HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Westchester
Council	Mid-Hudson
Network	NORTHWELL HEALTH
Reporting Organization	Phelps Hospital
Reporting Organization Id	1129
Reporting Organization Type	Hospital (pfi)
Data Entity	Phelps 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) ?
Labor & Delivery	3	6	3	1.5
Obstetrics, Special Care Nursery, Pediatrics	4	7.6	12	7
3 North - Medicine	2	5	10	5
2 Center - Rehab/Ortho	4	4.35	23	6
2 North	4	4.35	23	6
2 South - Behavioral Health	2	3.01	15	8
1 South - Psych	3	4.45	16	5
Critical Care (ICU)	3	10.71	7	2
5 South - Telemetry	4	3.89	24	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 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)
Labor & Delivery	0	0
Obstetrics, Special Care Nursery, Pediatrics	0	0
3 North - Medicine	0	0
2 Center - Rehab/Ortho	0	0
2 North	0	0
2 South - Behavioral Health	0	0
1 South - Psych	0	0
Critical Care (ICU)	0	0
5 South - Telemetry	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)
Labor & Delivery	4	1.7

Obstetrics, Special Care Nursery, Pediatrics	4	1.7
3 North - Medicine	4	2.15
2 Center - Rehab/Ortho	4	1.7
2 North	4	1.7
2 South - Behavioral Health	3	1
1 South - Psych	3	0.97
Critical Care (ICU)	4	2.15
5 South - Telemetry	4	2.15

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)**
Labor & Delivery	1	8
Obstetrics, Special Care Nursery, Pediatrics	1	1.88
3 North - Medicine	2	4.95
2 Center - Rehab/Ortho	3	2.5
2 North	3	3.23
2 South - Behavioral Health	2	2.7
1 South - Psych	4	6.39
Critical Care (ICU)	1	3.54
5 South - Telemetry	3	3.09

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.
Labor & Delivery	Unit Nurse Management Clinical Pharmacist Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Neonatologist Nursing Student Nutritionist OB Safety Office Patient Transport Team Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric Registered Nurse Spiritual Services Staff Educator

	Unit Nurse Management
	Clinical Pharmacist
	Hospitalist / NP / PA
	Hospitality
	Intern / Resident
	IV Therapy Team / Line Access
	Licensed Social Services / Case Management
	Neonatologist
	Nursing Student
	Nutritionist
	OB Safety Office
	Patient Transport Team
	Pediatric Hospitalist
	Rapid Response Team
	Respiratory Therapy
	Support
	Special Care Nursery/Pediatric
	Registered Nurse
Obstetrics, Special Care	Spiritual Services
Nursery, Pediatrics	Staff Educator

3 North - Medicine	Unit Nurse Management 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Clinical Pharmacist Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nursing Student Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

2 Center - Rehab/Ortho	Unit Nurse Management Assistant Nurse Management 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Clinical Pharmacist Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nursing Student Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

2 North	Unit Nurse Management Assistant Nurse Management 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Clinical Pharmacist Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nursing Student Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

2 South - Behavioral Health	Unit Nurse Management Assistant Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Nutritionist Patient Transport Team Rapid Response Team Recreation / Milieu Therapist (BH Units) Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

1 South - Psych	Unit Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Nutritionist Patient Transport Team Rapid Response Team Recreation / Milieu Therapist (BH Units) Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

Critical Care (ICU)	Unit Nurse Management 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Clinical Pharmacist Intensivist/ Hospitalist / NP / PA Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nursing Student Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

5 South - Telemetry	Unit Nurse Management Assistant Nurse Management 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Clinical Pharmacist Hospitalist / NP / PA Hospitality Intern / Resident IV Therapy Team / Line Access Licensed Social Services / Case Management Monitor /Tele Technician Nursing Student Nutritionist Patient Transport Team Rapid Response Team Rehab Activities (OT, PT, Speech) Respiratory Therapy Support Spiritual Services Staff Educator Unit Clerical Support Volunteers

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):
Labor & Delivery	No	following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision We believe that providing adequate staffing is crucial	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

Obstetrics, Special Care Nursery, Pediatrics	No	following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision We believe that providing adequate staffing is crucial	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

3 North - Medicine	No	following for this decision: 1. Average number of patients on 3 North - Medicine unit. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

2 Center - Rehab/Ortho	No	following for this decision: 1. Average number of patients on 2 Center – Inpatient Rehabilitation and Orthopedics 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

2 North	No	following for this decision: 1. Average number of patients on 2 North – Surgery. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

2 South - Behavioral Health	No	following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

1 South - Psych	No	following for this decision: {Average number of patients on 1 South – Psychiatry unit {Number of admissions on weekends {The availability of additional personnel support such as CPI-competent PCAs to perform constant observation. {ASA night float available Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. {Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. {Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. {Availability of other personnel supporting nursing services on unit. {Ability to provide one to one patient observation when needed. {The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

Critical Care (ICU)	No	following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

