

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
Reporting Organization	New York Presbyterian Hospital Columbia Presbyterian Center
Reporting Organization Id	1464
Reporting Organization Type	Hospital (pfi)
Data Entity	New York Presbyterian Hospital Columbia Presbyterian 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) ?
609852 ENDO	2	8	8	1
609839 Pre/Post Anesthesia	14	7	20.25	2
609834 OR	10	8	21	1
605340 Cystoscopy	3	8	8	1
606929 Endo	10	8	41.6	1
605325 Pre/Post Anesthesia	32	3	53	2
605320 OR	32	8	63.75	1
605160 9H TRANSPLANT / DIRECT ADMITS	13	2	39.14	3.01
609847 CHILD EMERGENCY ROOM	14	2.51	41.83	6
606048 MILSTEIN EMERGENCY DEPARTMENT	31.43	3.07	76.65	6
605250 10T SLOANE LABOR and DELIVER	18	11.38	11.86	0.66
609838 5T PED M/S ONC	10	4	20.6	2.06
609837 4T PED MSURG/CRC	7	2	21.4	3.06
609848 8C PED PROGRESSIVE CARE UNIT	5	4	10.53	2.11
609831 6T CARD/NEURO	10	3	23.56	2.36
609835 9C PED ICU	10	6	11.83	1.18

609826 11C PED ICU	10	6	12.56	1.26
605234 9N CARD NICU	14	7	15.65	1.12
609830 7T NEONATAL ICU	32	4	58.23	1.82
609836 9T CARD ICU	12	7	12.98	1.08
605222 5C/6C OB/GYN POSTP/NURS	15	2	50	3.33
605224 10C OB/GYN ANTEP/HIGH RISK	6	3	16.46	2.74
605182 HP-11 BMT UNIT	6	3	15.31	2.55
605118 6HN ONCOLOGY	10	2	33.81	3.38
605154 7HS SURG ONCOLOGY	9	2	31.05	3.45
605425 5HN CARDIAC	9	3	25.25	2.81
605114 5GS CARDIAC	9	2	31.64	3.52
605427 5GN SURG STEPDOWN	14	3	31.68	2.26
7HN CHEST/STEPDOWN	11	3	31.42	2.86
605152 4HS SURGICAL ICU	10	5	13.64	1.36
605150 5MHB/HH CTICU	24	7	27.34	1.14
605495 5MHB/HH CCU	18	5	25.68	1.43
605420 4HN MEDICAL ICU	15	5	22.09	1.47
605476 8GS NEUROLOGICAL ICU	10	5	15.41	1.54
606549 HP 10X ONC RESEARCH	2	2	9.91	4.96
605110 6GS MEDICINE (INFECTIOUS DISEASE)	9	2	29.76	3.31
605116 6GN MEDICINE	9	2	30.58	3.4
605161 7GS HOSPITALIST	8	2	31.42	3.93
605112 7GN SDU/MEDICINE	11	3	28.5	2.59
605158 8HS NEUROSURGERY	8	2	27.54	3.44
605128 8HN NEUROLOGY	8	2	24.21	3.03
605712 8MA MED ANNEX	2	2	8.67	4.34
605710 8GN REHABILITATION	3	2	14.02	4.67

605124 9GS HOSPITALIST/ORTHO/SURG	8	2	33.39	4.17
605501 9GN PSYCH	4	1	23.36	5.84

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)
609852 ENDO	0	0
609839 Pre/Post Anesthesia	0	0
609834 OR	0	0
605340 Cystoscopy	0	0
606929 Endo	0	0
605325 Pre/Post Anesthesia	0	0
605320 OR	0	0
605160 9H TRANSPLANT / DIRECT ADMITS	0	0
609847 CHILD EMERGENCY ROOM	0	0
606048 MILSTEIN EMERGENCY DEPARTMENT	0	0
605250 10T SLOANE LABOR and DELIVER	0	0
609838 5T PED M/S ONC	0	0

609837 4T PED MSURG/CRC	0	0
609848 8C PED PROGRESSIVE CARE UNIT	0	0
609831 6T CARD/NEURO	0	0
609835 9C PED ICU	0	0
609826 11C PED ICU	0	0
605234 9N CARD NICU	0	0
609830 7T NEONATAL ICU	0	0
609836 9T CARD ICU	0	0
605222 5C/6C OB/GYN POSTP/NURS	0	0
605224 10C OB/GYN ANTEP/HIGH RISK	0	0
605182 HP-11 BMT UNIT	0	0
605118 6HN ONCOLOGY	0	0
605154 7HS SURG ONCOLOGY	0	0
605425 5HN CARDIAC	0	0
605114 5GS CARDIAC	0	0
605427 5GN SURG STEPDOWN	0	0
7HN CHEST/STEPDOWN	0	0
605152 4HS SURGICAL ICU	0	0
605150 5MHB/HH CTICU	0	0
605495 5MHB/HH CCU	0	0
605420 4HN MEDICAL ICU	0	0
605476 8GS NEUROLOGICAL ICU	0	0
606549 HP 10X ONC RESEARCH	0	0
605110 6GS MEDICINE (INFECTIOUS DISEASE)	0	0
605116 6GN MEDICINE	0	0
605161 7GS HOSPITALIST	0	0
605112 7GN SDU/MEDICINE	0	0
605158 8HS NEUROSURGERY	0	0

605128 8HN NEUROLOGY	0	0
605712 8MA MED ANNEX	0	0
605710 8GN REHABILITATION	0	0
605124 9GS HOSPITALIST/ORTHO/SURG	0	0
605501 9GN PSYCH	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)
609852 ENDO	0	0
609839 Pre/Post Anesthesia	0	0
609834 OR	0	0
605340 Cystoscopy	0	0
606929 Endo	0	0
605325 Pre/Post Anesthesia	0	0
605320 OR	0	0
605160 9H TRANSPLANT / DIRECT ADMITS	0	0
609847 CHILD EMERGENCY ROOM	0	0
606048 MILSTEIN EMERGENCY DEPARTMENT	0	0

605250 10T SLOANE LABOR and DELIVER	0	0
609838 5T PED M/S ONC	0	0
609837 4T PED MSURG/CRC	0	0
609848 8C PED PROGRESSIVE CARE UNIT	0	0
609831 6T CARD/NEURO	0	0
609835 9C PED ICU	0	0
609826 11C PED ICU	0	0
605234 9N CARD NICU	0	0
609830 7T NEONATAL ICU	0	0
609836 9T CARD ICU	0	0
605222 5C/6C OB/GYN POSTP/NURS	0	0
605224 10C OB/GYN ANTEP/HIGH RISK	0	0
605182 HP-11 BMT UNIT	0	0
605118 6HN ONCOLOGY	0	0
605154 7HS SURG ONCOLOGY	0	0
605425 5HN CARDIAC	0	0
605114 5GS CARDIAC	0	0
605427 5GN SURG STEPDOWN	0	0
7HN CHEST/STEPDOWN	0	0
605152 4HS SURGICAL ICU	0	0
605150 5MHB/HH CTICU	0	0
605495 5MHB/HH CCU	0	0
605420 4HN MEDICAL ICU	0	0
605476 8GS NEUROLOGICAL ICU	0	0
606549 HP 10X ONC RESEARCH	0	0
605110 6GS MEDICINE (INFECTIOUS DISEASE)	0	0
605116 6GN MEDICINE	0	0
605161 7GS HOSPITALIST	0	0

605112 7GN SDU/MEDICINE	0	0
605158 8HS NEUROSURGERY	0	0
605128 8HN NEUROLOGY	0	0
605712 8MA MED ANNEX	0	0
605710 8GN REHABILITATION	0	0
605124 9GS HOSPITALIST/ORTHO/SURG	0	0
605501 9GN PSYCH	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)
609852 ENDO	3	12
609839 Pre/Post Anesthesia	4	2
609834 OR	15	12
605340 Cystoscopy	3	8
606929 Endo	1	1
605325 Pre/Post Anesthesia	14	1
605320 OR	8	2
605160 9H TRANSPLANT / DIRECT ADMITS	4	1
609847 CHILD EMERGENCY ROOM	2.5	0.45

606048 MILSTEIN EMERGENCY DEPARTMENT	9	0.88
605250 10T SLOANE LABOR and DELIVER	1	0.63
609838 5T PED M/S ONC	1	1
609837 4T PED MSURG/CRC	1	1
609848 8C PED PROGRESSIVE CARE UNIT	1	1
609831 6T CARD/NEURO	1	1
609835 9C PED ICU	1	1
609826 11C PED ICU	1	1
605234 9N CARD NICU	1	1
609830 7T NEONATAL ICU	1	1
609836 9T CARD ICU	1	1
605222 5C/6C OB/GYN POSTP/NURS	2	1
605224 10C OB/GYN ANTEP/HIGH RISK	1	1
605182 HP-11 BMT UNIT	2	1
605118 6HN ONCOLOGY	4	1
605154 7HS SURG ONCOLOGY	4	1
605425 5HN CARDIAC	3	1
605114 5GS CARDIAC	3	1
605427 5GN SURG STEPDOWN	2	1
7HN CHEST/STEPDOWN	2	1
605152 4HS SURGICAL ICU	1	1
605150 5MHB/HH CTICU	2	1
605495 5MHB/HH CCU	2	1
605420 4HN MEDICAL ICU	2	1
605476 8GS NEUROLOGICAL ICU	1	1
606549 HP 10X ONC RESEARCH	1	1
605110 6GS MEDICINE (INFECTIOUS DISEASE)	2	1

605116 6GN MEDICINE	3	1
605161 7GS HOSPITALIST	3	1
605112 7GN SDU/MEDICINE	3	1
605158 8HS NEUROSURGERY	4	1
605128 8HN NEUROLOGY	2	1
605712 8MA MED ANNEX	1	1
605710 8GN REHABILITATION	1	1
605124 9GS HOSPITALIST/ORTHO/SURG	4	1
605501 9GN PSYCH	4	1

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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609852 ENDO	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well." "
609839 Pre/Post Anesthesia	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "
609834 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "

605340 Cystoscopy	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>
606929 Endo	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>
605325 Pre/Post Anesthesia	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>

605320 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well." "
605160 9H TRANSPLANT / DIRECT ADMITS	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609847 CHILD EMERGENCY ROOM	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, IV team, clinical pharmacists, pharmacy technicians, ECMO program manager, VAD coordinator, social workers, care managers, EKG techs, unit assistants, and transport team.
606048 MILSTEIN EMERGENCY DEPARTMENT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605250 10T SLOANE LABOR and DELIVER	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.</p>
609838 5T PED M/S ONC	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

609837 4T PED MSURG/CRC	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
609848 8C PED PROGRESSIVE CARE UNIT	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

609831 6T CARD/NEURO	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, VAD coordinator, EEG techs, and transport team.
609835 9C PED ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, ECMO program manager, and transport team.

