

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NORTHWELL HEALTH
Reporting Organization	Lenox Hill Hospital
Reporting Organization Id	1450
Reporting Organization Type	Hospital (pfi)
Data Entity	Lenox Hill 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 (Maternal Child)	9	6.55	11	1.5
4 Lachman Postpartum (Maternal Child)	1	4	2	2
7 Uris Regional Medicine (Med/Surg)	6	1.55	31	6
4 Uris Regional Medicine (Med/Surg)	6	1.55	31	6
Nursery (Maternal Child)	1	1	8	8
6 Lachman High Risk Antepartum (Maternal Child)	3	2.4	10	3.3
4 Wollman Postpartum (Maternal Child)	2	1.6	10	6
6 Uris Postpartum (Maternal Child)	7	1.75	32	6
Neonatal ICU (ICU)	7	5.09	11	1.57
9 Wollman Surgical Telemetry (Med/Surg)	6	2.29	21	4
9 Uris Regional Surgery (Med/Surg)	5	1.24	26	6
9 Lachman CTICU Stepdown (Med/Surg)	4	2.13	15	4
9 East CTICU (ICU)	6	4	12	2

8 Wollman Regional Surgery (Med/Surg)	3	1.41	17	6
8 Lachman Surgical Stepdown (Med/Surg)	4	2.13	15	4
8 East Surgical ICU (ICU)	6	4	12	2
7 Wollman Regional Medicine (Med/Surg)	3	1.5	16	6
7 Lachman Medical Stepdown (Med/Surg)	4	2.29	14	4
7 East Medical ICU (ICU)	6	4.36	11	2
5 Uris Medical Telemetry (Med/Surg)	8	2.29	28	4
5 Wollman Surgery (Med/Surg)	1	1.33	6	6
5 Lachman Cardiac Stepdown (Med/Surg)	4	2.13	15	4
5 East Coronary Care Unit (ICU)	5	4	10	2

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 (Maternal Child)	0	0
4 Lachman Postpartum (Maternal Child)	0	0

7 Uris Regional Medicine (Med/Surg)	0	0
4 Uris Regional Medicine (Med/Surg)	0	0
Nursery (Maternal Child)	0	0
6 Lachman High Risk Antepartum (Maternal Child)	0	0
4 Wollman Postpartum (Maternal Child)	0	0
6 Uris Postpartum (Maternal Child)	0	0
Neonatal ICU (ICU)	0	0
9 Wollman Surgical Telemetry (Med/Surg)	0	0
9 Uris Regional Surgery (Med/Surg)	0	0
9 Lachman CTICU Stepdown (Med/Surg)	0	0
9 East CTICU (ICU)	0	0
8 Wollman Regional Surgery (Med/Surg)	0	0
8 Lachman Surgical Stepdown (Med/Surg)	0	0
8 East Surgical ICU (ICU)	0	0
7 Wollman Regional Medicine (Med/Surg)	0	0
7 Lachman Medical Stepdown (Med/Surg)	0	0
7 East Medical ICU (ICU)	0	0
5 Uris Medical Telemetry (Med/Surg)	0	0
5 Wollman Surgery (Med/Surg)	0	0
5 Lachman Cardiac Stepdown (Med/Surg)	0	0
5 East Coronary Care Unit (ICU)	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 (Maternal Child)	5	2.92
4 Lachman Postpartum (Maternal Child)	5	2.92
7 Uris Regional Medicine (Med/Surg)	5	30.2
4 Uris Regional Medicine (Med/Surg)	5	29.4
Nursery (Maternal Child)	5	2.92
6 Lachman High Risk Antepartum (Maternal Child)	5	2.92
4 Wollman Postpartum (Maternal Child)	5	2.92
6 Uris Postpartum (Maternal Child)	5	2.92
Neonatal ICU (ICU)	5	8.34
9 Wollman Surgical Telemetry (Med/Surg)	5	20.99
9 Uris Regional Surgery (Med/Surg)	5	23.42
9 Lachman CTICU Stepdown (Med/Surg)	5	15.74
9 East CTICU (ICU)	5	15.74
8 Wollman Regional Surgery (Med/Surg)	5	20.7

