#### **HOSPITAL INFORMATION**

Region	Metropolitan Area Regional Office
County	Westchester
Council	Mid-Hudson
Network	MONTEFIORE HEALTHCARE SYSTEM
Reporting Organization	Winifred Masterson Burke Rehabilitation Hospital
Reporting Organization Id	1046
Reporting Organization Type	Hospital (pfi)
Data Entity	Winifred Masterson Burke Rehabilitation 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)?
Rehabilitation Brain Injury -				
2W	5	1.7	24.4	6.11
Rehabilitation Stroke - 2 E	4	1.2	27	6.75
Rehabilitation Cardio				
Pulmonary - 1 W	5	1.6	26.1	5.24
Rehabilitation Spinal Cord Injury - 1N	3	1.2	19	6.33
Rehabilitation - Ortho 1 East	4	1.3	27.2	6.8

## LPN DAY SHIFT STAFFING

the hospital.
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Rehabilitation Brain Injury -		
2W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio		
Pulmonary - 1 W	0	0
Rehabilitation Spinal Cord		
Injury - 1N	1	0.4
Rehabilitation - Ortho 1 East	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)
Rehabilitation Brain Injury - 2W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio Pulmonary - 1 W	0	0
Rehabilitation Spinal Cord Injury - 1N	0	0
Rehabilitation - Ortho 1 East	0	0

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)
Rehabilitation Brain Injury - 2W	6	1.8
Rehabilitation Stroke - 2 E	6	1.6
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Rehabilitation Cardio Pulmonary - 1 W	5	1.6
	5 4	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
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.

Rehabilitation Brain Injury -	Unit clerk, admissions
2W	nurse, wound care nurse
	Unit clerk, admission nurse,
Rehabilitation Stroke - 2 E	wound care nurse
Rehabilitation Cardio	Unit clerk, admission nurse,
Pulmonary - 1 W	wound care nurse
Rehabilitation Spinal Cord	unit clerk, admissions nurse,
Injury - 1N	wound care nurse
	Unit secretary, admissions
Rehabilitation - Ortho 1 East	nurse, wound care nurse

### DAY SHIFT CONSENSUS INFORMATION

• •	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):
Rehabilitation Brain Injury -				
2W	Yes			
Rehabilitation Stroke - 2 E	Yes			
Rehabilitation Cardio				
Pulmonary - 1 W	Yes			
Rehabilitation Spinal Cord				
Injury - 1N	Yes			
Rehabilitation - Ortho 1 East	Yes			

#### 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	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	per day on the Evening Shift? (Please provide a number with up to 4	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
the hospital.		up to 4 digits. Ex: 10.50)	digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)?
Rehabilitation Brain Injury -				
2W	4.5	1.3	24.4	6.98
Rehabilitation Stroke - 2 E	4	1.2	27.9	6.75
Rehabilitation Cardio				
Pulmonary - 1 W	4.5	1.3	26.1	5.4
Rehabilitation Spinal Cord				
Injury 1 N	1.8	1	19	9
Rehabilitation Ortho - 1 E	3.5	1.1	27.2	6.5

### 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)
Rehabilitation Brain Injury -		
2W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio		
Pulmonary - 1 W	0	0

Rehabilitation Spinal Cord		
Injury 1 N	1	0.5
Rehabilitation Ortho - 1 E	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)
Rehabilitation Brain Injury - 2W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio Pulmonary - 1 W	0	0
Rehabilitation Spinal Cord Injury 1 N	0.4	0.24
Rehabilitation Ortho - 1 E	0	0

### **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 4	provide a number with
the hospital.	digits. Ex: 10.50)	up to 4 digits. Ex: 10.50)
Rehabilitation Brain Injury -		
2W	5.5	1.7
Rehabilitation Stroke - 2 E	5	1.4

Rehabilitation Cardio		
Pulmonary - 1 W	4.5	1.3
Rehabilitation Spinal Cord		
Injury 1 N	3.5	2.1
Rehabilitation Ortho - 1 E	5	1.4

### **EVENING SHIFT ADDITIONAL RESOURCES**

Provide a description of Clinical Unit, including a description of typical	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	
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patient services provided	• .	
on the unit and the	registered nurses,	
unit's location in	licensed practical nurses,	
the hospital.	and ancillary staff.	
Rehabilitation Brain Injury -	admissions nurse, wound	
2W	care nurse	
	admissions nurse, wound	
Rehabilitation Stroke - 2 E	care nurse	
Rehabilitation Cardio	admissions nurse, wound	
Pulmonary - 1 W	care nurse	
Rehabilitation Spinal Cord	admissions nurse, wound	
Injury 1 N	care nurse	
	admission nurse, wound	
Rehabilitation Ortho - 1 E	care nurse	

**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):	
Rehabilitation Brain Injury - 2W	Yes			
Rehabilitation Stroke - 2 E	Yes			
Rehabilitation Cardio Pulmonary - 1 W	Yes			
Rehabilitation Spinal Cord				
Injury 1 N	Yes			
Rehabilitation Ortho - 1 E	Yes			

#### 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)?
Rehabilitation Brain Injury -				
2 W	3	0.9	24.4	8.1
Rehabilitation Stroke - 2 E	4	1.1	27.9	6.75
Rehabilitation Cardio				
Pulmonary 1 W	4	1.1	26.1	6.53
Rehabilitation Spinal Cord				
Injury - 1N	2	0.8	19	9.5
Rehabilitation Ortho - 1E	3	0.9	27.2	9.06

### 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)
Rehabilitation Brain Injury -	0	0
2 W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio		
Pulmonary 1 W	0	0
Rehabilitation Spinal Cord		
Injury - 1N	1	0.4
Rehabilitation Ortho - 1E	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)
Rehabilitation Brain Injury - 2 W	0	0
Rehabilitation Stroke - 2 E	0	0
Rehabilitation Cardio Pulmonary 1 W	0	0
Rehabilitation Spinal Cord Injury - 1N	0	0

# 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)
Rehabilitation Brain Injury -	_	
2 W	5	1.5
Rehabilitation Stroke - 2 E	4	1.1
Rehabilitation Cardio		
	1	4.4
Pulmonary 1 W	3	1.1
Pulmonary 1 W Rehabilitation Spinal Cord	3	1.1

Rehabilitation Ortho - 1E	3	0.8
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### NIGHT SHIFT ADDITIONAL RESOURCES

	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
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.
Rehabilitation Brain Injury -	
2 W	None
Rehabilitation Stroke - 2 E	None
Rehabilitation Cardio	
Pulmonary 1 W	None
Rehabilitation Spinal Cord	
	None
Injury - 1N Rehabilitation Ortho - 1E	None

### NIGHT SHIFT CONSENSUS INFORMATION

				Statement by members
Provide a description of				of clinical staffing
Clinical Unit, including a			Statement by members	committee that were
description of typical		If no,	of clinical staffing	registered nurses,
patient services provided	Our Clinical Staffing	<b>Chief Executive Officer</b>	committee selected by	licensed practical nurses,
on the unit and the	Committee reached	Statement in support of	the general hospital	and ancillary members of
unit's location in	consensus on the clinical	clinical staffing plan for	administration	the frontline team
the hospital.	staffing plan for this unit:	this unit:	(management members):	(employee members):

Rehabilitation Brain Injury -			
2 W	Yes		
Rehabilitation Stroke - 2 E	Yes		
Rehabilitation Cardio			
Pulmonary 1 W	Yes		
Rehabilitation Spinal Cord			
Injury - 1N	Yes		
Rehabilitation Ortho - 1E	Yes		

