

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NYC H+H
Reporting Organization	Metropolitan Hospital Center
Reporting Organization Id	1454
Reporting Organization Type	Hospital (pfi)
Data Entity	Metropolitan Hospital Center

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) ?
IP LABOR AND DELIVERY	1.25	6.4	2.5	2
IP 9W ADULT PSYCH	2.36	1.45	16.5	7
8W IP ADULT PSYCH	2.49	1.38	17.4	7
IP 6W ADULT PSYCH	2.29	1.5	16	7
IP 5B PEDIATRICS	0.72	1.86	4.3	6
IP 4C MOTHER AND BABY	1.65	3.22	5	3
IP 4DN NICU	4.03	4.97	8.1	2
IP 9B MICU- ICU	3.86	4.15	7.7	2
8B IP Medicine Surgical	1.97	1.17	13.7	7
6B IP Medicine Telemetry	2.38	2.52	9.5	4
6B IP Medicine	1.41	1.9	8.4	6
6A IP Medicine- Telemetry	2.13	2.81	8.5	4
6A IP Medicine	1.37	1.95	8.2	6
IP 3A- Rehab	1.12	2.03	7.9	7

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)
IP LABOR AND DELIVERY	0	0
IP 9W ADULT PSYCH	0	0
8W IP ADULT PSYCH	0	0
IP 6W ADULT PSYCH	0	0
IP 5B PEDIATRICS	0	0
IP 4C MOTHER AND BABY	0	0
IP 4DN NICU	0	0
IP 9B MICU- ICU	0	0
8B IP Medicine Surgical	0	0
6B IP Medicine Telemetry	0	0
6B IP Medicine	0	0
6A IP Medicine- Telemetry	0	0
6A IP Medicine	0	0
IP 3A- Rehab	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)
IP LABOR AND DELIVERY	0	0
IP 9W ADULT PSYCH	0	0
8W IP ADULT PSYCH	0	0
IP 6W ADULT PSYCH	0	0
IP 5B PEDIATRICS	0	0
IP 4C MOTHER AND BABY	0	0
IP 4DN NICU	0	0
IP 9B MICU- ICU	0	0
8B IP Medicine Surgical	0	0
6B IP Medicine Telemetry	0	0
6B IP Medicine	0	0
6A IP Medicine- Telemetry	0	0
6A IP Medicine	0	0
IP 3A- Rehab	0	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
IP LABOR AND DELIVERY	1	3.2
IP 9W ADULT PSYCH	3	1.45

8W IP ADULT PSYCH	3	1.37
IP 6W ADULT PSYCH	3	1.49
IP 5B PEDIATRICS	1	1.85
IP 4C MOTHER AND BABY	1	1.61
IP 4DN NICU	1	0.99
IP 9B MICU- ICU	1	1.03
8B IP Medicine Surgical	2	1.16
6B IP Medicine Telemetry	1	0.84
6B IP Medicine	1	0.94
6A IP Medicine- Telemetry	1	0.93
6A IP Medicine	1	0.97
IP 3A- Rehab	1	1.01

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>
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IP LABOR AND DELIVERY	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
IP 9W ADULT PSYCH	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
8W IP ADULT PSYCH	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

IP 6W ADULT PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 5B PEDIATRICS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 4C MOTHER AND BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

IP 4DN NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 9B MICU- ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
8B IP Medicine Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

6B IP Medicine Telemetry	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
6B IP Medicine	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
6A IP Medicine- Telemetry	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

6A IP Medicine	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 3A- Rehab	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.”

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):
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<p>IP LABOR AND DELIVERY</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 9W ADULT PSYCH</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>8W IP ADULT PSYCH</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 6W ADULT PSYCH</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 5B PEDIATRICS</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 4C MOTHER AND BABY</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 4DN NICU</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 9B MICU- ICU</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>8B IP Medicine Surgical</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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6B IP Medicine Telemetry	No	<p>proposal and made the determination to adopt the staffing planned as outlined.</p> <p>In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>6B IP Medicine</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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6A IP Medicine- Telemetry	No	<p>proposal and made the determination to adopt the staffing planned as outlined.</p> <p>In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>6A IP Medicine</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 3A- Rehab</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</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)?
IP LABOR AND DELIVERY	1.25	6.4	2.5	2
9W IP ADULT PSYCH	2.36	1.45	16.5	7
8W IP ADULT PSYCH	2.49	1.38	17.4	7
IP 6W ADULT PSYCH	2.29	1.5	16	7
5B IP PEDIATRICS	0.72	1.86	4.3	6
IP 4C MOTHER AND BABY	1.65	3.22	5	3
IP 4DN NICU	4.03	4.97	8.1	2
IP 9B MICU-ICU	3.86	4.15	7.7	2
8B IP Medicine Surgical	1.97	1.17	13.7	0
IP 6B Medicine Telemetry	2.38	2.52	9.5	4
IP 6B Medicine	1.41	1.9	8.4	6
6A IP Medicine Telemetry	2.13	2.81	8.5	4
6A IP Medicine	1.37	1.95	8.2	6
IP 3A- Rehab	1.12	2.03	7.9	7

