HOSPITAL INFORMATION

Region	Central Regional Office
County	Oneida
Council	Mohawk Valley
	MOHAWK VALLEY HEALTH
Network	SYSTEM
	Faxton-St Lukes Healthcare -
Reporting Organization	St Lukes Division
Reporting Organization Id	0599
Reporting Organization Type	Hospital (pfi)
	Faxton-St Lukes Healthcare -
Data Entity	St Lukes Division

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?
ASU/Endo	5	0	20	4
ED SUBACUTE	7	0	109	7
Emergency Services - Acute Acute Inpatient Rehab	7	0	109 12	4
Maternity (Mother Baby)	5	1.8	22	6
Nursery (Special Care Nursery)	2	2.7	6	3
Pediatrics	2	2	8	4
Medical/Surgical Unit (6th Floor Oncology)	4	1.8	18	6
Medical/Surgical Unit (AC1)	7	1.9	30	6
Medical/Surgical Unit (AC3)	9	1.92	40	6
Intermediate Care Unit	5	2.5	16	4
Intensive Care Unit (Neurovascular Unit)	5	2.9	14	3.5
Intensive Care Unit	8	4.6	14	2
Psychiatry	4	2.1	15	6

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
ASU/Endo	0	0
ED SUBACUTE	0	0
Emergency Services - Acute Acute Inpatient Rehab Maternity (Mother Baby)	0 0 0	0 0 0
Nursery (Special Care Nursery)	0	0
Pediatrics Medical/Surgical Unit (6th Floor Oncology)	0	0
Medical/Surgical Unit (AC1)	0	0
Medical/Surgical Unit (AC3)	0	0
Intermediate Care Unit	0	0
Intensive Care Unit (Neurovascular Unit)	0	0
Intensive Care Unit	0	0
Psychiatry	0	0

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
ASU/Endo	1	0
ED SUBACUTE	4	0
Emergency Services - Acute	4	0
Acute Inpatient Rehab	0	0
Maternity (Mother Baby)	2	0.72
Nursery (Special Care		
Nursery)	1	1.3
Pediatrics	1	1
Medical/Surgical Unit (6th Floor Oncology)	1	0.4
Medical/Surgical Unit (AC1)	1	0.32
Medical/Surgical Unit (AC3)	2	0.4
Intermediate Care Unit	2	1
Intensive Care Unit		
(Neurovascular Unit)	1	0.5
Intensive Care Unit	1	0.5
Psychiatry	2	1.1

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	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
the hospital.	digits. Ex: 101.50)	
ASU/Endo ED SUBACUTE	1	0
Emergency Services - Acute	4	0
Acute Inpatient Rehab	1	0.7
Maternity (Mother Baby)	2	0.72
Nursery (Special Care		
Nursery)	0	0
Pediatrics	1	1
Medical/Surgical Unit (6th Floor Oncology)	2	0.9
Medical/Surgical Unit (AC1)	3	1
Medical/Surgical Unit (AC3)	4	1
Intermediate Care Unit	2	1
Intensive Care Unit (Neurovascular Unit)	2	1
Intensive Care Unit	2	1
Psychiatry	3	1.6

DAY SHIFT ADDITIONAL RESOURCES

	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
Descriptions descriptions of	
Provide a description of	staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
	Unit Secretary, Case
	Management, Unit
	Manager, Director of Peri
ASU/Endo	Ор
	LCSW Case Manager Unit
	manager, Hospital
ED SUBACUTE	Supervisor, ED Director
	LCSW, Case Manager, Unit
	Manager, Hospital
Emergency Services - Acute	
	Unit Secretary, Clinician,
	Nurse Manager, Admissions
Acute Inpatient Rehab	Coordinator
	Unit Secretary, OB Tech,
	Nurse Manager, Clinician,
	Assistant Nurse Manager,
Mataraity (Mather Daby)	Social Worker, Lactation
Maternity (Mother Baby)	Consultant
	Unit Socratany Lastation
	Unit Secretary, Lactation Consultant, Nurse Manager,
Nursery (Special Care	Clinician, Assistant Nurse
Nursery (Special Care Nursery)	Manager, Social Worker
ivui ser y)	wanager, social worker