8 Lachman Surgical Stepdown (Med/Surg)	5	15.93
8 East Surgical ICU (ICU)	5	21.72
7 Wollman Regional Medicine (Med/Surg)	5	17.77
7 Lachman Medical Stepdown (Med/Surg)	5	17.86
7 East Medical ICU (ICU)	5	17.86
5 Uris Medical Telemetry (Med/Surg)	5	22.27
5 Wollman Surgery (Med/Surg)	5	2.54
5 Lachman Cardiac Stepdown (Med/Surg)	5	12.74
5 East Coronary Care Unit (ICU)	5	16.49

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 (Maternal Child)	3	2.05
4 Lachman Postpartum (Maternal Child)	1	3.75
7 Uris Regional Medicine (Med/Surg)	4	0.97
4 Uris Regional Medicine (Med/Surg)	4	0.97
Nursery (Maternal Child)	1	0.94

6 Lachman High Risk Antepartum (Maternal Child)	1	0.75
4 Wollman Postpartum (Maternal Child)	1	0.75
6 Uris Postpartum (Maternal Child)	3	0.7
Neonatal ICU (ICU)	1	0.68
9 Wollman Surgical Telemetry (Med/Surg)	2	0.71
9 Uris Regional Surgery (Med/Surg)	3	0.87
9 Lachman CTICU Stepdown (Med/Surg)	2	1
9 East CTICU (ICU)	1	0.63
8 Wollman Regional Surgery (Med/Surg)	2	0.88
8 Lachman Surgical Stepdown (Med/Surg)	2	1
8 East Surgical ICU (ICU)	1	0.63
7 Wollman Regional Medicine (Med/Surg)	2	0.94
7 Lachman Medical Stepdown (Med/Surg)	2	1.07
7 East Medical ICU (ICU)	1	0.68
5 Uris Medical Telemetry (Med/Surg)	3	0.8
5 Wollman Surgery (Med/Surg)	1	1.25
5 Lachman Cardiac Stepdown (Med/Surg)	2	1
5 East Coronary Care Unit (ICU)	1	0.75

DAY SHIFT ADDITIONAL RESOURCES

<p>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.</p>	<p>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.</p>
<p>Labor & Delivery (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>

<p>4 Lachman Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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7 Uris Regional Medicine
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

<p>4 Uris Regional Medicine (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident Nursing Student</p>
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Nursery (Maternal Child)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident
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<p>6 Lachman High Risk Antepartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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<p>4 Wollman Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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<p>6 Uris Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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Neonatal ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident
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9 Wollman Surgical
Telemetry (Med/Surg)

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

<p>9 Uris Regional Surgery (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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9 Lachman CTICU Stepdown (Med/Surg)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident
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9 East CTICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Nursing Student Intern / Resident
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8 Wollman Regional Surgery
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

8 Lachman Surgical
Stepdown (Med/Surg)

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

8 East Surgical ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Nursing Student Intern / Resident
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7 Wollman Regional
Medicine (Med/Surg)

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

<p>7 Lachman Medical Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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7 East Medical ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Nursing Student Intern / Resident
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5 Uris Medical Telemetry (Med/Surg)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident
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5 Wollman Surgery
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

5 Lachman Cardiac
Stepdown (Med/Surg)

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

5 East Coronary Care Unit (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Intensivist Intern / Resident Spiritual Services Nursing Student
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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 (Maternal Child)	Yes			
4 Lachman Postpartum (Maternal Child)	Yes			
7 Uris Regional Medicine (Med/Surg)	Yes			

4 Uris Regional Medicine (Med/Surg)	Yes			
Nursery (Maternal Child)	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity, float PCA positions were added to support the unit if necessary, we encourage couplet care so babies remain in room with mom, additional team members work together to care for all patients including ANM and NM</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The 1199 members have expressed that for the nursery, PCA's are often transporting patients between floors and is a burden for 1 PCA</p>