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)
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IP LABOR AND DELIVERY	0	0
9W IP ADULT PSYCH	0	0
8W IP ADULT PSYCH	0	0
IP 6W ADULT PSYCH	0	0
5B IP PEDIATRICS	0	0
IP 4C MOTHER AND BABY	0	0
IP 4DN NICU	0	0
IP 9B MICU-ICU	0	0
8B IP Medicine Surgical	0	0
IP 6B Medicine Telemetry	0	0
IP 6B Medicine	0	0
6A IP Medicine Telemetry	0	0
6A IP Medicine	0	0
IP 3A- Rehab	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)
IP LABOR AND DELIVERY	0	0
9W IP ADULT PSYCH	0	0
8W IP ADULT PSYCH	0	0
IP 6W ADULT PSYCH	0	0
5B IP PEDIATRICS	0	0
IP 4C MOTHER AND BABY	0	0
IP 4DN NICU	0	0
IP 9B MICU-ICU	0	0
8B IP Medicine Surgical	0	0
IP 6B Medicine Telemetry	0	0
IP 6B Medicine	0	0
6A IP Medicine Telemetry	0	0

6A IP Medicine	0	0
IP 3A- Rehab	0	0

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)
IP LABOR AND DELIVERY	1	3.2
9W IP ADULT PSYCH	3	1.45
8W IP ADULT PSYCH	3	1.37
IP 6W ADULT PSYCH	3	1.49
5B IP PEDIATRICS	1	1.85
IP 4C MOTHER AND BABY	1	1.61
IP 4DN NICU	1	0.99
IP 9B MICU-ICU	1	1.03
8B IP Medicine Surgical	2	1.16
IP 6B Medicine Telemetry	1	0.84
IP 6B Medicine	1	0.94
6A IP Medicine Telemetry	1	0.84
6A IP Medicine	1	0.97
IP 3A- Rehab	1	1.01

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>IP LABOR AND DELIVERY</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>9W IP ADULT PSYCH</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

8W IP ADULT PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 6W ADULT PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
5B IP PEDIATRICS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

IP 4C MOTHER AND BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 4DN NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 9B MICU-ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

8B IP Medicine Surgical	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 6B Medicine Telemetry	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 6B Medicine	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

6A IP Medicine Telemetry	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
6A IP Medicine	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 3A- Rehab	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.”

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):	

<p>IP LABOR AND DELIVERY</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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<p>9W IP ADULT PSYCH</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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8W IP ADULT PSYCH	No	<p>proposal and made the determination to adopt the staffing planned as outlined.</p> <p>In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit</p>	
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IP 6W ADULT PSYCH	No	<p>proposal and made the determination to adopt the staffing planned as outlined.</p> <p>In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none">• Literature review• Census, including discharges and admissions• Level of intensity of all patients and nature of the care to be delivered on each shift• Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership• The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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<p>5B IP PEDIATRICS</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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IP 4C MOTHER AND BABY	No	<p>proposal and made the determination to adopt the staffing planned as outlined.</p> <p>In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none">• Literature review• Census, including discharges and admissions• Level of intensity of all patients and nature of the care to be delivered on each shift• Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership• The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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<p>IP 4DN NICU</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Consensus, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit</p>	
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<p>IP 9B MICU-ICU</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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<p>8B IP Medicine Surgical</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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<p>IP 6B Medicine Telemetry</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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IP 6B Medicine	No	<p>proposal and made the determination to adopt the staffing planned as outlined.</p> <p>In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none">• Literature review• Census, including discharges and admissions• Level of intensity of all patients and nature of the care to be delivered on each shift• Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership• The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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6A IP Medicine Telemetry	No	<p>proposal and made the determination to adopt the staffing planned as outlined.</p> <p>In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none">• Literature review• Census, including discharges and admissions• Level of intensity of all patients and nature of the care to be delivered on each shift• Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership• The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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<p>6A IP Medicine</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	
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<p>IP 3A- Rehab</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</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)?
IP LABOR AND DELIVERY	1.25	6.4	2.5	2
9W IP ADULT PSYCH	2.36	1.45	16.5	7
8W IP ADULT PSYCH	2.49	1.38	17.4	7
6W IP ADULT PSYCH	2.29	1.5	16	7
IP 5B PEDIATRICS	0.72	1.86	4.3	6
IP 4C MOTHER AND BABY	1.65	3.22	5	3
IP 4DN NICU	4.03	4.97	8.1	2
9B IP MICU- ICU	3.86	4.15	7.7	2
8B IP Medicine Surgical	1.96	1.17	13.7	7
6B IP Medicine Telemetry	2.38	2.52	9.5	4
6B IP Medicine	1.41	1.9	8.4	6
6A IP Medicine Telemetry	2.13	2.81	8.5	4
6A IP Medicine	1.37	1.95	8.2	6
IP 3A- Rehab	1.12	2.03	7.9	7