609826 11C PED ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, ECMO program manager, and transport team.</p>
605234 9N CARD NICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, ECMO program manager, and transport team.</p>

609830 7T NEONATAL ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.</p>
609836 9T CARD ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, IV team, clinical pharmacists, pharmacy technicians, ECMO program manager, VAD coordinator, social workers, care managers, EKG techs, unit assistants, and transport team.</p>

605222 5C/6C OB/GYN POSTP/NURS	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.
605224 10C OB/GYN ANTEP/HIGH RISK	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.

605182 HP-11 BMT UNIT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605118 6HN ONCOLOGY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605154 7HS SURG ONCOLOGY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605425 5HN CARDIAC	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, telemetry techs, and transport team.

605114 5GS CARDIAC	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, telemetry techs, and transport team.
605427 5GN SURG STEPDOWN	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

7HN CHEST/STEPDOWN	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
605152 4HS SURGICAL ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

605150 5MHB/HH CTICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.</p>
605495 5MHB/HH CCU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.</p>

605420 4HN MEDICAL ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.
605476 8GS NEUROLOGICAL ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

<p>606549 HP 10X ONC RESEARCH</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
<p>605110 6GS MEDICINE (INFECTIOUS DISEASE)</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

605116 6GN MEDICINE	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
605161 7GS HOSPITALIST	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

605112 7GN SDU/MEDICINE	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
605158 8HS NEUROSURGERY	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, EEG techs, unit assistants, and transport team.</p>

605128 8HN NEUROLOGY	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, EEG techs, unit assistants, and transport team.</p>
605712 8MA MED ANNEX	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

<p>605710 8GN REHABILITATION</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
<p>605124 9GS HOSPITALIST/ORTHO/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

605501 9GN PSYCH	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, mental health workers, and transport team.</p>
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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):
609852 ENDO	Yes			
609839 Pre/Post Anesthesia	Yes			
609834 OR	Yes			
605340 Cystoscopy	Yes			
606929 Endo	Yes			
605325 Pre/Post Anesthesia	Yes			
605320 OR	Yes			

605160 9H TRANSPLANT / DIRECT ADMITS	Yes			
609847 CHILD EMERGENCY ROOM	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. The Hospital also believes that it has adequate 24/7 Unit Clerk coverage for infant security. This unit has available to it nurse and support staff float pools to supplement unit staffing and other support personnel on this unit that aid in the provision of nursing services, including nurse practitioners, child life, physical therapy aides, members of the wound/ostomy care team, respiratory therapists,</p>	<p>"RN Ratios 1 (Day & Night) Medsurg Holds 1:4 Acute overflow 1:6 Behavioral 1:1 Trauma/Code 1:2 ICU/Stepdown 1:3 Stepdown 1:4' 1:6' 1:1' 1 (Day & Night) ED Tech Ratios 1:7 Acute overflow 1:7 No Behavioral 1:1-1:4 Behavioral 1:7 Trauma/code 1:7 ICU/SDU No Behavioral NA Ratios 1:8 Acute overflow 1:8 Trauma/code UAs 1 Acute overflow 1 Trauma/code"</p>