	Clinician, Unit Secretary,
	Nurse Manager, Discharge
Pediatrics	Planner
	Clinician, Unit Secretary,
Medical/Surgical Unit (6th	Nurse Manager, Discharge
Floor Oncology)	Planner
	Unit Secretary, Clinician,
	Nurse Manager, Discharge
	Planner, Bariatric
Medical/Surgical Unit (AC1)	Coordinator
	Unit Secretary, Clinician,
	Nurse Manager, Discharge
Medical/Surgical Unit (AC3)	Planner
	Unit Secretary, Monitor
	Tech, Nurse Manager,
Intermediate Care Unit	Clinician, Discharge Planner
	Unit Secretary, Nurse
Intensive Care Unit	Manager, Clinician,
(Neurovascular Unit)	Discharge Planner
	Unit Secretary, Nurse
	Manager, Clinician,
Intensive Care Unit	Discharge Planner
	Discharge Planner, Licensed
	Clinical Social Worker,
	Nurse Manager, Clinician,
	Recreational Therapist, Unit
Develoter	Secretary
Psychiatry	Scerciary

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	Our Clinical Staffing Committee reached consensus on the clinical	If no, Chief Executive Officer Statement in support of clinical staffing plan for	Statement by members of clinical staffing committee selected by the general hospital administration	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team
the hospital.	staffing plan for this unit:	this unit:	(management members):	(employee members):
ASU/Endo	Yes			
		Due to the lack of consensus, we will follow our 2022 clinical staffing	We do not agree on the proposed 2023 changes with the staffing plan for	Proposed changes to
ED SUBACUTE	No	plan	that unit	increase staffing levels
		Due to lack of consensus, we will follow the 2022	We do not agree on the proposed 2023 changes with the staffing plan for	Proposed changes to
Emergency Services - Acute	No	Clinical Staffing Plan	that unit.	increase staffing levels.
		Due to the lack of consensus, at this time we must follow our current	We agree with our current	Requesting decreased nursing and ancillary staff
Acute Inpatient Rehab	No	operations plan.	staffing operation plan	ratios to support the unit.
Maternity (Mother Baby)	No	Due to the lack of consensus, at this time we must follow our current operations plan.	We agree with our current staffing operation plan	Requesting decreased nursing and ancillary staff ratios to support the unit.
Nursery (Special Care Nursery)	No	Due to the lack of consensus, at this time we must follow our current operations plan.	We agree with our current staffing operation plan	Requesting decreased nursing and ancillary staff ratios to support the unit.
Pediatrics	No	Due to the lack of consensus, at this time we must follow our current operations plan.	We agree with our current staffing operation plan	Requesting decreased nursing and ancillary staff ratios to support the unit.
Medical/Surgical Unit (6th Floor Oncology)	No	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.	Proposed changes to increase staffing levels

		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Medical/Surgical Unit (AC1)	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Medical/Surgical Unit (AC3)	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Intermediate Care Unit	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
Intensive Care Unit		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
(Neurovascular Unit)	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Intensive Care Unit	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Psychiatry	No	plan	that unit.	increase staffing levels

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	per day on the Evening Shift? (Please provide a number with up to 5	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
ASU/Endo	4	0	16	4
ED Subacute	10	0	109	7
ED Acute	10	0	109	4
Acute Inpatient Rehab	2.5	1.7	12	6.5
Maternity (Mother Baby)	5	1.8	22	6
Nursery (Special Care Nursery)	2	2.7	6	3
Pediatrics	2	2	8	4.5
Medical/Surgical Unit (6th Floor Oncology)	3.5	1.6	18	6.5
Medical/Surgical Unit (AC1)	6.5	1.7	30	6.5
Medical/Surgical Unit (AC3)	8.5	1.76	35	6.5
Intermediate Care Unit	5	2.5	16	4
Neurovascular Unit	5	2.9	14	3.5
Intensive Care Unit	8	4.6	14	2
Psychiatry	3	1.6	15	8

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
ASU/Endo	0	0
ED Subacute	0	0
ED Acute	0	0
Acute Inpatient Rehab	0	0
Maternity (Mother Baby)	0	0
Nursery (Special Care		
Nursery)	0	0
Pediatrics	0	0
Medical/Surgical Unit (6th Floor Oncology)	0	0
Medical/Surgical Unit (AC1)	0	0
Medical/Surgical Unit (AC3)	0	0
Intermediate Care Unit	0	0
Neurovascular Unit	0	0
Intensive Care Unit	0	0
Psychiatry	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with
ASU/Endo	1	0
ED Subacute	3	0
ED Acute	4	0
Acute Inpatient Rehab	0	0
Maternity (Mother Baby)	1.5	0.5
Nursery (Special Care		
Nursery)	1	1.3
Pediatrics	0.5	0.5
Medical/Surgical Unit (6th Floor Oncology)	1	0.4
Medical/Surgical Unit (AC1)	1	0.32
Medical/Surgical Unit (AC3)	2	0.32
Intermediate Care Unit	1.5	0.75
Neurovascular Unit	1	0.5
Intensive Care Unit	1	0.5
Psychiatry	1	0.5