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)
IP LABOR AND DELIVERY	0	0
9W IP ADULT PSYCH	0	0

8W IP ADULT PSYCH	0	0
6W IP ADULT PSYCH	0	0
IP 5B PEDIATRICS	0	0
IP 4C MOTHER AND BABY	0	0
IP 4DN NICU	0	0
9B IP MICU- ICU	0	0
8B IP Medicine Surgical	0	0
6B IP Medicine Telemetry	0	0
6B IP Medicine	0	0
6A IP Medicine Telemetry	0	0
6A IP Medicine	0	0
IP 3A- Rehab	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)
IP LABOR AND DELIVERY	0	0
9W IP ADULT PSYCH	0	0
8W IP ADULT PSYCH	0	0
6W IP ADULT PSYCH	0	0
IP 5B PEDIATRICS	0	0
IP 4C MOTHER AND BABY	0	0
IP 4DN NICU	0	0
9B IP MICU- ICU	0	0
8B IP Medicine Surgical	0	0
6B IP Medicine Telemetry	0	0
6B IP Medicine	0	0
6A IP Medicine Telemetry	0	0
6A IP Medicine	0	0
IP 3A- Rehab	0	0

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
IP LABOR AND DELIVERY	1	3.2
9W IP ADULT PSYCH	3	1.45
8W IP ADULT PSYCH	3	1.37
6W IP ADULT PSYCH	3	1.49
IP 5B PEDIATRICS	1	1.85
IP 4C MOTHER AND BABY	1	1.61
IP 4DN NICU	1	0.99
9B IP MICU- ICU	1	1.03
8B IP Medicine Surgical	2	1.16
6B IP Medicine Telemetry	1	0.84
6B IP Medicine	1	0.94
6A IP Medicine Telemetry	1	0.84
6A IP Medicine	1	0.97
IP 3A- Rehab	1	1.01

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>IP LABOR AND DELIVERY</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>9W IP ADULT PSYCH</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

8W IP ADULT PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
6W IP ADULT PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 5B PEDIATRICS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

IP 4C MOTHER AND BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
IP 4DN NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
9B IP MICU- ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

8B IP Medicine Surgical	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
6B IP Medicine Telemetry	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
6B IP Medicine	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

6A IP Medicine Telemetry	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
6A IP Medicine	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
IP 3A- Rehab	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.”</p>

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):
IP LABOR AND DELIVERY	No	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>

<p>9W IP ADULT PSYCH</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>8W IP ADULT PSYCH</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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6W IP ADULT PSYCH	No	<p>proposal and made the determination to adopt the staffing planned as outlined.</p> <p>In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 5B PEDIATRICS</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 4C MOTHER AND BABY</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 4DN NICU</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>9B IP MICU- ICU</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>8B IP Medicine Surgical</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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6B IP Medicine Telemetry	No	<p>proposal and made the determination to adopt the staffing planned as outlined.</p> <p>In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>6B IP Medicine</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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6A IP Medicine Telemetry	No	<p>proposal and made the determination to adopt the staffing planned as outlined.</p> <p>In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>6A IP Medicine</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</p>
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<p>IP 3A- Rehab</p>	<p>No</p>	<p>proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:</p> <ul style="list-style-type: none"> • Literature review • Census, including discharges and admissions • Level of intensity of all patients and nature of the care to be delivered on each shift • Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership • The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation 	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day.</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>DC 37,New York State Nurses Associati on,SEIU 1199</p>

<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>03/02/20 23 12:00 AM</p>
<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>414</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>04/09/20 22 12:00 AM</p>

<p>The number of hospital employees represented by SEIU 1199 is:</p>	<p>99</p>
<p>Our general hospital's collective bargaining agreement with DC 37 expires on the following date:</p>	<p>11/06/2026 12:00 AM</p>
<p>The number of hospital employees represented by DC37 is:</p>	<p>894</p>