<p>606048 MILSTEIN EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing during the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit Clerks may not be present. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit has</p>	<p>"RNs Triage-Waiting 2 Triage-Pivot 5 Area A (Fast Track) 1:5' ED Tech Area B 1:1 or 1:2 ICU 1:3 SDU 1:4 - 1:6 Area C 1:1 or 1:2 ICU 1:3 SDU 1:4 - 1:6 Area D 1:5' 1:4-1-6 Area E (Admissions) 1:4-1:6 Relief Nurse 5 (Midshift) ED Tech Triage-Waiting 2 Triage-Pivot 3 Area A (Fast Track) 2 Area B 1:7' Area C 1:7' Area D 1:1' 1:2' 1:3' 1:4'''</p>
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<p>605250 10T SLOANE LABOR and DELIVER</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. The Hospital also believes that it has appropriate 24/7 Unit Clerk coverage for infant security. This unit has available to it nurse and support staff float pools to supplement unit staffing and other support personnel on this unit that aid in the provision of nursing services, including physical therapy aides, members of the wound/ostomy care team, respiratory therapists, phlebotomists, members of</p>	<p>(initial encounter, 10-20 mins), 1:2 (NST, stable, until disposition) TRIAGE 1:1 (Laboring); 1:2 (Stable, Non-Laboring, NST) LABOR 1:2 (Stage 1), 1:1 (Stage 2, up to 2 hours post-delivery) Immediate Preop/Intraop/Postop: 1:1: up to 2 hours, does not include neonate PACU: 1:2 (c-section, stable) 1:1 (vaginal, c-section/hystectomy/PPH, unstable) CCOB 1:1 (unstable, laboring, recovery); CCOB 1:2 (stable, non-laboring, recovery) HIGH RISK 1:2 (Antepartum, Post-Delivery, stable) Neonate 1:1 for each neonate during 1st 2-HOL, until stable Scrub Tech and NA Ratios: Scrub Tech 1:1 per room (additional Scrub Tech for</p>
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609838 5T PED M/S ONC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift at census points 11-16, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the</p>	<p>"RN Ratios 1:1 for Experimental Infusions/ICU Level Monitoring 1:2 Onc + Infusion 1:3 Med/Surg non-Onc non-Infusion NA Ratios 1:8</p> <p>Additional Patient Care Information: Charge RN and CN5 should not be included in grid and ratios Budgeted CN5s: 1 FTE Experimental Infusions/ICU Level Monitoring/BMT 1:1 NA comes from Nursing Office; Not Part of Grid"</p>
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609837 4T PED MSURG/CRC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit at census points 8-24. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately</p>	<p>"RN Ratios 1:3' NA Ratios 1:8</p> <p>Additional Patient Care Information: Charge RN and CN5 should not be included in grid and ratio Budgeted CN5s: 1 FTE CPAP, pecialized Patients, Fresh Post-Op 1:1 NA comes from Nursing Office; Not Part of Grid "</p>
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<p>609848 8C PED PROGRESSIVE CARE UNIT</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit at census points 4-6, 8, and 9-11. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shift at census points 4-6, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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609831 6T CARD/NEURO	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift at census points 8-16, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the</p>	<p>"RN Ratios 1:1 LVAD 1st 24 Hours 1:3 LVAD 24 Hours+ NA Ratios 1:8</p> <p>Additional Patient Care Information: Charge RN and CN5 should not be included in ratio Budgeted CN5s: 1 FTE Dialysis, Chest Tubes, VADs, Heart Transplant, Pericardial drains 1:1 NA comes from Nursing Office; Not Part of Grid CPAP, Telemetry, Plasmapheresis; Inotropic Drips Unstable LVADs should be transferred to ICU"</p>
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<p>609835 9C PED ICU</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit for census points 7-13. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff census points 4-8, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA</p>	<p>"RN Ratios 1:1 for intubated, ECMO, CVVH, post-op Day 1 organ transplants; critical airway 1:2 NA Ratios 1:8 Additional Patient Care Information: Charge RN should not be included in ratio CN5 shall not be included in grid & ratios Organ Transplant; Respiratory Failure, ECMO, CVVH, Vents (oscillators); no VADs Cardiac Overflow; Heart Failure; Neuro & Ortho Overflow 1:1 NA comes from Nursing Office; Not Part of Grid Shares RRT with 9T and 11C"</p>
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609826 11C PED ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 3-8 and on the evening shift at census points 7-8, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in</p>	<p>"RN Ratios 1:1 fresh post-op, trauma, inubated 1:2 NA Ratios 1:8</p> <p>Additional Patient Care Information: Charge RN should not be included in ratio CN5 shall not be included in grid & ratios Spine and Neuro Surgery, Trauma CRRT, trach to vent 1:1 NA comes from Nursing Office; Not Part of Grid"</p>
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605234 9N CARD NICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff census points 3-8, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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609830 7T NEONATAL ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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609836 9T CARD ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>Committee reached consensus regarding nursing coverage, with the exception of the night shift RN staffing at census point 5. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 3-7, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in</p>	<p>"Rn Ratios: 1:1 Post Op, Intubated, LVADs, CRRT, Impelia NA Ratios: 1:7</p> <p>Additional Patient Care Info: Charge and CN5 not in the numbers Fresh cardiac post op, infant to 21 years old Admit from OR, ED, NICU, external transfers-high pt turnover Open chest, bedside procedures, heart transplant 1:1 NA comes from Nursing Office; Not part of grid"</p>
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<p>605222 5C/6C OB/GYN POSTP/NURS</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage for the Nursery in this unit. The Hospital disagreed with the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The</p>	<p>1:1 Newborn care; COVID, Pre/Postop, Pain management 1:3 Dyad Postoperative 1st 24 hours; new mothers, complicated, stable 1:1 Dyad; IV Magnesium Sulfate (1st hour), Pain management (1st 30 min) 1:3 Newborn; Post Level III, Continuing care 1:3 Dyad care (1 RN: 3 mothers/3 newborns), uncomplicated, routine care, stable NA Ratios 1:8 1 in each Well Baby Nursery Additional Patient Care Information: Charge nurse shall not be included in the assignment Postpartum/Postoperative: Vaginal delivery, C-Section, BTL Discharge Planning: Dyad Complex Cases: C-</p>
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<p>605224 10C OB/GYN ANTEP/HIGH RISK</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital also believes that it has appropriate 24/7 Unit Clerk coverage for infant security. This unit has</p>	<p>continuous EFM, 1:3 without continuous EFM NA Ratios: 1:10</p> <p>Additional Patient Care Info: Charge RN shall not be included in assignment. High Risk OB cases: Advanced Cervical dilatation, Pre-term labor (Singleton/Multiple gestation) PPROM, Placental abnormalities (Previa, Accreta/Percreta/Increta), Placenta Abruptio Maternal/Fetal monitoring (continuous, prolonged & NSTs), Central EKG monitoring Pain Management: PCA/PCEA (Sickle Cell, Post-Op) Complex cases: IUFD, Comfort care, Urologic (Pyelonephritis, Nephrolithiasis), Hypertensive disorders</p>
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605182 HP-11 BMT UNIT	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	<p>1:1 BMT Procedures 1:1 or 1:2 Research 1:3 Stepdown</p> <p>1:6 we already have 4 techs in the day and hiring for 1 in the evening making it 3 and we have 3.5 at night Additional Patient Care Information: Charge RN and CN5 shall not be in ratio 1:1 NA comes from Nursing Office; Not Part of Grid Chemo RN (rotates with 6 months - Charge RN leaves the floor) Max 6 stepdown between BMT and 6HN Planned Research Patients require additional RN not on grid BMT procedure happens on the unit - planned event that can take 1 to 6 hours - during that time the RN</p>
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605118 6HN ONCOLOGY	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at all census points except 19 and 22, and census point 31 on the night shift. Additionally, the staffing committee reached consensus on Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 19, 22-25, 28-35, and 37-38; on the evening shift at census points 19, 22-27, and 35-36; on the night shift at census points 19-21, 27, and 35-36, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital</p>	<p>"RN Ratios 1:1 or 1:2 Research Patients 1:3 Stepdown 1:4 Medsurg ICU Tech Ratios 0.046527778 Additional Patient Care Information: Max 6 stepdown between BMT and 6HN Charge RN and CN5 shall not be in ratio 1:1 NA comes from Nursing Office; Not Part of Grid Chemo RN not included in grid Planned Research Patients require additional RN not on grid"</p>
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<p>605154 7HS SURG ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at census points 16, 19-20, 23-24, 27-28, and 31-32; and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 15, 22, 26, and 28-34, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in</p>	<p>"RN Ratios 1:4 ICU Tech Ratios 1:6 Total Care 1:8 Additional Patient Care Information: Charge RN shall not be included in grid and ratio No Cluster Room in 7HS"</p>
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605425 5HN CARDIAC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at census points 10, 13, 15-19, and 21-30 and with the exception of the addition of a midshift nurse. The staffing committee also reached consensus on Unit Clerk staffing for the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the</p>	<p>1:3 (pts requiring frequent monitoring; fresh post-Cath; Cardiac Drips; IVIG) 1:4 ICU Tech Ratios 1:7 1:8 Additional Patient Care Information: Charge RN and CN5 shall not be included in grid and ratio All patients are Telemetry-capable Interventional cardiology (Q15 1st hour, Q30 afterwards) 1:3 pt requiring frequent monitoring: post-op cath, transplant rejection with chemo drugs, & cardiac medine pt requiring cardiac drips Midshifter does admission Unit has frequent admissions & discharges</p>
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605114 5GS CARDIAC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient</p>	<p>"RN Ratios 1:3 (cardiac drips, PCAs, trach-collar, heart failure)</p> <p>ICU Tech Ratios 1:7</p> <p>Additional Patient Care Information: Charge RN and CN5 shall not be included in grid and ratio Heart failure, pre-transplant, transplant rejection All patients are on telemetry CNS is not part of the grid and ratio"</p>
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<p>605427 5GN SURG STEPDOWN</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for Unit Clerk staffing on the day and evening shifts and RN staffing with the exception of the addition of a midshift RN. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not</p>	<p>"RN Ratios 1:3 ICU Tech Ratios 1:6 Additional Patient Care Information: Charge RN and CN5 shall not be included in grid and ratio Midshift does Admissions/Discharge/Resource "</p>
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7HN CHEST/STEPDOWN	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit Clerks may not be</p>	<p>"RN Ratios 1:2 LVADs on anti-coagulation 1:3 Stepdown; LVADs; Bariatric 1st 24 hours ned continuous O2 monitoring</p> <p>ICU Tech Ratios 1:7</p> <p>Additional Patient Care Information: Charge RN and CN5 shall not be included in grid and ratio Surgucal post-op, transplants 1:1 NA comes from Nursing Office; Not Part of Grid Total Care Patients Up to 15 Stepdown Pts Max of 3 ventilators Average of 10 LVADs LVAD is always Q4 Float RNs cannot do LVADs"</p>
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605152 4HS SURGICAL ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shifts at census points 11 and 15-16, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining</p>	<p>"RN Ratios 1:1 critical post-op, CRRT, post-cardiac arrest, liver transplant</p> <p>ICU Tech Ratios 1:8-12</p> <p>Additional Patient Care Information: Charge RN and CN5 shall not be included in grid and ratio Surgical post-op, transplants Cardiac arrest 1:1 NA comes from Nursing Office; Not part of Grid"</p>
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605150 5MHB/HH CTICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	<p>"1:1 ECMO, Admissions until stability, Multiple Devices, High Pressors, Several Drips, CRRT initiation & w/ Titrations, Unstable Pt, Open Chest 2:01 1:02 ICU Tech Ratios 1:10 1 ICU Tech Per Location Additional Patient Care Information: 2 Charge RNs and CN5s should not be included in the ratio or grid 2 Locations: Heart Center & Milstein 2 RTs on Main Side; 1 RT can be shared with HC CTICU & CCU 1:1 NA comes from Nursing Office; Not Part of Grid"</p>
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605495 5MHB/HH CCU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at census points 27 and 28 and for the new addition of a midshift RN. The staffing committee also reached consensus for Unit Clerk staffing during the day shift at census points 17-28. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that</p>	<p>"RN Ratios 1:1 ECMO, Admissions, Multiple Devices, High Pressors, Several Drips, CRRT initiation & w/ Titrations, pt deemed Unstable 0.043055556</p> <p>ICU Tech Ratios 1:8-10</p> <p>Additional Patient Care Information: 2 Charge RNs and CN5 are not in grids and ratios CCU has 2 locations: Heart Center & Milstein Admissions come in day time 1 RT in the main; 1 additional RT shared with CTICU for HC 1:1 NA comes from Nursing Office; Not Part of Grid"</p>
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605420 4HN MEDICAL ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 20-24 and night shift at census points 22-24, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining</p>	<p>"RN Ratios 1:1 ECMO, active ARDS w/proning, GI bleed MTP, problematic CRRT</p> <p>ICU Tech Ratios 1:8-12</p> <p>Additional Patient Care Information: Charge RN shall not be in the ratio ECMO, CRRT, proning cardiac arrest, GI bleeds MICU A and MICU B - two locations with 12 beds each</p> <p>"</p>
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<p>605476 8GS NEUROLOGICAL ICU</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing for the day shift and staffing for the night shift at census points 4-7, 10, 13, 15, 16, and 18; and Unit Clerk staffing on the day and evening shifts. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 8 and 10-18; evening shift at census points 11 and 13-18; and night shift at census points 15 and 17-18, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members'</p>	<p>"RN Ratios 1:1 CRRT; neuro monitor bundle; brain death/donor pts; post-thrombectomy; high grade SAH; TPA (1st 24 hours) ICU Tech Ratios 1:8-12 Additional Patient Care Information: Charge RN shall not be in the ratio"</p>
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<p>606549 HP 10X ONC RESEARCH</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing at census points 15 and 16. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff census points 6-8 and the night shift, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines are safe and appropriate. The Hospital believes that for overnight shifts, there is cross-</p>	<p>"RN Ratios 1:1 or 1:2 depending on Research 1:4 Med/Surg ICU Tech Ratios 1:8 Additional Patient Care Information: Charge RN shall not be in the ratio 1 NA for each shift Inpatient Unit; Mainly Ortho, ACS, Vascular, Hospitalist, GYN/ONC 4 Beds Max for Research / 12 Beds Used for Inpatient 1:1s for Research from 4-8 hours at a time"</p>
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<p>605110 6GS MEDICINE (INFECTIOUS DISEASE)</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing at census points 22-24, 26-28, and 30-26 and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 23, 25, and 27-29 and the evening shift at census points 23 and 29, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted</p>	<p>"RN Ratios 1:4 ICU Tech Ratios 1:6 Total Care 1:8 Additional Patient Care Information: Charge RN shall not be in ratio Cluster Room for Observation High amount of 1:1 Total Cares 1:1 NA comes from Nursing Office; Not Part of Grid Remote Tele"</p>
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605116 6GN MEDICINE	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on Unit Clerk staffing on the day shift and RN staffing at census points 24, 28, 31, and 32. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 22-23, 26-27, and 29; the evening shift at census points 22-23 and 27; and the night shift at census point 23, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital</p>	<p>"RN Ratios 1:4</p> <p>ICU Tech Ratios 1:1 outside of cluster room replenish by nursing office 1:4 Cluster Room for observation for high fall risk 1:6 for Total Care; 1:8 if not total care</p> <p>Additional Patient Care Information: Maximum of 4 Ventilators 4 Bed Cluster Room Observer Charge RN shall not be included in the RN Ratios Charge RN may do Peritoneal Dialysis in other units, including VC Adult ED 1:1 NA comes from Nursing Office; Not Part of Grid High amount of 1:1s Remote Tele"</p>
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605161 7GS HOSPITALIST	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on staffing levels for Unit Clerks on the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	<p>"RN Ratios 1:4</p> <p>ICU Tech Ratios 1:6 Total Care 1:8</p> <p>Additional Patient Care Information: 2 Vent-capable beds Charge RN shall not be in ratio Cluster Room"</p>
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605112 7GN SDU/MEDICINE	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and unit clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	<p>"RN Ratios 1:3</p> <p>PCT Ratios 1:6</p> <p>Additional Patient Care Information: Charge RN and CN5 shall not be included in the ratio RT needed for prelung, hi-flows, vent management RT works 12 shifts per month Maximum 12 Ventilators"</p>
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<p>605158 8HS NEUROSURGERY</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on Unit Clerk staffing during the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 22-26, 29-33, and 35-36; evening shift at census points 23, 25-27, 30-33, and 35-36; and night shift at census points 26-28, 31-33, and 36, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted</p>	<p>"RN Ratios 1:2 TPA-monitoring 1:3 Stepdown 1:4 Medsurg</p> <p>ICU Tech Ratios 1:7</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio Charge RN shall not be included in the grid due to TPA monitoring Up to 9 Stepdown Beds; Max 5 Vent Patients Spinal drain patients need extra monitoring - all stepdown patients TPA-monitoring is ICU level (declotting meds; Q30min 1st 8H & Q1 monitoring 16H"</p>
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605128 8HN NEUROLOGY	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on Unit Clerk day shift staffing. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census point 24, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated</p>	<p>"RN Ratios 1:2 TPA-monitoring 1:3 Stepdown 1:4 Medsurg; Epilepsy Monitoring ICU Tech Ratios 1:7 Additional Patient Care Information: Charge RN shall not be included in the ratio Charge RN shall not be included in the grid due to PPA monitoring Maximum of 6 Stepdown beds Max of 3 Vents due to acuity; unit has 6 vent-capable beds TPA-monitoring is ICU level (declotting meds; Q30min 1st 8H & Q1 monitoring 16H Epilepsy Monitoring Unit (max 8 beds; must have 2 RNs for monitoring)"</p>
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605712 8MA MED ANNEX	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on nurse staffing at census points 5 - 8. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the evening shift at census points 7-10 and night shift at census points 9 and 10, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA</p>	<p>"RN Ratios 1:4</p> <p>ICU Tech Ratios 1:5</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio UA needed around the clock for admissions Transplants; Physical Movement Required; Heavier Pt requiring more attention 8MA shares a Charge RN with 8GN"</p>
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<p>605710 8GN REHABILITATION</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit Clerks may not be</p>	<p>"RN Ratios 1:4 ICU Tech Ratios 1:8 Additional Patient Care Information: Charge RN shall not be included in the ratio Transplants; Physical Movement Required; Heavier Pt requiring more attention 8GN is a closed unit 8GN shares a Charge RN with 8MA UA around the clock for admissions"</p>
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<p>605124 9GS HOSPITALIST/ORTHO/SURG</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>Unit Clerk staffing for the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes that for overnight shifts,</p>	<p>"RN Ratios 1:4 ICU Techs Ratios 1:7 Additional Patient Care Information: Charge RN and CN5 shall not be in ratio High amount of 1:1 Total Cares 1:1 NA comes from Nursing Office; Not Part of Grid Budgeted CN5s: 1 FTE Hospitalist, ENT, Orthopedic, Remote Telemetry"</p>
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605501 9GN PSYCH	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing for all census levels and shifts and Unit Clerk staffing for the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes that current staffing and support are appropriate based upon unit census and acuity, and that it is consistent with the requirements set forth in the collective bargaining agreement between the Hospital and NYSNA dated 1/1/23. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians)</p>	<p>"RN Ratios 1:6 MHW Ratios 1:3 ECT patients?"</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)?
609852 ENDO	2	8	4	1
609839 Pre/Post Anesthesia	11	7	6.75	2
609834 OR	6	8	7	1
605340 Cystoscopy	3	8	2	1
606929 ENDO	7	8	10.4	1
605325 Pre/Post Anesthesia	32	3	18	2
605320 OR	32	8	21.25	1
605160 9H TRANSPLANT / DIRECT ADMITS	13	2	39.14	3.01
609847 CHILD EMERGENCY ROOM	16	2.51	47.81	6
606048 MILSTEIN EMERGENCY DEPARTMENT	33.14	3.07	80.83	6
605250 10T SLOANE LABOR and DELIVER	18	11.38	11.86	0.66
609838 5T PED M/S ONC	10	4	20.6	2.06
609837 4T PED MSURG/CRC	7	2	21.4	3.06
609848 8C PED PROGRESSIVE CARE UNIT	5	4	10.53	2.11
609831 6T CARD/NEURO	10	3	23.56	2.36
609835 9C PED ICU	10	6	11.83	1.18