EVENING SHIFT UNLICENSED STAFFING

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

ASU/Endo	1	0
ED Subacute	3	0
ED Acute	3	0
Acute Inpatient Rehab	1	0.7
Maternity (Mother Baby)	2	0.72
Nursery (Special Care		
Nursery)	0	0
Pediatrics	1	1
Medical/Surgical Unit (6th		
Floor Oncology)	2	0.9
Modical/Surgical Unit (AC1)	3	1
Medical/Surgical Unit (AC1)	3	1
Medical/Surgical Unit (AC3)	4	1.2
Intermediate Care Unit	2	1
Neurovascular Unit	2	1
Intensive Care Unit	2	1
Psychiatry	2.5	1.3

EVENING SHIFT ADDITIONAL RESOURCES

	Description of additional
	resources available to
	support unit level
	patient care on the
	Evening Shift. These
	resources include but are
	not limited to unit
Provide a description of	clerical staff,
Clinical Unit, including a	admission/discharge
description of typical	nurse, and other
patient services provided	coverage provided to
on the unit and the	registered nurses,
unit's location in	licensed practical nurses,
the hospital.	and ancillary staff.
	Unit Secretary, Unit
	Manager, Hospital
ASU/Endo	Supervisor

	LCCM/ Case Manager Linit
	LCSW, Case Manager, Unit
	Manager, Director, Hospital
ED Subacute	Supervisor
	LCSW, Case Manager, Unit
	Manager, Director, Hospital
ED Acute	Supervisor
Acute Inpatient Rehab	RNC Supervisor
	OB Tech, Unit Secretary,
	House Supervisor, Lactation
Maternity (Mother Baby)	Consultant
	Unit Secretary, House
Nursery (Special Care	Supervisor, Lactation
Nursery)	Consultant
	Unit Secretary, House
Pediatrics	Supervisor
Medical/Surgical Unit (6th	Unit Secretary, House
Floor Oncology)	Supervisor
	Unit Secretary, House
Medical/Surgical Unit (AC1)	Supervisor
	Unit Secretary, House
Medical/Surgical Unit (AC3)	Supervisor
	Monitor Tech, Unit
Intermediate Care Unit	Secretary, House Supervisor
	Unit Secretary, House
Neurovascular Unit	Supervisor
	Unit Secretary, House
Intensive Care Unit	Supervisor
	Unit Secretary, House
Psychiatry	Supervisor
	•

EVENING SHIFT CONSENSUS INFORMATION

	Our Clinical Staffing Committee reached consensus on the clinical	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	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
the hospital. ASU/Endo	staffing plan for this unit: Yes		(management members):	(employee members).
ASU/Elluo	res	Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
ED Subacute	No	plan	that unit	increase staffing levels
	NO	Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
ED Acute	No	plan	that unit.	increase staffing levels.
LD Addie		Due to the lack of	We do not agree on the	increase starting revers.
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Acute Inpatient Rehab	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Maternity (Mother Baby)	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
Nursery (Special Care		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Nursery)	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Pediatrics	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
Medical/Surgical Unit (6th		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Floor Oncology)	No	plan	that unit.	increase staffing levels

		Due to the lack of	We do not agree on the	
			We do not agree on the	
		consensus, we will follow	proposed 2023 changes	Drepend charges to
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Medical/Surgical Unit (AC1)	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Medical/Surgical Unit (AC3)	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Intermediate Care Unit	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Neurovascular Unit	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Intensive Care Unit	No	plan	that unit.	increase staffing levels
		Due to the lack of	We do not agree on the	
		consensus, we will follow	proposed 2023 changes	
		our 2022 clinical staffing	with the staffing plan for	Proposed changes to
Psychiatry	No	plan	that unit.	increase staffing levels

RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	RN nursing care per patient including adjustment for case mix	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	ED Subacute	8	0	109
Emergency Department	ED Acute	8	0	4
Rehabilitaion	Acute Inpatient Rehab	2	1.1	12
Obstetrics/Gynecology	Maternity (Mother Baby)	5	1.8	22
Neonatal	Nursery (Special Care Nursery)	2	2.7	6
Pediatric	Pediatrics	2	2	8
Oncology	Medical/Surgical Unit (6th Floor Oncology)	3	1.3	18
Medical/Surgical	Medical/Surgical Unit (AC1)	6	1.6	30
Medical/Surgical	Medical/Surgical Unit (AC3)	8	1.6	35
Stepdown	Intermediate Care Unit	5	2.5	16
Stepdown	Neurovascular Unit	5	2.9	14
Intensive Care	Intensive Care Unit	8	4.6	14
Psychiatry	Psychiatry	2	1.1	15

