

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Nassau
Council	Long Island
Network	NORTHWELL HEALTH
Reporting Organization	Plainview Hospital
Reporting Organization Id	0552
Reporting Organization Type	Hospital (pfi)
Data Entity	Plainview Hospital

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) ?
Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor	6	1.33	36	6
medical surgical patients, oncological patients various medical conditions third floor	2	0.89	18	9
Medical surgical patients ,post operative procedures and various medical conditions second floor	3	1	24	9
Various acute conditions requiring intensive care treatments/modalities first floor	5	3.83	10	2
medical surgical unit various medical conditions first floor	2	0.89	18	9

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)
Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor	0	0
medical surgical patients, oncological patients various medical conditions third floor	0	0
Medical surgical patients ,post operative procedures and various medical conditions second floor	0	0
Various acute conditions requiring intensive care treatments/modalities first floor	0	0
medical surgical unit various medical conditions first floor	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)
Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor	5	53.8
medical surgical patients, oncological patients various medical conditions third floor	5	28.5
Medical surgical patients ,post operative procedures and various medical conditions second floor	5	48.6
Various acute conditions requiring intensive care treatments/modalities first floor	5	22.5
medical surgical unit various medical conditions first floor	5	32.3

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)
Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor	4	1.45
medical surgical patients, oncological patients various medical conditions third floor	2	0.89
Medical surgical patients ,post operative procedures and various medical conditions second floor	3	1
Various acute conditions requiring intensive care treatments/modalities first floor	1	0.5
medical surgical unit various medical conditions first floor	2	0.89

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>Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor</p>	<p>secretary, Assistant Nurse Manager, Manager, Dietician, Spiritual services , Rapid Response Team, transport , EVS, Tele tech, Admission /discharge nurse, Educator</p>
<p>medical surgical patients, oncological patients various medical conditions third floor</p>	<p>Secretary , Admission/Discharge nurse, Assistant Nurse Manager, Manager, Spiritual services , Dietician , rapid response team, Hospitalist, Residents, NP, Tele Tech</p>
<p>Medical surgical patients ,post operative procedures and various medical conditions second floor</p>	<p>Secretary, Assistant Nurse Manager, Nurse Manager, Admission /Discharge Nurse, EVS, Transport, Spiritual Services, Tele Tech</p>

Various acute conditions requiring intensive care treatments/modalities first floor	secretary, Assistant Nurse Manager, Manager, Intensivist/PA/NP, educator, spiritual services, Dietician, Transport , EVS
medical surgical unit various medical conditions first floor	Secretary, Assistant Nurse Manager, Manager, educator, rapid response team , dietician , Spiritual services , Hospitalist , residents, NP. EVS, Transport, Tele Tech

DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
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<p>Medical surgical patients requiring continuous cardiac/pulse oxygen monitoring third floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>medical surgical patients, oncological patients various medical conditions third floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>Medical surgical patients ,post operative procedures and various medical conditions second floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>Various acute conditions requiring intensive care treatments/modalities first floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>medical surgical unit various medical conditions first floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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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)?
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	6	1.33	36	6
medical surgical patients, oncological patients various medical conditions third floor	2	0.89	18	9
Medical surgical patients ,post operative procedures and various medical conditions second floor	3	1	24	9
Various acute conditions requiring intensive care treatments/modalities first floor	5	3.83	10	2
medical surgical unit various medical conditions first floor	2	0.89	18	9

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)
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	0	0
medical surgical patients, oncological patients various medical conditions third floor	0	0
Medical surgical patients ,post operative procedures and various medical conditions second floor	0	0
Various acute conditions requiring intensive care treatments/modalities first floor	0	0
medical surgical unit various medical conditions first floor	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)
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	5	16.8
medical surgical patients, oncological patients various medical conditions third floor	5	7.3
Medical surgical patients ,post operative procedures and various medical conditions second floor	5	9.6
Various acute conditions requiring intensive care treatments/modalities first floor	4	8
medical surgical unit various medical conditions first floor	5	9

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)
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	4	1.45
medical surgical patients, oncological patients various medical conditions third floor	2	0.89
Medical surgical patients ,post operative procedures and various medical conditions second floor	2	1
Various acute conditions requiring intensive care treatments/modalities first floor	1	0.5
medical surgical unit various medical conditions first floor	2	0.89

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>Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor</p>	<p>Secretary ,Assistant Nurse Manager, Manager, EVS, Rapid Response Team, Spiritual Services, Transport, Hospitalist, Residents, NP, Educator, Tele Tech</p>
<p>medical surgical patients, oncological patients various medical conditions third floor</p>	<p>Secretary, Assistant Nurse Manager, Manager, EVS, Rapid response team, spiritual services , educator, Hospitalist, residents, NP, transport, Tele Tech</p>
<p>Medical surgical patients ,post operative procedures and various medical conditions second floor</p>	<p>Secretary, Assistant Nurse Manager, Nurse Manager Admission/discharge, Spiritual services , educator, EVS, Transport, Rapid Response team, resident , Hospitalist, NP, Tele Tech</p>