609826 11C PED ICU	10	6	12.56	1.26
605234 9N CARD NICU	14	7	15.65	1.12
609830 7T NEONATAL ICU	32	4	58.23	1.82
609836 9T CARD ICU	12	7	12.98	1.08
605222 5C/6C OB/GYN POSTP/NURS	15	2	50	3.33
605224 10C OB/GYN ANTEP/HIGH RISK	6	3	16.46	2.74
605182 HP-11 BMT UNIT	6	3	15.31	2.55
605118 6HN ONCOLOGY	10	2	33.81	3.38
605154 7HS SURG ONCOLOGY	9	2	31.05	3.45
605425 5HN CARDIAC	9	3	25.25	2.81
605114 5GS CARDIAC	10	2	31.64	3.16
605427 5GN SURG STEPDOWN	14	3	31.68	2.26
605457 7HN CHEST/STEPDOWN	11	3	31.42	2.86
605152 4HS SURGICAL ICU	10	5	13.64	1.36
605150 5MHB/HH CTICU	24	7	27.34	1.14
605495 5MHB/HH CCU	19	6	25.68	1.35
605420 4HN MEDICAL ICU	15	5	22.09	1.47
605476 8GS NEUROLOGICAL ICU	10	5	15.41	1.54
606549 HP 10X ONC RESEARCH	2	2	9.91	4.96
605110 6GS MEDICINE (INFECTIOUS DISEASE)	9	2	29.76	3.31
605116 6GN MEDICINE	9	2	30.58	3.4
605161 7GS HOSPITALIST	8	2	31.42	3.93
605112 7GN SDU/MEDICINE	11	3	28.5	2.59
605158 8HS NEUROSURGERY	8	2	27.54	3.44
605128 8HN NEUROLOGY	8	2	24.21	3.03
605712 8MA MED ANNEX	2	2	8.67	4.34
605710 8GN REHABILITATION	3	2	14.02	4.67

605124 9GS HOSPITALIST/ORTHO/SURG	8	2	33.39	4.17
605501 9GN PSYCH	5	2	23.36	4.67

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)
609852 ENDO	0	0
609839 Pre/Post Anesthesia	0	0
609834 OR	0	0
605340 Cystoscopy	0	0
606929 ENDO	0	0
605325 Pre/Post Anesthesia	0	0
605320 OR	0	0
605160 9H TRANSPLANT / DIRECT ADMITS	0	0
609847 CHILD EMERGENCY ROOM	0	0
606048 MILSTEIN EMERGENCY DEPARTMENT	0	0
605250 10T SLOANE LABOR and DELIVER	0	0
609838 5T PED M/S ONC	0	0
609837 4T PED MSURG/CRC	0	0
609848 8C PED PROGRESSIVE CARE UNIT	0	0

609831 6T CARD/NEURO	0	0
609835 9C PED ICU	0	0
609826 11C PED ICU	0	0
605234 9N CARD NICU	0	0
609830 7T NEONATAL ICU	0	0
609836 9T CARD ICU	0	0
605222 5C/6C OB/GYN POSTP/NURS	0	0
605224 10C OB/GYN ANTEP/HIGH RISK	0	0
605182 HP-11 BMT UNIT	0	0
605118 6HN ONCOLOGY	0	0
605154 7HS SURG ONCOLOGY	0	0
605425 5HN CARDIAC	0	0
605114 5GS CARDIAC	0	0
605427 5GN SURG STEPDOWN	0	0
605457 7HN CHEST/STEPDOWN	0	0
605152 4HS SURGICAL ICU	0	0
605150 5MHB/HH CTICU	0	0
605495 5MHB/HH CCU	0	0
605420 4HN MEDICAL ICU	0	0
605476 8GS NEUROLOGICAL ICU	0	0
606549 HP 10X ONC RESEARCH	0	0
605110 6GS MEDICINE (INFECTIOUS DISEASE)	0	0
605116 6GN MEDICINE	0	0
605161 7GS HOSPITALIST	0	0
605112 7GN SDU/MEDICINE	0	0
605158 8HS NEUROSURGERY	0	0
605128 8HN NEUROLOGY	0	0
605712 8MA MED ANNEX	0	0

605710 8GN REHABILITATION	0	0
605124 9GS HOSPITALIST/ORTHO/SURG	0	0
605501 9GN PSYCH	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)
609852 ENDO	0	0
609839 Pre/Post Anesthesia	0	0
609834 OR	0	0
605340 Cystoscopy	0	0
606929 ENDO	0	0
605325 Pre/Post Anesthesia	0	0
605320 OR	0	0
605160 9H TRANSPLANT / DIRECT ADMITS	0	0
609847 CHILD EMERGENCY ROOM	0	0
606048 MILSTEIN EMERGENCY DEPARTMENT	0	0
605250 10T SLOANE LABOR and DELIVER	0	0
609838 5T PED M/S ONC	0	0

609837 4T PED MSURG/CRC	0	0
609848 8C PED PROGRESSIVE CARE UNIT	0	0
609831 6T CARD/NEURO	0	0
609835 9C PED ICU	0	0
609826 11C PED ICU	0	0
605234 9N CARD NICU	0	0
609830 7T NEONATAL ICU	0	0
609836 9T CARD ICU	0	0
605222 5C/6C OB/GYN POSTP/NURS	0	0
605224 10C OB/GYN ANTEP/HIGH RISK	0	0
605182 HP-11 BMT UNIT	0	0
605118 6HN ONCOLOGY	0	0
605154 7HS SURG ONCOLOGY	0	0
605425 5HN CARDIAC	0	0
605114 5GS CARDIAC	0	0
605427 5GN SURG STEPDOWN	0	0
605457 7HN CHEST/STEPDOWN	0	0
605152 4HS SURGICAL ICU	0	0
605150 5MHB/HH CTICU	0	0
605495 5MHB/HH CCU	0	0
605420 4HN MEDICAL ICU	0	0
605476 8GS NEUROLOGICAL ICU	0	0
606549 HP 10X ONC RESEARCH	0	0
605110 6GS MEDICINE (INFECTIOUS DISEASE)	0	0
605116 6GN MEDICINE	0	0
605161 7GS HOSPITALIST	0	0
605112 7GN SDU/MEDICINE	0	0

605158 8HS NEUROSURGERY	0	0
605128 8HN NEUROLOGY	0	0
605712 8MA MED ANNEX	0	0
605710 8GN REHABILITATION	0	0
605124 9GS HOSPITALIST/ORTHO/SURG	0	0
605501 9GN PSYCH	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)
609852 ENDO	3	12
609839 Pre/Post Anesthesia	2	1
609834 OR	9	12
605340 Cystoscopy	2	5
606929 ENDO	1	1
605325 Pre/Post Anesthesia	14	1
605320 OR	8	2
605160 9H TRANSPLANT / DIRECT ADMITS	4	1
609847 CHILD EMERGENCY ROOM	2	0.39
606048 MILSTEIN EMERGENCY DEPARTMENT	9	0.84

605250 10T SLOANE LABOR and DELIVER	1	0.63
609838 5T PED M/S ONC	1	1
609837 4T PED MSURG/CRC	1	1
609848 8C PED PROGRESSIVE CARE UNIT	1	1
609831 6T CARD/NEURO	1	1
609835 9C PED ICU	1	1
609826 11C PED ICU	1	1
605234 9N CARD NICU	1	1
609830 7T NEONATAL ICU	1	1
609836 9T CARD ICU	0	0
605222 5C/6C OB/GYN POSTP/NURS	2	1
605224 10C OB/GYN ANTEP/HIGH RISK	1	1
605182 HP-11 BMT UNIT	2	1
605118 6HN ONCOLOGY	3	1
605154 7HS SURG ONCOLOGY	3	1
605425 5HN CARDIAC	2	1
605114 5GS CARDIAC	3	1
605427 5GN SURG STEPDOWN	2	1
605457 7HN CHEST/STEPDOWN	2	1
605152 4HS SURGICAL ICU	1	1
605150 5MHB/HH CTICU	2	1
605495 5MHB/HH CCU	2	1
605420 4HN MEDICAL ICU	2	1
605476 8GS NEUROLOGICAL ICU	1	1
606549 HP 10X ONC RESEARCH	1	1
605110 6GS MEDICINE (INFECTIOUS DISEASE)	2	1
605116 6GN MEDICINE	2	1
605161 7GS HOSPITALIST	3	1

605112 7GN SDU/MEDICINE	2	1
605158 8HS NEUROSURGERY	4	1
605128 8HN NEUROLOGY	2	1
605712 8MA MED ANNEX	1	1
605710 8GN REHABILITATION	1	1
605124 9GS HOSPITALIST/ORTHO/SURG	4	1
605501 9GN PSYCH	3	1

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>
609852 ENDO	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>

609839 Pre/Post Anesthesia	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>
609834 OR	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>
605340 Cystoscopy	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>

606929 ENDO	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well."</p>
605325 Pre/Post Anesthesia	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well."</p>
605320 OR	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well."</p>

605160 9H TRANSPLANT / DIRECT ADMITS	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609847 CHILD EMERGENCY ROOM	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, IV team, clinical pharmacists, pharmacy technicians, ECMO program manager, VAD coordinator, social workers, care managers, EKG techs, unit assistants, and transport team.