<p>6 Lachman High Risk Antepartum (Maternal Child)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members work together to care for all patients, including ANM as well as NM</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The staff co-leads state that the acuity of the patients can make it busy for 1 PCA to cover.</p>
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4 Wollman Postpartum (Maternal Child)	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members listed in this unit's plan all work together to ensure safe patient care.</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The staff co-leads state that the 4W PSF covers this area, so it can be a challenge to cover both units.</p>
6 Uris Postpartum (Maternal Child)	Yes			
Neonatal ICU (ICU)	Yes			
9 Wollman Surgical Telemetry (Med/Surg)	Yes			
9 Uris Regional Surgery (Med/Surg)	Yes			

<p>9 Lachman CTICU Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Want to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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9 East CTICU (ICU)	No	<p>considered both rationales and determined the outcomes as listed.</p> <p>Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas</p> <p>Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p> <p>Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. Staff co-leads stated that sometimes the acute needs of the patients and errands (picking up blood for example) take away from care on the unit.</p>
8 Wollman Regional Surgery (Med/Surg)	Yes			

<p>8 Lachman Surgical Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>8 East Surgical ICU (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>7 Wollman Regional Medicine (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Phlebotomists draw blood, except in emergencies where RN's will draw blood. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>7 Lachman Medical Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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7 East Medical ICU (ICU)	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas</p> <p>Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p> <p>Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
5 Uris Medical Telemetry (Med/Surg)	Yes			

<p>5 Wollman Surgery (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. If 5W is full there will be 2 nurses, each with 5 patients. Two PCAs also having 5 patients each is not required for these patients. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>5 Lachman Cardiac Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>5 East Coronary Care Unit (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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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 (Maternal Child)	9	6.55	11	1.5
4 Lachman Postpartum (Maternal Child)	1	4	2	2
7 Uris Regional Medicine (Med/Surg)	6	1.55	31	6
4 Uris Regional Medicine (Med/Surg)	6	1.55	31	6
Nursery (Maternal Child)	1	1	8	8
6 Lachman High Risk Antepartum (Maternal Child)	3	2.4	10	3.3
4 Wollman Postpartum (Maternal Child)	2	1.6	10	6
6 Uris Postpartum (Maternal Child)	7	1.75	32	6
Neonatal ICU (ICU)	7	5.09	11	1.57
9 Wollman Surgical Telemetry (Med/Surg)	6	2.29	21	4
9 Uris Regional Surgery (Med/Surg)	5	1.54	26	6
9 Lachman CTICU Stepdown (Med/Surg)	4	2.13	15	4
9 East CTICU (ICU)	6	4	12	2

8 Wollman Regional Surgery (Med/Surg)	3	1.41	17	6
8 Lachman Surgical Stepdown (Med/Surg)	4	2.13	15	4
8 East Surgical ICU (ICU)	6	4	12	2
7 Wollman Regional Medicine (Med/Surg)	3	1.5	14	6
7 Lachman Medical Stepdown (Med/Surg)	4	2.29	14	4
7 East Medical ICU (ICU)	6	4.36	11	2
5 Uris Medical Telemetry (Med/Surg)	8	2.29	28	4
5 Wollman Surgery (Med/Surg)	1	1.33	6	6
5 Lachman Cardiac Stepdown (Med/Surg)	4	2.13	15	4
5 East Coronary Care Unit (ICU)	5	4	10	2

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 (Maternal Child)	0	0
4 Lachman Postpartum (Maternal Child)	0	0
7 Uris Regional Medicine (Med/Surg)	0	0
4 Uris Regional Medicine (Med/Surg)	0	0
Nursery (Maternal Child)	0	0