5 South - Telemetry	No	following for this decision: 1. Average number of patients on telemetry 2. The number of patients who routinely are waiting for transfer to med-surg units 3. The availability of additional personnel such as the nurse manager or assistant nurse manager and other support employees such as monitor techs(24x7) and CPI-competent PCAs to perform constant observation. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

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)?
Labor & Delivery	3	6	3	1.5
Obstetrics, Special Care Nursery, Pediatrics	4	7.6	12	7
3 North - Medicine	2	5	10	5
2 Center - Ortho/Rehab	4	4.35	23	6
2 North - Surgery	4	4.35	23	6
2 South - Behavioral Health	2	3.01	15	8
1 South - Psych	3	3.45	16	5
Critical Care (ICU)	3	10.71	7	2
5 South - Telemetry	4	3.89	24	6

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)
Labor & Delivery	0	0
Obstetrics, Special Care Nursery, Pediatrics	0	0

3 North - Medicine	0	0
2 Center - Ortho/Rehab	0	0
2 North - Surgery	0	0
2 South - Behavioral Health	0	0
1 South - Psych	0	0
Critical Care (ICU)	0	0
5 South - Telemetry	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)**
Labor & Delivery	3	0.52
Obstetrics, Special Care Nursery, Pediatrics	4	1.7
3 North - Medicine	4	2.15
2 Center - Ortho/Rehab	3	0.52
2 North - Surgery	3	0.52
2 South - Behavioral Health	2	0.32
1 South - Psych	3	0.79
Critical Care (ICU)	3	0.68
5 South - Telemetry	4	2.15

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)
Labor & Delivery	1	8
Obstetrics, Special Care Nursery, Pediatrics	1	1.88
3 North - Medicine	2	4.95
2 Center - Ortho/Rehab	2	2.5
2 North - Surgery	2	3.23
2 South - Behavioral Health	2	2.7
1 South - Psych	4	6.39
Critical Care (ICU)	1	3.54
5 South - Telemetry	3	3.09

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.

Labor & Delivery	Clinical Pharmacist Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Licensed Social Services / Case Management Neonatologist OB Safety Office Patient Transport Team Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric Registered Nurse Spiritual Services
Obstetrics, Special Care Nursery, Pediatrics	Clinical Pharmacist Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Licensed Social Services / Case Management Neonatologist OB Safety Office Patient Transport Team Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric Registered Nurse Spiritual Services

3 North - Medicine	1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Monitor /Tele Technician Nutritionist Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support
2 Center - Ortho/Rehab	Assistant Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Monitor /Tele Technician Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support
2 North - Surgery	1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Monitor /Tele Technician Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support

2 South - Behavioral Health	Assistant Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support
1 South - Psych	Assistant Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA IV Therapy Team / Line Access Licensed Social Services / Case Management Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support

Critical Care (ICU)	1:1 Patient Observer/sitter Clinical Pharmacist Intensivist/ Hospitalist / NP / PA IV Therapy Team / Line Access Monitor /Tele Technician Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support
5 South - Telemetry	Assistant Nurse Management 1:1 Patient Observer/sitter Clinical Pharmacist Hospitalist / NP / PA Hospitality IV Therapy Team / Line Access Monitor /Tele Technician Patient Transport Team Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support ritual Services

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):**	

Labor & Delivery	No	following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision We believe that providing adequate staffing is crucial	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	

Obstetrics, Special Care Nursery, Pediatrics	No	following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision We believe that providing adequate staffing is crucial	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	

3 North - Medicine	No	following for this decision: 1. Average number of patients on 3 North - Medicine unit. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	

2 Center - Ortho/Rehab	No	following for this decision: 1. Average number of patients on 2 Center – Inpatient Rehabilitation and Orthopedics 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	

2 North - Surgery	No	following for this decision: 1. Average number of patients on 2 North – Surgery. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	

2 South - Behavioral Health	No	following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	

1 South - Psych	No	following for this decision: {Average number of patients on 1 South – Psychiatry unit {Number of admissions on weekends {The availability of additional personnel support such as CPI-competent PCAs to perform constant observation. {ASA night float available Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. {Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. {Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. {Availability of other personnel supporting nursing services on unit. {Ability to provide one to one patient observation when needed. {The nursing quality indicators.	

Critical Care (ICU)	No	following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	

5 South - Telemetry	No	following for this decision: 1. Average number of patients on telemetry 2. The number of patients who routinely are waiting for transfer to med-surg units 3. The availability of additional personnel such as the nurse manager or assistant nurse manager and other support employees such as monitor techs(24x7) and CPI-competent PCAs to perform constant observation. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	

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)?
Obstetrics, Special Care Nursery, Pediatrics	4	7.6	12	7
Labor & Delivery	3	6	3	1.5
3 North - Medicine	2	5	10	5
2 Center - Rehab/Ortho	4	3.85	26	7
2 North - Surgery	4	4.35	23	6
2 South - Behavioral Health	2	3.01	15	8
1 South - Psych	3	4.45	16	5
Critical Care (ICU)	3	10.71	7	2
5 South - Telemetry	4	3.89	24	6