<p>606048 MILSTEIN EMERGENCY DEPARTMENT</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
<p>605250 10T SLOANE LABOR and DELIVER</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.</p>

609838 5T PED M/S ONC	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609837 4T PED MSURG/CRC	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

<p>609848 8C PED PROGRESSIVE CARE UNIT</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
<p>609831 6T CARD/NEURO</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, VAD coordinator, EEG techs, and transport team.</p>

609835 9C PED ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, ECMO program manager, and transport team.
609826 11C PED ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, ECMO program manager, and transport team.

605234 9N CARD NICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, ECMO program manager, and transport team.
609830 7T NEONATAL ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.

609836 9T CARD ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, IV team, clinical pharmacists, pharmacy technicians, ECMO program manager, VAD coordinator, social workers, care managers, EKG techs, unit assistants, and transport team.
605222 5C/6C OB/GYN POSTP/NURS	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.

605224 10C OB/GYN ANTEP/HIGH RISK	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.
605182 HP-11 BMT UNIT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605118 6HN ONCOLOGY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605154 7HS SURG ONCOLOGY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605425 5HN CARDIAC	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, telemetry techs, and transport team.</p>
605114 5GS CARDIAC	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, telemetry techs, and transport team.</p>

605427 5GN SURG STEPDOWN	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605457 7HN CHEST/STEPDOWN	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605152 4HS SURGICAL ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605150 5MHB/HH CTICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.

605495 5MHB/HH CCU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.
605420 4HN MEDICAL ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.

<p>605476 8GS NEUROLOGICAL ICU</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
<p>606549 HP 10X ONC RESEARCH</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

605110 6GS MEDICINE (INFECTIOUS DISEASE)	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605116 6GN MEDICINE	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605161 7GS HOSPITALIST	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605112 7GN SDU/MEDICINE	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

<p>605158 8HS NEUROSURGERY</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, EEG techs, unit assistants, and transport team.</p>
<p>605128 8HN NEUROLOGY</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, EEG techs, unit assistants, and transport team.</p>

605712 8MA MED ANNEX	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605710 8GN REHABILITATION	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

<p>605124 9GS HOSPITALIST/ORTHO/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
<p>605501 9GN PSYCH</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, mental health workers, and transport team.</p>

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):	
609852 ENDO	Yes			
609839 Pre/Post Anesthesia	Yes			
609834 OR	Yes			
605340 Cystoscopy	Yes			
606929 ENDO	Yes			
605325 Pre/Post Anesthesia	Yes			
605320 OR	Yes			
605160 9H TRANSPLANT / DIRECT ADMITS	Yes			

<p>609847 CHILD EMERGENCY ROOM</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. The Hospital also believes that it has adequate 24/7 Unit Clerk coverage for infant security. This unit has available to it nurse and support staff float pools to supplement unit staffing and other support personnel on this unit that aid in the provision of nursing services, including nurse practitioners, child life, physical therapy aides, members of the wound/ostomy care team, respiratory therapists,</p>	
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<p>606048 MILSTEIN EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing during the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit Clerks may not be present. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit has</p>	
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<p>605250 10T SLOANE LABOR and DELIVER</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. The Hospital also believes that it has appropriate 24/7 Unit Clerk coverage for infant security. This unit has available to it nurse and support staff float pools to supplement unit staffing and other support personnel on this unit that aid in the provision of nursing services, including physical therapy aides, members of the wound/ostomy care team, respiratory therapists, phlebotomists, members of</p>	
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609838 5T PED M/S ONC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift at census points 11-16, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the</p>	
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609837 4T PED MSURG/CRC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit at census points 8-24. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately</p>	
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<p>609848 8C PED PROGRESSIVE CARE UNIT</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit at census points 4-6, 8, and 9-11. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shift at census points 4-6, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective</p>	
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609831 6T CARD/NEURO	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift at census points 8-16, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the</p>	
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<p>609835 9C PED ICU</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit for census points 7-13. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff census points 4-8, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA</p>	
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609826 11C PED ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 3-8 and on the evening shift at census points 7-8, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in</p>	
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605234 9N CARD NICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff census points 3-8, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated</p>	
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609830 7T NEONATAL ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The</p>	
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609836 9T CARD ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>Committee reached consensus regarding nursing coverage, with the exception of the night shift RN staffing at census point 5. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 3-7, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in</p>	
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<p>605222 5C/6C OB/GYN POSTP/NURS</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage for the Nursery in this unit. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The</p>	
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<p>605224 10C OB/GYN ANTEP/HIGH RISK</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital also believes that it has appropriate 24/7 Unit Clerk coverage for infant security. This unit has</p>	
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605182 HP-11 BMT UNIT	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	
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605118 6HN ONCOLOGY	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at all census points except 19 and 22, and census point 31 on the night shift. Additionally, the staffing committee reached consensus on Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 19, 22-25, 28-35, and 37-38; on the evening shift at census points 19, 22-27, and 35-36; on the night shift at census points 19-21, 27, and 35-36, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital</p>	
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<p>605154 7HS SURG ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at census points 16, 19-20, 23-24, 27-28, and 31-32; and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 15, 22, 26, and 28-34, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in</p>	
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605425 5HN CARDIAC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at census points 10, 13, 15-19, and 21-30 and with the exception of the addition of a midshift nurse. The staffing committee also reached consensus on Unit Clerk staffing for the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the</p>	
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605114 5GS CARDIAC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient</p>	
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<p>605427 5GN SURG STEPDOWN</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for Unit Clerk staffing on the day and evening shifts and RN staffing with the exception of the addition of a midshift RN. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not</p>	
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<p>605457 7HN CHEST/STEPDOWN</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit Clerks may not be</p>	
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605152 4HS SURGICAL ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shifts at census points 11 and 15-16, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining</p>	
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605150 5MHB/HH CTICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	
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<p>605495 5MHB/HH CCU</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at census points 27 and 28 and for the new addition of a midshift RN. The staffing committee also reached consensus for Unit Clerk staffing during the day shift at census points 17-28. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that</p>	
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605420 4HN MEDICAL ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 20-24 and night shift at census points 22-24, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining</p>	
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<p>605476 8GS NEUROLOGICAL ICU</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing for the day shift and staffing for the night shift at census points 4-7, 10, 13, 15, 16, and 18; and Unit Clerk staffing on the day and evening shifts. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 8 and 10-18; evening shift at census points 11 and 13-18; and night shift at census points 15 and 17-18, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’</p>	
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<p>606549 HP 10X ONC RESEARCH</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing at census points 15 and 16. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff census points 6-8 and the night shift, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines are safe and appropriate. The Hospital believes that for overnight shifts, there is cross-</p>	
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<p>605110 6GS MEDICINE (INFECTIOUS DISEASE)</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing at census points 22-24, 26-28, and 30-26 and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 23, 25, and 27-29 and the evening shift at census points 23 and 29, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted</p>	
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605116 6GN MEDICINE	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on Unit Clerk staffing on the day shift and RN staffing at census points 24, 28, 31, and 32. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 22-23, 26-27, and 29; the evening shift at census points 22-23 and 27; and the night shift at census point 23, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital</p>	
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605161 7GS HOSPITALIST	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on staffing levels for Unit Clerks on the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	
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605112 7GN SDU/MEDICINE	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and unit clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	
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<p>605158 8HS NEUROSURGERY</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on Unit Clerk staffing during the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 22-26, 29-33, and 35-36; evening shift at census points 23, 25-27, 30-33, and 35-36; and night shift at census points 26-28, 31-33, and 36, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted</p>	
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605128 8HN NEUROLOGY	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on Unit Clerk day shift staffing. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census point 24, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated</p>	
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605712 8MA MED ANNEX	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on nurse staffing at census points 5 - 8. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the evening shift at census points 7-10 and night shift at census points 9 and 10, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA</p>	
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<p>605710 8GN REHABILITATION</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit Clerks may not be</p>	
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<p>605124 9GS HOSPITALIST/ORTHO/SURG</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>Unit Clerk staffing for the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes that for overnight shifts,</p>	
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<p>605501 9GN PSYCH</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing for all census levels and shifts and Unit Clerk staffing for the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes that current staffing and support are appropriate based upon unit census and acuity, and that it is consistent with the requirements set forth in the collective bargaining agreement between the Hospital and NYSNA dated 1/1/23. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians)</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)?
609852 ENDO	0	0	0	0
609839 Pre/Post Anesthesia	0	0	0	0
609834 OR	1	8	1	1
605340 Cystoscopy	0	0	0	0
606929 ENDO	0	0	0	0
605325 Pre/Post Anesthesia	10	3	24	2
605320 OR	3	8	5	1
605160 9H TRANSPLANT / DIRECT ADMITS	13	2	39.14	3.01
609847 CHILD EMERGENCY ROOM	12	2.51	35.86	6
606048 MILSTEIN EMERGENCY DEPARTMENT	22.71	3.07	55.4	6
605250 10T SLOANE LABOR and DELIVER	17	10.75	11.86	0.7
609838 5T PED M/S ONC	10	4	20.6	2.06
609837 4T PED MSURG/CRC	7	2	21.4	3.06
609848 8C PED PROGRESSIVE CARE UNIT	5	4	10.53	2.11
609831 6T CARD/NEURO	10	3	23.56	2.36
609835 9C PED ICU	10	6	11.83	1.18
609826 11C PED ICU	10	6	12.56	1.26
605234 9N CARD NICU	14	7	15.65	1.12