6 Lachman High Risk Antepartum (Maternal Child)	0	0
4 Wollman Postpartum (Maternal Child)	0	0
6 Uris Postpartum (Maternal Child)	0	0
Neonatal ICU (ICU)	0	0
9 Wollman Surgical Telemetry (Med/Surg)	0	0
9 Uris Regional Surgery (Med/Surg)	0	0
9 Lachman CTICU Stepdown (Med/Surg)	0	0
9 East CTICU (ICU)	0	0
8 Wollman Regional Surgery (Med/Surg)	0	0
8 Lachman Surgical Stepdown (Med/Surg)	0	0
8 East Surgical ICU (ICU)	0	0
7 Wollman Regional Medicine (Med/Surg)	0	0
7 Lachman Medical Stepdown (Med/Surg)	0	0
7 East Medical ICU (ICU)	0	0
5 Uris Medical Telemetry (Med/Surg)	0	0
5 Wollman Surgery (Med/Surg)	0	0
5 Lachman Cardiac Stepdown (Med/Surg)	0	0
5 East Coronary Care Unit (ICU)	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 (Maternal Child)	5	0.3
4 Lachman Postpartum (Maternal Child)	5	0.3
7 Uris Regional Medicine (Med/Surg)	5	2.99
4 Uris Regional Medicine (Med/Surg)	5	2.65
Nursery (Maternal Child)	5	0.3
6 Lachman High Risk Antepartum (Maternal Child)	5	0.3
4 Wollman Postpartum (Maternal Child)	5	0.3
6 Uris Postpartum (Maternal Child)	5	0.3
Neonatal ICU (ICU)	5	5.76
9 Wollman Surgical Telemetry (Med/Surg)	5	3.49
9 Uris Regional Surgery (Med/Surg)	5	2.6
9 Lachman CTICU Stepdown (Med/Surg)	5	4.82
9 East CTICU (ICU)	5	4.82
8 Wollman Regional Surgery (Med/Surg)	5	3.56
8 Lachman Surgical Stepdown (Med/Surg)	5	2.78
8 East Surgical ICU (ICU)	5	7.02

7 Wollman Regional Medicine (Med/Surg)	5	2.61
7 Lachman Medical Stepdown (Med/Surg)	5	5.39
7 East Medical ICU (ICU)	5	5.39
5 Uris Medical Telemetry (Med/Surg)	5	2.02
5 Wollman Surgery (Med/Surg)	5	0.99
5 Lachman Cardiac Stepdown (Med/Surg)	5	1.82
5 East Coronary Care Unit (ICU)	5	5.57

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 (Maternal Child)	3	2.05
4 Lachman Postpartum (Maternal Child)	1	3.75
7 Uris Regional Medicine (Med/Surg)	4	0.97
4 Uris Regional Medicine (Med/Surg)	4	0.97
Nursery (Maternal Child)	1	0.94
6 Lachman High Risk Antepartum (Maternal Child)	1	0.75
4 Wollman Postpartum (Maternal Child)	1	0.75

6 Uris Postpartum (Maternal Child)	3	0.7
Neonatal ICU (ICU)	1	0.68
9 Wollman Surgical Telemetry (Med/Surg)	2	0.71
9 Uris Regional Surgery (Med/Surg)	3	0.87
9 Lachman CTICU Stepdown (Med/Surg)	2	1
9 East CTICU (ICU)	1	0.63
8 Wollman Regional Surgery (Med/Surg)	2	0.88
8 Lachman Surgical Stepdown (Med/Surg)	2	1
8 East Surgical ICU (ICU)	1	0.63
7 Wollman Regional Medicine (Med/Surg)	2	0.94
7 Lachman Medical Stepdown (Med/Surg)	2	1.07
7 East Medical ICU (ICU)	1	0.68
5 Uris Medical Telemetry (Med/Surg)	3	0.8
5 Wollman Surgery (Med/Surg)	1	1.25
5 Lachman Cardiac Stepdown (Med/Surg)	2	1
5 East Coronary Care Unit (ICU)	1	0.75

EVENING SHIFT ADDITIONAL RESOURCES

<p>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.</p>	<p>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.</p>
<p>Labor & Delivery (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>

<p>4 Lachman Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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<p>7 Uris Regional Medicine (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
<p>4 Uris Regional Medicine (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>

<p>Nursery (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
<p>6 Lachman High Risk Antepartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>

<p>4 Wollman Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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<p>6 Uris Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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Neonatal ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident
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9 Wollman Surgical
Telemetry (Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident

<p>9 Uris Regional Surgery (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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9 Lachman CTICU Stepdown (Med/Surg)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident
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9 East CTICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Intern / Resident
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8 Wollman Regional Surgery (Med/Surg)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident
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<p>8 Lachman Surgical Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>
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8 East Surgical ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Intern / Resident
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7 Wollman Regional
Medicine (Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident

<p>7 Lachman Medical Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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7 East Medical ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Intern / Resident
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<p>5 Uris Medical Telemetry (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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<p>5 Wollman Surgery (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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5 Lachman Cardiac
Stepdown (Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident

5 East Coronary Care Unit (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Intensivist Intern / Resident
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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 (Maternal Child)	Yes			
4 Lachman Postpartum (Maternal Child)	Yes			
7 Uris Regional Medicine (Med/Surg)	Yes			
4 Uris Regional Medicine (Med/Surg)	Yes			

Nursery (Maternal Child)	No	<p>considered both rationales and determined the outcomes as listed.</p> <p>Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity, float PCA positions were added to support the unit if necessary, we encourage couplet care so babies remain in room with mom, additional team members work together to care for all patients including ANM and NM</p>	
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<p>6 Lachman High Risk Antepartum (Maternal Child)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members work together to care for all patients, including ANM as well as NM</p>	
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4 Wollman Postpartum (Maternal Child)	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members listed in this unit's plan all work together to ensure safe patient care.</p>	
6 Uris Postpartum (Maternal Child)	Yes			
Neonatal ICU (ICU)	Yes			
9 Wollman Surgical Telemetry (Med/Surg)	Yes			
9 Uris Regional Surgery (Med/Surg)	Yes			

<p>9 Lachman CTICU Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Want to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	
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9 East CTICU (ICU)	No	<p>considered both rationales and determined the outcomes as listed.</p> <p>Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas</p> <p>Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p> <p>Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	
8 Wollman Regional Surgery (Med/Surg)	Yes			

<p>8 Lachman Surgical Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	
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<p>8 East Surgical ICU (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	
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<p>7 Wollman Regional Medicine (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Phlebotomists draw blood, except in emergencies where RN's will draw blood. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p>	
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<p>7 Lachman Medical Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	
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7 East Medical ICU (ICU)	No	<p>considered both rationales and determined the outcomes as listed.</p> <p>Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas</p> <p>Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p> <p>Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	
5 Uris Medical Telemetry (Med/Surg)	Yes			

<p>5 Wollman Surgery (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. If 5W is full there will be 2 nurses, each with 5 patients. Two PCAs also having 5 patients each is not required for these patients. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	
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<p>5 Lachman Cardiac Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	
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<p>5 East Coronary Care Unit (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	
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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)?
Labor & Delivery (Maternal Child)	9	6.55	11	1.5
4 Lachman Postpartum (Maternal Child)	1	4	2	2
7 Uris Regional Medicine (Med/Surg)	6	1.55	31	6
4 Uris Regional Medicine (Med/Surg)	6	1.48	31	6
Nursery (Maternal Child)	1	1	8	8
6 Lachman High Risk Antepartum (Maternal Child)	3	2.4	10	3.33
4 Wollman Postpartum (Maternal Child)	2	1.6	10	6
6 Uris Postpartum (Maternal Child)	7	1.75	32	6
Neonatal ICU (ICU)	7	5.09	11	1.57
9 Wollman Surgical Telemetry (Med/Surg)	6	2.29	21	4
9 Uris Regional Surgery (Med/Surg)	5	1.54	26	6
9 Lachman CTICU Stepdown (Med/Surg)	4	2.13	15	4
9 East CTICU (ICU)	6	4	12	2
8 Wollman Regional Surgery (Med/Surg)	3	1.41	17	6

8 Lachman Surgical Stepdown (Med/Surg)	4	2.13	15	4
8 East Surgical ICU (ICU)	6	4	12	2
7 Wollman Regional Medicine (Med/Surg)	3	1.5	14	6
7 Lachman Medical Stepdown (Med/Surg)	4	2.29	14	4
7 East Medical ICU (ICU)	6	4.36	11	2
5 Uris Medical Telemetry (Med/Surg)	8	2.29	28	4
5 Wollman Surgery (Med/Surg)	1	1.33	6	6
5 Lachman Cardiac Stepdown (Med/Surg)	4	2.13	15	4
5 East Coronary Care Unit (ICU)	5	4	10	2

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)
Labor & Delivery (Maternal Child)	0	0
4 Lachman Postpartum (Maternal Child)	0	0
7 Uris Regional Medicine (Med/Surg)	0	0
4 Uris Regional Medicine (Med/Surg)	0	0
Nursery (Maternal Child)	0	0