LPN NIGHT SHIFT STAFFING

Name of Clinical Unit:	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?	Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	7 109	0
Emergency Department Rehabilitaion	7	0
Obstetrics/Gynecology	6	0
Neonatal	3	0
Pediatric	5	0
Oncology	7	0
Medical/Surgical	7	0
Medical/Surgical	7	0
Stepdown	4	0
Stepdown	3.5	0
Intensive Care	2	0
Psychiatry	10	0

NIGHT SHIFT ANCILLARY STAFF

Name of Clinical Unit:	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	0	2
Emergency Department	0	3
Rehabilitaion	0	0

Obstetrics/Gynecology	0	1
Neonatal	0	1
Pediatric	0	0
Oncology	0	1
Medical/Surgical	0	1
Medical/Surgical	0	1
Stepdown	0	1
Stepdown	0	1
Intensive Care	0	1
Psychiatry	0	1

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	0	2
Emergency Department	0	2
Rehabilitaion	0	1
Obstetrics/Gynecology	0.4	2
Neonatal	1.3	0
Pediatric	0	1
Oncology	0.4	2
Medical/Surgical	0.32	3
Medical/Surgical	0.4	3
Stepdown	0.5	2
Stepdown	0.5	2
Intensive Care	0.5	2
Psychiatry	0.5	2

NIGHT SHIFT ADDITIONAL RESOURCES

Name of Clinical Unit:	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	0
Emergency Department	0
Rehabilitaion	0.7
Obstetrics/Gynecology	0.72
Neonatal	0
Pediatric	1
Oncology	0.9
Medical/Surgical	1
Medical/Surgical	1
Stepdown	1
Stepdown	1
Intensive Care	1
Psychiatry	0.5

NIGHT SHIFT CONSENSUS INFORMATION

registered nurses, licensed practical nurses, and ancillary staff.Committee reached consensus on the clinical staffing plan for this unit:Statement in support of clinical staffing plan for this unit:the general hospital administration (management members)Name of Clinical Unit:and ancillary staff.staffing plan for this unit:this unit:the general hospital administration (management members)Emergency DepartmentSupervisorYesUnit Secretary, Monitor Emergency DepartmentTech, Hospital SupervisorYesUnit Secretary, Monitor Tech, Hospital SupervisorYesDue to the lack of consensus, we will followWe do not agree on the proposed 2023 changes		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		lf no,	Statement by members of clinical staffing
Name of Clinical Unit:licensed practical nurses, and ancillary staff.consensus on the clinical staffing plan for this unit:clinical staffing plan for this unit:administration administration (management members)Emergency DepartmentRT, Unit Secretary, Hospital SupervisorYesImage: Clinical staffing plan for this unit:Image: Clinical staffing plan for 				Chief Executive Officer	committee selected by
Name of Clinical Unit:and ancillary staff.staffing plan for this unit:this unit:(management membersEmergency DepartmentRT, Unit Secretary, Hospital SupervisorYes					· ·
Emergency Department RT, Unit Secretary, Hospital Supervisor Yes Emergency Department Unit Secretary, Monitor Tech, Hospital Supervisor Yes Due to the lack of consensus, we will follow We do not agree on the proposed 2023 changes	Name of Clinical Unit:				
Emergency Department Supervisor Yes Image: Constraint of the secretary of the secre		-			(management mennuels).
Emergency Department Tech, Hospital Supervisor Yes Lease Due to the lack of consensus, we will follow We do not agree on the proposed 2023 changes	Emergency Department				
Due to the lack of We do not agree on the consensus, we will follow proposed 2023 changes		Unit Secretary, Monitor			
consensus, we will follow proposed 2023 changes	Emergency Department	Tech, Hospital Supervisor	Yes		
Rehabilitaion RNC Supervisor No plan that unit.	Dobokiliteier			consensus, we will follow our 2022 clinical staffing	proposed 2023 changes with the staffing plan for

Obstetrics/Gynecology	House Supervisor, OB Tech, Unit Secretary	No	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.
Neonatal	House Supervisor, Unit Secretary	No	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.
Pediatric	House Supervisor	No	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.
Oncology	House Supervisor	No	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.
Medical/Surgical	House Supervisor	No	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.
Medical/Surgical	House Supervisor	Νο	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.

Stepdown	House Supervisor, Monitor Tech	No	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.
Stepdown	Unit Secretary, House Supervisor	No	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.
Intensive Care	Unit Secretary, House Supervisor	No	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.
Psychiatry	Unit Secretary, House Supervisor	No	Due to the lack of consensus, we will follow our 2022 clinical staffing plan	We do not agree on the proposed 2023 changes with the staffing plan for that unit.

CBA INFORMATION

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

Our general hospital's collective bargaining agreement with Communications Workers of America expires on the following date:	06/30/20 25 12:00 AM
The number of hospital employees represented by Communication Workers of	
America is:	883