609830 7T NEONATAL ICU	32	4	58.23	1.82
609836 9T PEDS CARD ICU	12	7	12.98	1.08
605222 5C/6C OB/GYN POSTP/NURS	15	2	50	3.33
605224 10C OB/GYN ANTEP/HIGH RISK	6	3	16.46	2.74
605182 HP-11 BMT UNIT	6	3	15.31	2.55
605118 6HN ONCOLOGY	10	2	33.81	3.38
605154 7HS SURG ONCOLOGY	9	2	31.05	3.45
605425 5HN CARDIAC	9	3	25.25	2.81
605114 5GS CARDIAC	9	2	31.64	3.52
605427 5GN SURG STEPDOWN	14	3	31.68	2.26
605457 7HN CHEST/STEPDOWN	11	3	31.42	2.86
605152 4HS SURGICAL ICU	10	5	13.64	1.36
605150 5MHB/HH CTICU	24	7	27.34	1.14
605495 5MHB/HH CCU	18	5	25.68	1.43
605420 4HN MEDICAL ICU	15	5	22.09	1.47
605476 8GS NEUROLOGICAL ICU	10	5	15.41	1.54
606549 HP 10X ONC RESEARCH	2	2	9.91	4.96
605110 6GS MEDICINE (INFECTIOUS DISEASE)	9	2	29.76	3.31
605116 6GN MEDICINE	9	2	30.58	3.4
605161 7GS HOSPITALIST	8	2	31.42	3.93
605112 7GN SDU/MEDICINE	11	3	28.5	2.59
605158 8HS NEUROSURGERY	8	2	27.54	3.44
605128 8HN NEUROLOGY	8	2	24.21	3.03
605712 8MA MED ANNEX	2	2	8.67	4.34
605710 8GN REHABILITATION	3	2	14.02	4.67
605124 9GS HOSPITALIST/ORTHO/SURG	8	2	33.39	4.17

605501 9GN PSYCH	4	1	23.36	5.84
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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)
609852 ENDO	0	0
609839 Pre/Post Anesthesia	0	0
609834 OR	0	0
605340 Cystoscopy	0	0
606929 ENDO	0	0
605325 Pre/Post Anesthesia	0	0
605320 OR	0	0
605160 9H TRANSPLANT / DIRECT ADMITS	0	0
609847 CHILD EMERGENCY ROOM	0	0
606048 MILSTEIN EMERGENCY DEPARTMENT	0	0
605250 10T SLOANE LABOR and DELIVER	0	0
609838 5T PED M/S ONC	0	0
609837 4T PED MSURG/CRC	0	0
609848 8C PED PROGRESSIVE CARE UNIT	0	0
609831 6T CARD/NEURO	0	0
609835 9C PED ICU	0	0
609826 11C PED ICU	0	0

605234 9N CARD NICU	0	0
609830 7T NEONATAL ICU	0	0
609836 9T PEDS CARD ICU	0	0
605222 5C/6C OB/GYN POSTP/NURS	0	0
605224 10C OB/GYN ANTEP/HIGH RISK	0	0
605182 HP-11 BMT UNIT	0	0
605118 6HN ONCOLOGY	0	0
605154 7HS SURG ONCOLOGY	0	0
605425 5HN CARDIAC	0	0
605114 5GS CARDIAC	0	0
605427 5GN SURG STEPDOWN	0	0
605457 7HN CHEST/STEPDOWN	0	0
605152 4HS SURGICAL ICU	0	0
605150 5MHB/HH CTICU	0	0
605495 5MHB/HH CCU	0	0
605420 4HN MEDICAL ICU	0	0
605476 8GS NEUROLOGICAL ICU	0	0
606549 HP 10X ONC RESEARCH	0	0
605110 6GS MEDICINE (INFECTIOUS DISEASE)	0	0
605116 6GN MEDICINE	0	0
605161 7GS HOSPITALIST	0	0
605112 7GN SDU/MEDICINE	0	0
605158 8HS NEUROSURGERY	0	0
605128 8HN NEUROLOGY	0	0
605712 8MA MED ANNEX	0	0
605710 8GN REHABILITATION	0	0

605124 9GS HOSPITALIST/ORTHO/SURG	0	0
605501 9GN PSYCH	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)
609852 ENDO	0	0
609839 Pre/Post Anesthesia	0	0
609834 OR	0	0
605340 Cystoscopy	0	0
606929 ENDO	0	0
605325 Pre/Post Anesthesia	0	0
605320 OR	0	0
605160 9H TRANSPLANT / DIRECT ADMITS	0	0
609847 CHILD EMERGENCY ROOM	0	0
606048 MILSTEIN EMERGENCY DEPARTMENT	0	0
605250 10T SLOANE LABOR and DELIVER	0	0
609838 5T PED M/S ONC	0	0
609837 4T PED MSURG/CRC	0	0

609848 8C PED PROGRESSIVE CARE UNIT	0	0
609831 6T CARD/NEURO	0	0
609835 9C PED ICU	0	0
609826 11C PED ICU	0	0
605234 9N CARD NICU	0	0
609830 7T NEONATAL ICU	0	0
609836 9T PEDS CARD ICU	0	0
605222 5C/6C OB/GYN POSTP/NURS	0	0
605224 10C OB/GYN ANTEP/HIGH RISK	0	0
605182 HP-11 BMT UNIT	0	0
605118 6HN ONCOLOGY	0	0
605154 7HS SURG ONCOLOGY	0	0
605425 5HN CARDIAC	0	0
605114 5GS CARDIAC	0	0
605427 5GN SURG STEPDOWN	0	0
605457 7HN CHEST/STEPDOWN	0	0
605152 4HS SURGICAL ICU	0	0
605150 5MHB/HH CTICU	0	0
605495 5MHB/HH CCU	0	0
605420 4HN MEDICAL ICU	0	0
605476 8GS NEUROLOGICAL ICU	0	0
606549 HP 10X ONC RESEARCH	0	0
605110 6GS MEDICINE (INFECTIOUS DISEASE)	0	0
605116 6GN MEDICINE	0	0
605161 7GS HOSPITALIST	0	0
605112 7GN SDU/MEDICINE	0	0
605158 8HS NEUROSURGERY	0	0
605128 8HN NEUROLOGY	0	0

605712 8MA MED ANNEX	0	0
605710 8GN REHABILITATION	0	0
605124 9GS HOSPITALIST/ORTHO/SURG	0	0
605501 9GN PSYCH	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)
609852 ENDO	0	0
609839 Pre/Post Anesthesia	0	0
609834 OR	1	8
605340 Cystoscopy	0	0
606929 ENDO	0	0
605325 Pre/Post Anesthesia	2	1
605320 OR	2	5
605160 9H TRANSPLANT / DIRECT ADMITS	4	1
609847 CHILD EMERGENCY ROOM	2.5	0.52
606048 MILSTEIN EMERGENCY DEPARTMENT	9	1.22
605250 10T SLOANE LABOR and DELIVER	1	0.63
609838 5T PED M/S ONC	1	1

609837 4T PED MSURG/CRC	1	1
609848 8C PED PROGRESSIVE CARE UNIT	0	0
609831 6T CARD/NEURO	1	1
609835 9C PED ICU	1	1
609826 11C PED ICU	0	0
605234 9N CARD NICU	1	1
609830 7T NEONATAL ICU	1	1
609836 9T PEDS CARD ICU	1	1
605222 5C/6C OB/GYN POSTP/NURS	2	1
605224 10C OB/GYN ANTEP/HIGH RISK	1	1
605182 HP-11 BMT UNIT	2	1
605118 6HN ONCOLOGY	3	1
605154 7HS SURG ONCOLOGY	2	1
605425 5HN CARDIAC	2	1
605114 5GS CARDIAC	2	1
605427 5GN SURG STEPDOWN	1	1
605457 7HN CHEST/STEPDOWN	1	1
605152 4HS SURGICAL ICU	1	1
605150 5MHB/HH CTICU	2	1
605495 5MHB/HH CCU	2	1
605420 4HN MEDICAL ICU	2	1
605476 8GS NEUROLOGICAL ICU	1	1
606549 HP 10X ONC RESEARCH	1	1
605110 6GS MEDICINE (INFECTIOUS DISEASE)	2	1
605116 6GN MEDICINE	2	1
605161 7GS HOSPITALIST	2	1
605112 7GN SDU/MEDICINE	2	1

605158 8HS NEUROSURGERY	3	1
605128 8HN NEUROLOGY	1	1
605712 8MA MED ANNEX	0	0
605710 8GN REHABILITATION	1	1
605124 9GS HOSPITALIST/ORTHO/SURG	4	1
605501 9GN PSYCH	2	1

NIGHT SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.
609852 ENDO	Unit closed overnight.
609839 Pre/Post Anesthesia	Unit closed overnight.

609834 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "
605340 Cystoscopy	Unit closed overnight.
606929 ENDO	Unit closed overnight.
605325 Pre/Post Anesthesia	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well." "
605320 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, radiology, biomed, IT, supply chain and CSPD. Each shift has a Charge RN supporting the team as well." "

605160 9H TRANSPLANT / DIRECT ADMITS	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609847 CHILD EMERGENCY ROOM	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, IV team, clinical pharmacists, pharmacy technicians, ECMO program manager, VAD coordinator, social workers, care managers, EKG techs, unit assistants, and transport team.

606048 MILSTEIN EMERGENCY DEPARTMENT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605250 10T SLOANE LABOR and DELIVER	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.

609838 5T PED M/S ONC	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609837 4T PED MSURG/CRC	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

<p>609848 8C PED PROGRESSIVE CARE UNIT</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
<p>609831 6T CARD/NEURO</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, VAD coordinator, EEG techs, and transport team.</p>

609835 9C PED ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, ECMO program manager, and transport team.
609826 11C PED ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, ECMO program manager, and transport team.

605234 9N CARD NICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, ECMO program manager, and transport team.
609830 7T NEONATAL ICU	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.

609836 9T PEDS CARD ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include child life specialists, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, IV team, clinical pharmacists, pharmacy technicians, ECMO program manager, VAD coordinator, social workers, care managers, EKG techs, unit assistants, and transport team.</p>
605222 5C/6C OB/GYN POSTP/NURS	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.</p>

605224 10C OB/GYN ANTEP/HIGH RISK	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.
605182 HP-11 BMT UNIT	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605118 6HN ONCOLOGY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605154 7HS SURG ONCOLOGY	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605425 5HN CARDIAC	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, telemetry techs, and transport team.</p>
605114 5GS CARDIAC	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, telemetry techs, and transport team.</p>

605427 5GN SURG STEPDOWN	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605457 7HN CHEST/STEPDOWN	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605152 4HS SURGICAL ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
605150 5MHB/HH CTICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.</p>

605495 5MHB/HH CCU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.</p>
605420 4HN MEDICAL ICU	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, perfusionists, clinical pharmacists, and transport team.</p>

<p>605476 8GS NEUROLOGICAL ICU</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, clinical pharmacists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
<p>606549 HP 10X ONC RESEARCH</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

605110 6GS MEDICINE (INFECTIOUS DISEASE)	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605116 6GN MEDICINE	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

605161 7GS HOSPITALIST	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605112 7GN SDU/MEDICINE	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

<p>605158 8HS NEUROSURGERY</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, EEG techs, unit assistants, and transport team.</p>
<p>605128 8HN NEUROLOGY</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, EEG techs, unit assistants, and transport team.</p>

605712 8MA MED ANNEX	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
605710 8GN REHABILITATION	Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