6 Lachman High Risk Antepartum (Maternal Child)	0	0
4 Wollman Postpartum (Maternal Child)	0	0
6 Uris Postpartum (Maternal Child)	0	0
Neonatal ICU (ICU)	0	0
9 Wollman Surgical Telemetry (Med/Surg)	0	0
9 Uris Regional Surgery (Med/Surg)	0	0
9 Lachman CTICU Stepdown (Med/Surg)	0	0
9 East CTICU (ICU)	0	0
8 Wollman Regional Surgery (Med/Surg)	0	0
8 Lachman Surgical Stepdown (Med/Surg)	0	0
8 East Surgical ICU (ICU)	0	0
7 Wollman Regional Medicine (Med/Surg)	0	0
7 Lachman Medical Stepdown (Med/Surg)	0	0
7 East Medical ICU (ICU)	0	0
5 Uris Medical Telemetry (Med/Surg)	0	0
5 Wollman Surgery (Med/Surg)	0	0
5 Lachman Cardiac Stepdown (Med/Surg)	0	0
5 East Coronary Care Unit (ICU)	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)
Labor & Delivery (Maternal Child)	3	0.15
4 Lachman Postpartum (Maternal Child)	3	0.15
7 Uris Regional Medicine (Med/Surg)	3	0.98
4 Uris Regional Medicine (Med/Surg)	3	0.88
Nursery (Maternal Child)	3	0.15
6 Lachman High Risk Antepartum (Maternal Child)	3	0.15
4 Wollman Postpartum (Maternal Child)	3	0.15
6 Uris Postpartum (Maternal Child)	3	0.15
Neonatal ICU (ICU)	3	5.63
9 Wollman Surgical Telemetry (Med/Surg)	3	0.75
9 Uris Regional Surgery (Med/Surg)	3	0.75
9 Lachman CTICU Stepdown (Med/Surg)	3	3.75
9 East CTICU (ICU)	3	3.75
8 Wollman Regional Surgery (Med/Surg)	3	0.88
8 Lachman Surgical Stepdown (Med/Surg)	3	0.88
8 East Surgical ICU (ICU)	3	4.88

7 Wollman Regional Medicine (Med/Surg)	3	0.98
7 Lachman Medical Stepdown (Med/Surg)	3	3.75
7 East Medical ICU (ICU)	3	3.75
5 Uris Medical Telemetry (Med/Surg)	3	0.75
5 Wollman Surgery (Med/Surg)	3	0.75
5 Lachman Cardiac Stepdown (Med/Surg)	3	0.75
5 East Coronary Care Unit (ICU)	3	4.5

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)
Labor & Delivery (Maternal Child)	3	2.05
4 Lachman Postpartum (Maternal Child)	1	3.75
7 Uris Regional Medicine (Med/Surg)	4	0.97
4 Uris Regional Medicine (Med/Surg)	4	0.97
Nursery (Maternal Child)	1	0.94
6 Lachman High Risk Antepartum (Maternal Child)	1	0.75
4 Wollman Postpartum (Maternal Child)	1	0.75

6 Uris Postpartum (Maternal Child)	3	0.7
Neonatal ICU (ICU)	1	0.68
9 Wollman Surgical Telemetry (Med/Surg)	2	0.71
9 Uris Regional Surgery (Med/Surg)	3	0.87
9 Lachman CTICU Stepdown (Med/Surg)	2	1
9 East CTICU (ICU)	1	0.63
8 Wollman Regional Surgery (Med/Surg)	2	0.88
8 Lachman Surgical Stepdown (Med/Surg)	2	1
8 East Surgical ICU (ICU)	1	0.63
7 Wollman Regional Medicine (Med/Surg)	2	0.94
7 Lachman Medical Stepdown (Med/Surg)	2	1.07
7 East Medical ICU (ICU)	1	0.68
5 Uris Medical Telemetry (Med/Surg)	3	0.8
5 Wollman Surgery (Med/Surg)	1	1.25
5 Lachman Cardiac Stepdown (Med/Surg)	2	1
5 East Coronary Care Unit (ICU)	1	0.75

