH HCC 9 REHAB</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
<p>Medical / Surgical - KP 17 NEURO</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

Medical / Surgical Acute & ICU - KP 16 NEURO	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical / Surgical - TH16 EAST MED	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Medical / Surgical - TH 17 WEST MED	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical / Surgical - TH 17 EAST MED	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Medical / Surgical - TH 16 WEST	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical ICU - TH 15 EAST/WEST	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

Medical / Surgical - TH 14 WEST	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
Medical / Surgical - TH 14 EAST MED	1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

<p>Medical / Surgical - KP 18 HEME / ONC/ BMT</p>	<p>1 Tx/Chemo Nurse, 1 Unit Clerk (Patient Unit Associate). In addition to the hours noted in the ancillary care section, other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Behavioral Emergency Response Team, Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, and Clinical Nutrition.</p>
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<p>Intensive Care & Pediatrics - KP 9 PICU</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
<p>Intensive Care & Pediatrics - KP 9 CCVCU</p>	<p>1 Unit Clerk. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>

KP 5- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.
TH 10- PACU	Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.

<p>TH 6- PACU</p>	<p>Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: Wound Care Team, IV Access Team, Alert Team, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Pharmacists, Case Management, Social Work, Patient Support Associates, and Clinical Nutrition.</p>
<p>TH 6- OR</p>	<p>OR Staffing Plan based on anticipated daily OR volume. Each operating room is staffed with a minimum of one RN and one scrub role filled by either an RN or CST. Other house-wide resources are centrally staffed and available to this unit as needed based on patient acuity and/or provider orders. These resources may include: CRNAs, Pharmacists, Case Management, and Patient Support Associates.</p>

NIGHT SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Neonatal Intensive/Intermediate Care - TH9 NICU	Yes			
Pediatrics - KP 8 PEDS ACUTE	Yes			

<p>Tisch Emergency Department Observation Unit</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members. 2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Tisch Emergency Department</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members. 2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 11E</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Maternity - TH 8 LABOR AND DELIVERY</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Maternity - TH 12/13 OB</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical Acute & ICU - KP 15 CARD</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical Acute & ICU - KP 14 CV SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical Acute & ICU - KP 13 SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - KP 12 MEDICAL/SURGICAL/TRANS PLANT</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - KP 11 SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - KP 10 SURG</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Psychiatry - TH HCC10 PSYCH</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Physical Medicine & Rehabilitation - TH HCC 9 REHAB</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - KP 17 NEURO</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical Acute & ICU - KP 16 NEURO</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH16 EAST MED</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 17 WEST MED</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 17 EAST MED</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 16 WEST</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical ICU - TH 15 EAST/WEST</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 14 WEST</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - TH 14 EAST MED</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Medical / Surgical - KP 18 HEME / ONC/ BMT</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Intensive Care & Pediatrics - KP 9 PICU</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>Intensive Care & Pediatrics - KP 9 CCVCU</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>1) NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.</p> <p>2) NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.</p>	<p>An increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as to provide coverage for breaks.</p>
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<p>KP 5- PACU</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
<p>TH 10- PACU</p>	<p>No</p>	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

TH 6- PACU	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>
TH 6- OR	No	<p>I acknowledge the statements of both the management and employee members of the clinical staffing committee, and, pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as those that were affirmed unanimously.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>	<p>RN Staff reached consensus on the proposed care models, however union representation and ancillary members of the committee declined to vote.</p>

CBA INFORMATION

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

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

09/30/20
26 12:00
AM

The number of hospital employees represented by SEIU 1199 is:

4174