<p>605124 9GS HOSPITALIST/ORTHO/SURG</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
<p>605501 9GN PSYCH</p>	<p>Nurse and support staff float pools are available to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, mental health workers, and transport team.</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):
609852 ENDO	Yes			
609839 Pre/Post Anesthesia	Yes			
609834 OR	Yes			
605340 Cystoscopy	Yes			
606929 ENDO	Yes			
605325 Pre/Post Anesthesia	Yes			
605320 OR	Yes			
605160 9H TRANSPLANT / DIRECT ADMITS	Yes			

<p>609847 CHILD EMERGENCY ROOM</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. The Hospital also believes that it has adequate 24/7 Unit Clerk coverage for infant security. This unit has available to it nurse and support staff float pools to supplement unit staffing and other support personnel on this unit that aid in the provision of nursing services, including nurse practitioners, child life, physical therapy aides, members of the wound/ostomy care team, respiratory therapists,</p>	<p>"RN Ratios 1 (Day & Night) Medsurg Holds 1:4 Acute overflow 1:6 Behavioral 1:1 Trauma/Code 1:2 ICU/Stepdown 1:3 Stepdown 1:4' 1:6' 1:1' 1 (Day & Night) ED Tech Ratios 1:7 Acute overflow 1:7 No Behavioral 1:1-1:4 Behavioral 1:7 Trauma/code 1:7 ICU/SDU No Behavioral NA Ratios 1:8 Acute overflow 1:8 Trauma/code UAs 1 Acute overflow 1 Trauma/code"</p>
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<p>606048 MILSTEIN EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing during the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit Clerks may not be present. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit has</p>	<p>"RNs Triage-Waiting 2 Triage-Pivot 5 Area A (Fast Track) 1:5' ED Tech Area B 1:1 or 1:2 ICU 1:3 SDU 1:4 - 1:6 Area C 1:1 or 1:2 ICU 1:3 SDU 1:4 - 1:6 Area D 1:5' 1:4-1-6 Area E (Admissions) 1:4-1:6 Relief Nurse 5 (Midshift) ED Tech Triage-Waiting 2 Triage-Pivot 3 Area A (Fast Track) 2 Area B 1:7' Area C 1:7' Area D 1:1' 1:2' 1:3' 1:4'''</p>
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<p>605250 10T SLOANE LABOR and DELIVER</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. The Hospital also believes that it has appropriate 24/7 Unit Clerk coverage for infant security. This unit has available to it nurse and support staff float pools to supplement unit staffing and other support personnel on this unit that aid in the provision of nursing services, including physical therapy aides, members of the wound/ostomy care team, respiratory therapists, phlebotomists, members of</p>	<p>(initial encounter, 10-20 mins), 1:2 (NST, stable, until disposition) TRIAGE 1:1 (Laboring); 1:2 (Stable, Non-Laboring, NST) LABOR 1:2 (Stage 1), 1:1 (Stage 2, up to 2 hours post-delivery) Immediate Preop/Intraop/Postop: 1:1: up to 2 hours, does not include neonate PACU: 1:2 (c-section, stable) 1:1 (vaginal, c-section/hystectomy/PPH, unstable) CCOB 1:1 (unstable, laboring, recovery); CCOB 1:2 (stable, non-laboring, recovery) HIGH RISK 1:2 (Antepartum, Post-Delivery, stable) Neonate 1:1 for each neonate during 1st 2-HOL, until stable Scrub Tech and NA Ratios: Scrub Tech 1:1 per room (additional Scrub Tech for</p>
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609838 5T PED M/S ONC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift at census points 11-16, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the</p>	<p>"RN Ratios 1:1 for Experimental Infusions/ICU Level Monitoring 1:2 Onc + Infusion 1:3 Med/Surg non-Onc non-Infusion NA Ratios 1:8</p> <p>Additional Patient Care Information: Charge RN and CN5 should not be included in grid and ratios Budgeted CN5s: 1 FTE Experimental Infusions/ICU Level Monitoring/BMT 1:1 NA comes from Nursing Office; Not Part of Grid"</p>
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609837 4T PED MSURG/CRC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit at census points 8-24. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately</p>	<p>"RN Ratios 1:3' NA Ratios 1:8</p> <p>Additional Patient Care Information: Charge RN and CN5 should not be included in grid and ratio Budgeted CN5s: 1 FTE CPAP, pecialized Patients, Fresh Post-Op 1:1 NA comes from Nursing Office; Not Part of Grid "</p>
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<p>609848 8C PED PROGRESSIVE CARE UNIT</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit at census points 4-6, 8, and 9-11. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shift at census points 4-6, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing committee.</p>
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609831 6T CARD/NEURO	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift at census points 8-16, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the</p>	<p>"RN Ratios 1:1 LVAD 1st 24 Hours 1:3 LVAD 24 Hours+ NA Ratios 1:8</p> <p>Additional Patient Care Information: Charge RN and CN5 should not be included in ratio Budgeted CN5s: 1 FTE Dialysis, Chest Tubes, VADs, Heart Transplant, Pericardial drains 1:1 NA comes from Nursing Office; Not Part of Grid CPAP, Telemetry, Plasmapheresis; Inotropic Drips Unstable LVADs should be transferred to ICU"</p>
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<p>609835 9C PED ICU</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit for census points 7-13. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff census points 4-8, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA</p>	<p>"RN Ratios 1:1 for intubated, ECMO, CVVH, post-op Day 1 organ transplants; critical airway 1:2 NA Ratios 1:8 Additional Patient Care Information: Charge RN should not be included in ratio CN5 shall not be included in grid & ratios Organ Transplant; Respiratory Failure, ECMO, CVVH, Vents (oscillators); no VADs Cardiac Overflow; Heart Failure; Neuro & Ortho Overflow 1:1 NA comes from Nursing Office; Not Part of Grid Shares RRT with 9T and 11C"</p>
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609826 11C PED ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 3-8 and on the evening shift at census points 7-8, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in</p>	<p>"RN Ratios 1:1 fresh post-op, trauma, inubated 1:2 NA Ratios 1:8</p> <p>Additional Patient Care Information: Charge RN should not be included in ratio CN5 shall not be included in grid & ratios Spine and Neuro Surgery, Trauma CRRT, trach to vent 1:1 NA comes from Nursing Office; Not Part of Grid"</p>
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605234 9N CARD NICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff census points 3-8, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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609830 7T NEONATAL ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage on this unit. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing committee.</p>
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609836 9T PEDS CARD ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>Committee reached consensus regarding nursing coverage, with the exception of the night shift RN staffing at census point 5. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 3-7, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in</p>	<p>"Rn Ratios: 1:1 Post Op, Intubated, LVADs, CRRT, Impelia NA Ratios: 1:7</p> <p>Additional Patient Care Info: Charge and CN5 not in the numbers Fresh cardiac post op, infant to 21 years old Admit from OR, ED, NICU, external transfers-high pt turnover Open chest, bedside procedures, heart transplant 1:1 NA comes from Nursing Office; Not part of grid"</p>
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<p>605222 5C/6C OB/GYN POSTP/NURS</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>committee reached consensus regarding nurse coverage for the Nursery in this unit. The Hospital disagreed with the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The</p>	<p>1:1 Newborn care; COVID, Pre/Postop, Pain management 1:3 Dyad Postoperative 1st 24 hours; new mothers, complicated, stable 1:1 Dyad; IV Magnesium Sulfate (1st hour), Pain management (1st 30 min) 1:3 Newborn; Post Level III, Continuing care 1:3 Dyad care (1 RN: 3 mothers/3 newborns), uncomplicated, routine care, stable NA Ratios 1:8 1 in each Well Baby Nursery Additional Patient Care Information: Charge nurse shall not be included in the assignment Postpartum/Postoperative: Vaginal delivery, C-Section, BTL Discharge Planning: Dyad Complex Cases: C-</p>
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<p>605224 10C OB/GYN ANTEP/HIGH RISK</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) appropriately meets patient needs. The Hospital also believes that it has appropriate 24/7 Unit Clerk coverage for infant security. This unit has</p>	<p>continuous EFM, 1:3 without continuous EFM NA Ratios: 1:10</p> <p>Additional Patient Care Info: Charge RN shall not be included in assignment. High Risk OB cases: Advanced Cervical dilatation, Pre-term labor (Singleton/Multiple gestation) PPROM, Placental abnormalities (Previa, Accreta/Percreta/Increta), Placenta Abruptio Maternal/Fetal monitoring (continuous, prolonged & NSTs), Central EKG monitoring Pain Management: PCA/PCEA (Sickle Cell, Post-Op) Complex cases: IUFD, Comfort care, Urologic (Pyelonephritis, Nephrolithiasis), Hypertensive disorders</p>
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605182 HP-11 BMT UNIT	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	<p>1:1 BMT Procedures 1:1 or 1:2 Research 1:3 Stepdown</p> <p>1:6 we already have 4 techs in the day and hiring for 1 in the evening making it 3 and we have 3.5 at night Additional Patient Care Information: Charge RN and CN5 shall not be in ratio 1:1 NA comes from Nursing Office; Not Part of Grid Chemo RN (rotates with 6 months - Charge RN leaves the floor) Max 6 stepdown between BMT and 6HN Planned Research Patients require additional RN not on grid BMT procedure happens on the unit - planned event that can take 1 to 6 hours - during that time the RN</p>
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605118 6HN ONCOLOGY	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at all census points except 19 and 22, and census point 31 on the night shift. Additionally, the staffing committee reached consensus on Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 19, 22-25, 28-35, and 37-38; on the evening shift at census points 19, 22-27, and 35-36; on the night shift at census points 19-21, 27, and 35-36, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital</p>	<p>"RN Ratios 1:1 or 1:2 Research Patients 1:3 Stepdown 1:4 Medsurg ICU Tech Ratios 0.046527778 Additional Patient Care Information: Max 6 stepdown between BMT and 6HN Charge RN and CN5 shall not be in ratio 1:1 NA comes from Nursing Office; Not Part of Grid Chemo RN not included in grid Planned Research Patients require additional RN not on grid"</p>
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<p>605154 7HS SURG ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at census points 16, 19-20, 23-24, 27-28, and 31-32; and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 15, 22, 26, and 28-34, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in</p>	<p>"RN Ratios 1:4 ICU Tech Ratios 1:6 Total Care 1:8 Additional Patient Care Information: Charge RN shall not be included in grid and ratio No Cluster Room in 7HS"</p>
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605425 5HN CARDIAC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at census points 10, 13, 15-19, and 21-30 and with the exception of the addition of a midshift nurse. The staffing committee also reached consensus on Unit Clerk staffing for the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the</p>	<p>1:3 (pts requiring frequent monitoring; fresh post-Cath; Cardiac Drips; IVIG) 1:4 ICU Tech Ratios 1:7 1:8 Additional Patient Care Information: Charge RN and CN5 shall not be included in grid and ratio All patients are Telemetry-capable Interventional cardiology (Q15 1st hour, Q30 afterwards) 1:3 pt requiring frequent monitoring: post-op cath, transplant rejection with chemo drugs, & cardiac medine pt requiring cardiac drips Midshifter does admission Unit has frequent admissions & discharges</p>