NIGHT SHIFT ADDITIONAL RESOURCES

<p>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.</p>	<p>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.</p>
<p>Labor & Delivery (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>

4 Lachman Postpartum (Maternal Child)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident
7 Uris Regional Medicine (Med/Surg)	Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident

<p>4 Uris Regional Medicine (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management</p>
<p>Nursery (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>
<p>6 Lachman High Risk Antepartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>

<p>4 Wollman Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>
<p>6 Uris Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>

<p>Neonatal ICU (ICU)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>
<p>9 Wollman Surgical Telemetry (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>

<p>9 Uris Regional Surgery (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>
<p>9 Lachman CTICU Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>

<p>9 East CTICU (ICU)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intensivist Intern / Resident</p>
<p>8 Wollman Regional Surgery (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>

<p>8 Lachman Surgical Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>
<p>8 East Surgical ICU (ICU)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intensivist Intern / Resident</p>

<p>7 Wollman Regional Medicine (Med/Surg)</p>	<p>Unit Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>
<p>7 Lachman Medical Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>

7 East Medical ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intensivist Intern / Resident
5 Uris Medical Telemetry (Med/Surg)	Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident

<p>5 Wollman Surgery (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
<p>5 Lachman Cardiac Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Support Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>

5 East Coronary Care Unit (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Intensivist Intern / Resident
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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):
Labor & Delivery (Maternal Child)	Yes			
4 Lachman Postpartum (Maternal Child)	Yes			
7 Uris Regional Medicine (Med/Surg)	Yes			
4 Uris Regional Medicine (Med/Surg)	Yes			

Nursery (Maternal Child)	No	<p>considered both rationales and determined the outcomes as listed.</p> <p>Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity, float PCA positions were added to support the unit if necessary, we encourage couplet care so babies remain in room with mom, additional team members work together to care for all patients including ANM and NM</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The 1199 members have expressed that for the nursery, PCA's are often transporting patients between floors and is a burden for 1 PCA</p>
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<p>6 Lachman High Risk Antepartum (Maternal Child)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members work together to care for all patients, including ANM as well as NM</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The staff co-leads state that the acuity of the patients can make it busy for 1 PCA to cover.</p>
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4 Wollman Postpartum (Maternal Child)	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members listed in this unit's plan all work together to ensure safe patient care.</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The staff co-leads state that the 4W PSF covers this area, so it can be a challenge to cover both units.</p>
6 Uris Postpartum (Maternal Child)	Yes			
Neonatal ICU (ICU)	Yes			
9 Wollman Surgical Telemetry (Med/Surg)	Yes			
9 Uris Regional Surgery (Med/Surg)	Yes			

<p>9 Lachman CTICU Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Want to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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9 East CTICU (ICU)	No	<p>considered both rationales and determined the outcomes as listed.</p> <p>Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas</p> <p>Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p> <p>Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. Staff co-leads stated that sometimes the acute needs of the patients and errands (picking up blood for example) take away from care on the unit.</p>
8 Wollman Regional Surgery (Med/Surg)	Yes			

<p>8 Lachman Surgical Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>8 East Surgical ICU (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>7 Wollman Regional Medicine (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Phlebotomists draw blood, except in emergencies where RN's will draw blood. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>7 Lachman Medical Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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7 East Medical ICU (ICU)	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas</p> <p>Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p> <p>Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
5 Uris Medical Telemetry (Med/Surg)	Yes			

<p>5 Wollman Surgery (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. If 5W is full there will be 2 nurses, each with 5 patients. Two PCAs also having 5 patients each is not required for these patients. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>5 Lachman Cardiac Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>5 East Coronary Care Unit (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on maintaining the Clinical</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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CBA INFORMATION

<p>We have one or more collective bargaining agreements:</p>	<p>Yes</p>
<p>If yes, then:</p> <p>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</p> <p>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.) represented.</p>	<p>Other, SEI U 1199</p>

<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/2024 12:00 AM</p>
<p>The number of hospital employees represented by SEIU 1199 is:</p>	<p>1171</p>
<p>Please provide the name of the union:</p>	<p>New York Professional Nurses Union (NYPNU)</p>