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)
Obstetrics, Special Care Nursery, Pediatrics	0	0
Labor & Delivery	0	0
3 North - Medicine	0	0
2 Center - Rehab/Ortho	0	0

2 North - Surgery	0	0
2 South - Behavioral Health	0	0
1 South - Psych	0	0
Critical Care (ICU)	0	0
5 South - Telemetry	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)
Obstetrics, Special Care Nursery, Pediatrics	1	0.17
Labor & Delivery	1	0.17
3 North - Medicine	1	0.33
2 Center - Rehab/Ortho	1	0.17
2 North - Surgery	1	0.17
2 South - Behavioral Health	1	0.17
1 South - Psych	1	0.17
Critical Care (ICU)	1	0.33
5 South - Telemetry	1	0.33

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)
Obstetrics, Special Care Nursery, Pediatrics	1	1.88
Labor & Delivery	1	8
3 North - Medicine	2	4.95
2 Center - Rehab/Ortho	2	2.72
2 North - Surgery	3	3.23
2 South - Behavioral Health	1	2.46
1 South - Psych	4	6.39
Critical Care (ICU)	1	3.54
5 South - Telemetry	3	3.09

NIGHT 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 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.

Obstetrics, Special Care Nursery, Pediatrics	Assistant Nurse Management Hospitalist / NP / PA Hospitality Neonatologist Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric Registered Nurse Spiritual Services
Labor & Delivery	Assistant Nurse Management Hospitalist / NP / PA Hospitality Neonatologist Pediatric Hospitalist Rapid Response Team Respiratory Therapy Support Special Care Nursery/Pediatric Registered Nurse Spiritual Services
3 North - Medicine	Assistant Nurse Management 1:1 Patient Observer/sitter Hospitalist / NP / PA Intern / Resident Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Spiritual Services

2 Center - Rehab/Ortho	1:1 Patient Observer/sitter Hospitalist / NP / PA Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support
2 North - Surgery	Assistant Nurse Management 1:1 Patient Observer/sitter Hospitalist / NP / PA Intern / Resident Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Spiritual Services
2 South - Behavioral Health	1:1 Patient Observer/sitter Hospitalist / NP / PA Rapid Response Team Respiratory Therapy Support Spiritual Services
1 South - Psych	1:1 Patient Observer/sitter Hospitalist / NP / PA Rapid Response Team Respiratory Therapy Support Spiritual Services
Critical Care (ICU)	1:1 Patient Observer/sitter Intensivist/ Hospitalist / NP / PA Intern / Resident Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Spiritual Services

5 South - Telemetry	1:1 Patient Observer/sitter Hospitalist / NP / PA Hospitality Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Spiritual Services Unit Clerical Support

NIGHT 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):**

Obstetrics, Special Care Nursery, Pediatrics	No	I have considered the following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float.	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

Labor & Delivery	No	following for this decision: 1. Average number of patients in the 4 Center – Labor & Delivery Unit. 2. Currently staffed with ASA night float. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care team members. Rationale for Decision We believe that providing adequate staffing is crucial	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

3 North - Medicine	No	following for this decision: 1. Average number of patients on 3 North - Medicine unit. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

2 Center - Rehab/Ortho	No	following for this decision: 1. Average number of patients on 2 Center – Inpatient Rehabilitation and Orthopedics 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

2 North - Surgery	No	following for this decision: 1. Average number of patients on 2 North – Surgery. 2. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation and Patient Care Associates to perform Supervised Rooms. 3. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the additional supportive care	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

2 South - Behavioral Health	No	following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

1 South - Psych	No	following for this decision: 1. Average number of patients on 1 South – Psychiatry unit 2. Number of admissions on weekends 3. The availability of additional personnel support such as CPI-competent PCAs to perform constant observation. 4. ASA night float available Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and amongst disciplines, and the	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

Critical Care (ICU)	No	following for this decision: 1. Average number of patients in the 2 South –Inpatient Behavioral Rehabilitation Unit. 2. Number of admissions during the night and weekends. 3. The availability of additional personnel support such as CPI-competent PCAs to perform enhanced supervision. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care delivery model, collaboration between and	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

5 South - Telemetry	No	following for this decision: 1. Average number of patients on telemetry 2. The number of patients who routinely are waiting for transfer to med-surg units 3. The availability of additional personnel such as the nurse manager or assistant nurse manager and other support employees such as monitor techs(24x7) and CPI-competent PCAs to perform constant observation. 4. ASA night float available. Findings and Conclusions As the executive director, I have considered both the rationales of the CSC direct care co-leads and the CSC administrative co-leads in providing these final recommendations. As the minimal staffing guidelines are outlined, this decision considered the patient care	numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers. 2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift. 3. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. 4. Availability of other personnel supporting nursing services on unit. 5. Ability to provide one to one patient observation when needed. 6. The nursing quality indicators.	for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper

CBA INFORMATION

We have one or more collective bargaining agreements:	No