HOSPITAL INFORMATION

Region	Central Regional Office
County	Oneida
Council	Mohawk Valley
Network	MOHAWK VALLEY HEALTH SYSTEM
Reporting Organization	Faxton-St Lukes Healthcare - St Lukes Division
Reporting Organization Id	0599
Reporting Organization Type	Hospital (pfi)
Data Entity	Faxton-St Lukes Healthcare - 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	7	0	109	4
Acute Inpatient Rehab	3	2	12	6
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	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
Intensive Care Unit (Neurovascular Unit)	0	0
Intensive Care Unit	0	0
Psychiatry	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 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 the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
ASU/Endo	1	0
ED SUBACUTE	3	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

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.	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.
ASU/Endo	Unit Secretary, Case Management, Unit Manager, Director of Peri Op
ED SUBACUTE	LCSW Case Manager Unit manager, Hospital Supervisor, ED Director
Emergency Services - Acute	LCSW, Case Manager, Unit Manager, Hospital Supervisor, ED Director
Acute Inpatient Rehab	Unit Secretary, Clinician, Nurse Manager, Admissions Coordinator
Maternity (Mother Baby)	Unit Secretary, OB Tech, Nurse Manager, Clinician, Assistant Nurse Manager, Social Worker, Lactation Consultant
Nursery (Special Care Nursery)	Unit Secretary, Lactation Consultant, Nurse Manager, Clinician, Assistant Nurse Manager, Social Worker

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

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):
ASU/Endo	Yes			
ED SUBACUTE	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
Emergency Services - Acute	No	Due to lack of consensus, we will follow the 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.
Acute Inpatient Rehab	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.
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

Medical/Surgical Unit (AC1)	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
Medical/Surgical Unit (AC3)	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
Intermediate Care Unit	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
Intensive Care Unit (Neurovascular Unit)	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
Intensive Care Unit	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
Psychiatry	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

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit’s location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
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)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
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

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

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
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

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.	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.
ASU/Endo	Unit Secretary, Unit Manager, Hospital Supervisor

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

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):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
ASU/Endo	Yes			
ED Subacute	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
ED Acute	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.
Acute Inpatient Rehab	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
Maternity (Mother Baby)	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
Nursery (Special Care Nursery)	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
Pediatrics	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
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

Medical/Surgical Unit (AC1)	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
Medical/Surgical Unit (AC3)	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
Intermediate Care Unit	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
Neurovascular Unit	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
Intensive Care Unit	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
Psychiatry	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

RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit’s location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	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)?	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	7	0
Emergency Department	109	0
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

Name of Clinical Unit:	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.	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):
Emergency Department	RT, Unit Secretary, Hospital Supervisor	Yes		
Emergency Department	Unit Secretary, Monitor Tech, Hospital Supervisor	Yes		
Rehabilitaion	RNC 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.

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	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	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.**	Communications Workers of America

Our general hospital’s collective bargaining agreement with Communications Workers of America expires on the following date:	06/30/2025 12:00 AM
The number of hospital employees represented by Communication Workers of America is:	883