

## HOSPITAL INFORMATION

|                                    |                            |
|------------------------------------|----------------------------|
| <b>Region</b>                      | Central<br>Regional Office |
| <b>County</b>                      | St.Lawrence                |
| <b>Council</b>                     | North Country              |
| <b>Network</b>                     | INDEPENDENT                |
| <b>Reporting Organization</b>      | Clifton-Fine<br>Hospital   |
| <b>Reporting Organization Id</b>   | 0817                       |
| <b>Reporting Organization Type</b> | Hospital (pfi)             |
| <b>Data Entity</b>                 | Clifton-Fine<br>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 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) ? |
|---|--|--|--|---|
| Emergency Services  | 1  | 8  | 4  | 4   |
| Primary Care Clinic. Primary Medical Care O/P.  | 1  | 8  | 26   | 4   |

**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) |
|---|---|---|
| Emergency Services  | 0   | 0   |
| Primary Care Clinic. Primary Medical Care O/P.  | 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) |
|---|---|--|
| Emergency Services  | 1   | 8  |
| Primary Care Clinic. Primary Medical Care O/P.  | 2   | 14   |

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) |
|---|---|--|
| Emergency Services  | 1   | 8  |
| Primary Care Clinic. Primary Medical Care O/P.  | 2   | 14   |

DAY SHIFT ADDITIONAL RESOURCES

|   |   |
|---|---|
| <p><b>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.</b></p> | <p><b>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.</b></p> |
| <p>Emergency Services</p>   | <p>Patient Access Representative, Nursing Assistant, Second Nurse available on inpatient unit, Laboratory and Radiology Technicians.</p>  |
| <p>Primary Care Clinic. Primary Medical Care O/P.</p>   | <p>Office Manger, Health Navigator, patient access representatives, Hopspital RN, LPNS AND NAS</p>  |

**DAY SHIFT CONSENSUS INFORMATION**

| <p><b>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.</b></p> | <p><b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b></p> | <p><b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b></p> | <p><b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b></p> | <p><b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b></p> |
|---|--|--|---|---|
| <p>Emergency Services</p>   | <p>Yes</p>   |  |   |   |

|  |     |  |  |  |
|--|-----|--|--|--|
| Primary Care Clinic. Primary Medical Care O/P. | Yes |  |  |  |
|--|-----|--|--|--|

**RN EVENING SHIFT STAFFING**

| <b>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.</b> | <b>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)</b> | <b>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)</b> | <b>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)</b> | <b>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)?</b> |
|--|---|---|---|---|
| Emergency Services   | 1   | 8   | 4   | 4   |
| Primary Care Clinic. Primary Medical Care O/P.   | 1   | 2   | 2   | 2   |

**LPN EVENING SHIFT STAFFING**

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|--|--|
| Emergency Services   | 0  | 0  |
| Primary Care Clinic. Primary Medical Care O/P.   | 0  | 0  |

**EVENING SHIFT ANCILLARY STAFF**

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|--|---|
| Emergency Services   | 1  | 8   |
| Primary Care Clinic. Primary Medical Care O/P.   | 2  | 2   |

**EVENING SHIFT UNLICENSED STAFFING**

| <b>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.</b> | <b>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)</b> | <b>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)</b> |
|--|---|---|
| Emergency Services   | 1   | 2   |
| Primary Care Clinic. Primary Medical Care O/P.   | 2   | 2   |

**EVENING SHIFT ADDITIONAL RESOURCES**

|   |   |
|---|---|
| <p><b>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.</b></p> | <p><b>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.</b></p> |
| <p>Emergency Services</p>   | <p>Patient Access Representative, Nursing Assistant, Second Nurse available on inpatient unit, Laboratory and Radiology Technicians.</p>  |
| <p>Primary Care Clinic. Primary Medical Care O/P.</p>   | <p>Office Manager, Health Navigator, Patient Access Representatives, Hospital: RN'S, LPNS, AND NA'S</p>   |

**EVENING SHIFT CONSENSUS INFORMATION**

| <p><b>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.</b></p> | <p><b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b></p> | <p><b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b></p> | <p><b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b></p> | <p><b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b></p> |
|---|--|--|---|---|
| <p>Emergency Services</p>   | <p>Yes</p>   |  |   |   |

|  |     |  |  |  |
|--|-----|--|--|--|
| Primary Care Clinic. Primary Medical Care O/P. | Yes |  |  |  |
|--|-----|--|--|--|

**RN NIGHT SHIFT STAFFING**

| Name of Clinical Unit: | Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50) | Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) |
|------------------------|---|--|--|--|
| Emergency Department   | Emergency Services.   | 1  | 8  | 2  |

**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   | 2  | 0   |

**NIGHT SHIFT ANCILLARY STAFF**

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

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  | 1  |

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   | 8  |

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   | Nursing Assistant, Second Nurse available on inpatient unit, On-Call Laboratory and Radiology Technicians.  | Yes  |  |   |

CBA INFORMATION

|   |           |
|---|-----------|
| <p><b>We have one or more collective bargaining agreements:</b></p> | <p>No</p> |
|---|-----------|