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605114 5GS CARDIAC	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient</p>	<p>"RN Ratios 1:3 (cardiac drips, PCAs, trach-collar, heart failure)</p> <p>ICU Tech Ratios 1:7</p> <p>Additional Patient Care Information: Charge RN and CN5 shall not be included in grid and ratio Heart failure, pre-transplant, transplant rejection All patients are on telemetry CNS is not part of the grid and ratio"</p>
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<p>605427 5GN SURG STEPDOWN</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for Unit Clerk staffing on the day and evening shifts and RN staffing with the exception of the addition of a midshift RN. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not</p>	<p>"RN Ratios 1:3 ICU Tech Ratios 1:6 Additional Patient Care Information: Charge RN and CN5 shall not be included in grid and ratio Midshift does Admissions/Discharge/Resource "</p>
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<p>605457 7HN CHEST/STEPDOWN</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit Clerks may not be</p>	<p>"RN Ratios 1:2 LVADs on anti-coagulation 1:3 Stepdown; LVADs; Bariatric 1st 24 hours ned continuous O2 monitoring ICU Tech Ratios 1:7 Additional Patient Care Information: Charge RN and CN5 shall not be included in grid and ratio Surgucal post-op, transplants 1:1 NA comes from Nursing Office; Not Part of Grid Total Care Patients Up to 15 Stepdown Pts Max of 3 ventilators Average of 10 LVADs LVAD is always Q4 Float RNs cannot do LVADs"</p>
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605152 4HS SURGICAL ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shifts at census points 11 and 15-16, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining</p>	<p>"RN Ratios 1:1 critical post-op, CRRT, post-cardiac arrest, liver transplant</p> <p>ICU Tech Ratios 1:8-12</p> <p>Additional Patient Care Information: Charge RN and CN5 shall not be included in grid and ratio Surgical post-op, transplants Cardiac arrest 1:1 NA comes from Nursing Office; Not part of Grid"</p>
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605150 5MHB/HH CTICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	<p>"1:1 ECMO, Admissions until stability, Multiple Devices, High Pressors, Several Drips, CRRT initiation & w/ Titrations, Unstable Pt, Open Chest 2:01 1:02 ICU Tech Ratios 1:10 1 ICU Tech Per Location Additional Patient Care Information: 2 Charge RNs and CN5s should not be included in the ratio or grid 2 Locations: Heart Center & Milstein 2 RTs on Main Side; 1 RT can be shared with HC CTICU & CCU 1:1 NA comes from Nursing Office; Not Part of Grid"</p>
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605495 5MHB/HH CCU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing at census points 27 and 28 and for the new addition of a midshift RN. The staffing committee also reached consensus for Unit Clerk staffing during the day shift at census points 17-28. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that</p>	<p>"RN Ratios 1:1 ECMO, Admissions, Multiple Devices, High Pressors, Several Drips, CRRT initiation & w/ Titrations, pt deemed Unstable 0.043055556</p> <p>ICU Tech Ratios 1:8-10</p> <p>Additional Patient Care Information: 2 Charge RNs and CN5 are not in grids and ratios CCU has 2 locations: Heart Center & Milstein Admissions come in day time 1 RT in the main; 1 additional RT shared with CTICU for HC 1:1 NA comes from Nursing Office; Not Part of Grid"</p>
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605420 4HN MEDICAL ICU	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 20-24 and night shift at census points 22-24, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining</p>	<p>"RN Ratios 1:1 ECMO, active ARDS w/proning, GI bleed MTP, problematic CRRT</p> <p>ICU Tech Ratios 1:8-12</p> <p>Additional Patient Care Information: Charge RN shall not be in the ratio ECMO, CRRT, proning cardiac arrest, GI bleeds MICU A and MICU B - two locations with 12 beds each</p> <p>"</p>
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<p>605476 8GS NEUROLOGICAL ICU</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing for the day shift and staffing for the night shift at census points 4-7, 10, 13, 15, 16, and 18; and Unit Clerk staffing on the day and evening shifts. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 8 and 10-18; evening shift at census points 11 and 13-18; and night shift at census points 15 and 17-18, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members'</p>	<p>"RN Ratios 1:1 CRRT; neuro monitor bundle; brain death/donor pts; post-thrombectomy; high grade SAH; TPA (1st 24 hours) ICU Tech Ratios 1:8-12 Additional Patient Care Information: Charge RN shall not be in the ratio"</p>
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<p>606549 HP 10X ONC RESEARCH</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing at census points 15 and 16. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff census points 6-8 and the night shift, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines are safe and appropriate. The Hospital believes that for overnight shifts, there is cross-</p>	<p>"RN Ratios 1:1 or 1:2 depending on Research 1:4 Med/Surg ICU Tech Ratios 1:8 Additional Patient Care Information: Charge RN shall not be in the ratio 1 NA for each shift Inpatient Unit; Mainly Ortho, ACS, Vascular, Hospitalist, GYN/ONC 4 Beds Max for Research / 12 Beds Used for Inpatient 1:1s for Research from 4-8 hours at a time"</p>
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<p>605110 6GS MEDICINE (INFECTIOUS DISEASE)</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing at census points 22-24, 26-28, and 30-26 and Unit Clerk staffing on the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 23, 25, and 27-29 and the evening shift at census points 23 and 29, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted</p>	<p>"RN Ratios 1:4 ICU Tech Ratios 1:6 Total Care 1:8 Additional Patient Care Information: Charge RN shall not be in ratio Cluster Room for Observation High amount of 1:1 Total Cares 1:1 NA comes from Nursing Office; Not Part of Grid Remote Tele"</p>
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605116 6GN MEDICINE	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on Unit Clerk staffing on the day shift and RN staffing at census points 24, 28, 31, and 32. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 22-23, 26-27, and 29; the evening shift at census points 22-23 and 27; and the night shift at census point 23, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital</p>	<p>"RN Ratios 1:4</p> <p>ICU Tech Ratios 1:1 outside of cluster room replenish by nursing office 1:4 Cluster Room for observation for high fall risk 1:6 for Total Care; 1:8 if not total care</p> <p>Additional Patient Care Information: Maximum of 4 Ventilators 4 Bed Cluster Room Observer Charge RN shall not be included in the RN Ratios Charge RN may do Peritoneal Dialysis in other units, including VC Adult ED 1:1 NA comes from Nursing Office; Not Part of Grid High amount of 1:1s Remote Tele"</p>
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605161 7GS HOSPITALIST	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on staffing levels for Unit Clerks on the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	<p>"RN Ratios 1:4</p> <p>ICU Tech Ratios 1:6 Total Care 1:8</p> <p>Additional Patient Care Information: 2 Vent-capable beds Charge RN shall not be in ratio Cluster Room"</p>
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605112 7GN SDU/MEDICINE	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus for RN staffing and unit clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes</p>	<p>"RN Ratios 1:3</p> <p>PCT Ratios 1:6</p> <p>Additional Patient Care Information: Charge RN and CN5 shall not be included in the ratio RT needed for prelung, hi-flows, vent management RT works 12 shifts per month Maximum 12 Ventilators"</p>
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<p>605158 8HS NEUROSURGERY</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on Unit Clerk staffing during the day shift. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census points 22-26, 29-33, and 35-36; evening shift at census points 23, 25-27, 30-33, and 35-36; and night shift at census points 26-28, 31-33, and 36, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted</p>	<p>"RN Ratios 1:2 TPA-monitoring 1:3 Stepdown 1:4 Medsurg</p> <p>ICU Tech Ratios 1:7</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio Charge RN shall not be included in the grid due to TPA monitoring Up to 9 Stepdown Beds; Max 5 Vent Patients Spinal drain patients need extra monitoring - all stepdown patients TPA-monitoring is ICU level (declotting meds; Q30min 1st 8H & Q1 monitoring 16H"</p>
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605128 8HN NEUROLOGY	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on Unit Clerk day shift staffing. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day shift at census point 24, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated</p>	<p>"RN Ratios 1:2 TPA-monitoring 1:3 Stepdown 1:4 Medsurg; Epilepsy Monitoring ICU Tech Ratios 1:7 Additional Patient Care Information: Charge RN shall not be included in the ratio Charge RN shall not be included in the grid due to PPA monitoring Maximum of 6 Stepdown beds Max of 3 Vents due to acuity; unit has 6 vent-capable beds TPA-monitoring is ICU level (declotting meds; Q30min 1st 8H & Q1 monitoring 16H Epilepsy Monitoring Unit (max 8 beds; must have 2 RNs for monitoring)"</p>
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605712 8MA MED ANNEX	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on nurse staffing at census points 5 - 8. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the evening shift at census points 7-10 and night shift at census points 9 and 10, the Hospital does not agree that all such personnel must be ICU Technicians and maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA</p>	<p>"RN Ratios 1:4</p> <p>ICU Tech Ratios 1:5</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio UA needed around the clock for admissions Transplants; Physical Movement Required; Heavier Pt requiring more attention 8MA shares a Charge RN with 8GN"</p>
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<p>605710 8GN REHABILITATION</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit Clerks may not be</p>	<p>"RN Ratios 1:4 ICU Tech Ratios 1:8 Additional Patient Care Information: Charge RN shall not be included in the ratio Transplants; Physical Movement Required; Heavier Pt requiring more attention 8GN is a closed unit 8GN shares a Charge RN with 8MA UA around the clock for admissions"</p>
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<p>605124 9GS HOSPITALIST/ORTHO/SURG</p>	<p>No</p>	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>Unit Clerk staffing for the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians) appropriately meets patient needs. The Hospital believes that for overnight shifts,</p>	<p>"RN Ratios 1:4 ICU Techs Ratios 1:7 Additional Patient Care Information: Charge RN and CN5 shall not be in ratio High amount of 1:1 Total Cares 1:1 NA comes from Nursing Office; Not Part of Grid Budgeted CN5s: 1 FTE Hospitalist, ENT, Orthopedic, Remote Telemetry"</p>
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605501 9GN PSYCH	No	<p>Presbyterian Hospital at its Columbia University Irving Medical Center campus ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners</p>	<p>reached consensus on RN staffing for all census levels and shifts and Unit Clerk staffing for the day shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels. The Hospital believes that current staffing and support are appropriate based upon unit census and acuity, and that it is consistent with the requirements set forth in the collective bargaining agreement between the Hospital and NYSNA dated 1/1/23. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize ICU Technicians solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to ICU Technicians)</p>	<p>"RN Ratios 1:6 MHW Ratios 1:3 ECT patients?"</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>New York State Nurses Association, SEIU 1199</p>

<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>12/31/20 26 12:00 AM</p>
<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>3588</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/20 26 12:00 AM</p>

**The number of hospital employees
represented by SEIU 1199 is:**

4257