Various acute conditions requiring intensive care treatments/modalities first floor	Secretary, Intensivist/PA/NP, Assistant Nurse Manager, Manager, EVS, dietician, transport, spiritual services, Educator,
medical surgical unit various medical conditions first floor	Secretary, Assistant Nurse Manager, Manager, EVS, Transport, Dietician , educator, Residents , Hospitalist, NP, spiritual Services, Rapid Response Team, Tele Tech

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):	
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<p>Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	
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<p>medical surgical patients, oncological patients various medical conditions third floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	
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<p>Medical surgical patients ,post operative procedures and various medical conditions second floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	
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<p>Various acute conditions requiring intensive care treatments/modalities first floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	
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<p>medical surgical unit various medical conditions first floor</p>	<p>No</p>	<p>executive director considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision. At this time the management representatives have provided me with written justification of their proposal, the labor</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	
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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)?
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	6	1.33	36	6
medical surgical patients, oncological patients various medical conditions third floor	2	0.89	18	9
Medical surgical patients ,post operative procedures and various medical conditions second floor	3	1	24	9
Various acute conditions requiring intensive care treatments/modalities first floor	5	3.83	10	2
medical surgical unit various medical conditions first floor	2	0.89	18	9

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)
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	0	0
medical surgical patients, oncological patients various medical conditions third floor	0	0
Medical surgical patients ,post operative procedures and various medical conditions second floor	0	0
Various acute conditions requiring intensive care treatments/modalities first floor	0	0
medical surgical unit various medical conditions first floor	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)
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	2	4.1
medical surgical patients, oncological patients various medical conditions third floor	1	1.2
Medical surgical patients ,post operative procedures and various medical conditions second floor	2	2.1
Various acute conditions requiring intensive care treatments/modalities first floor	2	3.7
medical surgical unit various medical conditions first floor	2	2.8

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)
Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor	4	1.45
medical surgical patients, oncological patients various medical conditions third floor	2	0.89
Medical surgical patients ,post operative procedures and various medical conditions second floor	3	1
Various acute conditions requiring intensive care treatments/modalities first floor	1	0.5
medical surgical unit various medical conditions first floor	2	0.89

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>Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor</p>	<p>Assistant Nurse Manager, EVS, Residents, Hospitalist , Rapid Response Team, Tele Tech</p>
<p>medical surgical patients, oncological patients various medical conditions third floor</p>	<p>Assistant nurse manager, EVS, Rapid Response Team, Resident, Hospitalist, Tele Tech</p>
<p>Medical surgical patients ,post operative procedures and various medical conditions second floor</p>	<p>Assistant Nurse Manager, EVS, Resident, Hospitalist, Rapid Response Team, Tele Tech</p>
<p>Various acute conditions requiring intensive care treatments/modalities first floor</p>	<p>PA/NP, EVS, Resident, respiratory, assistant nurse manager, EICU</p>
<p>medical surgical unit various medical conditions first floor</p>	<p>assistant nurse manager, EVS, Rapid Response Team, Resident , Hospitalist, Tele Tech</p>

NIGHT SHIFT CONSENSUS INFORMATION

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>	<p>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</p>
<p>Medical surgical unit various medical conditions requiring continuous cardiac/pulse monitoring third floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>

<p>medical surgical patients, oncological patients various medical conditions third floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>Medical surgical patients ,post operative procedures and various medical conditions second floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>Various acute conditions requiring intensive care treatments/modalities first floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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<p>medical surgical unit various medical conditions first floor</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>The members of the Clinical Staffing Committee worked diligently over the last few months and reached consensus on several components of the staffing plan. However, there were a number of items upon which the Committee was unable to agree, and I was called upon to render a decision.</p> <p>At this time the management representatives have provided me with written justification of their proposal, the labor representatives have not</p>	<p>The general hospital administration committee staffing plan includes a unit specific staffing plan. The plan includes minimal staffing for each shift based on the New York State Nurses Association collective bargaining agreement. The rational for the staffing plan includes impact on nursing sensitive indicators, employee engagement, patient experience, and acuity.</p>	<p>A statement was not provided by frontline team, though the CEO did meet with both committees to hear their rational for suggested staffing plan.</p>
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CBA INFORMATION

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

<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>12/31/20 25 12:00 AM</p>
<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>265</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/20 26 12:00 AM</p>

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

400