

HOSPITAL INFORMATION

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| Region | Metropolitan Area Regional Office |
| County | Queens |
| Council | New York City |
| Network | NORTHWELL HEALTH |
| Reporting Organization | Long Island Jewish Forest Hills |
| Reporting Organization Id | 1638 |
| Reporting Organization Type | Hospital (pfi) |
| Data Entity | Long Island Jewish Forest Hills |

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) ? |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn Nursery | 3 | 1.6 | 15 | 5 |
| Labor and Delivery | 4 | 4.57 | 7 | 1.75 |
| Post Partum Unit | 3 | 1.85 | 13 | 4.33 |
| ICU | 7 | 4 | 14 | 2 |
| 6 South | 3 | 1 | 24 | 8 |
| 6 North | 3 | 1.33 | 18 | 6 |
| 5 South | 3 | 1 | 24 | 8 |
| 5 North | 4 | 1.1 | 29 | 7.25 |
| 4 South | 3 | 1 | 24 | 8 |
| 4 North | 4 | 1.33 | 24 | 6 |

LPN DAY SHIFT STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50) | Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn Nursery | 0 | 0 |
| Labor and Delivery | 0 | 0 |
| Post Partum Unit | 0 | 0 |
| ICU | 0 | 0 |
| 6 South | 0 | 0 |
| 6 North | 0 | 0 |
| 5 South | 0 | 0 |
| 5 North | 0 | 0 |
| 4 South | 0 | 0 |
| 4 North | 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) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn Nursery | 0 | 0 |
| Labor and Delivery | 0 | 0 |

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| Post Partum Unit | 0.47 | 3.55 |
| ICU | 2.71 | 20.36 |
| 6 South | 3.32 | 24.91 |
| 6 North | 5.82 | 43.66 |
| 5 South | 3.68 | 27.59 |
| 5 North | 3.68 | 27.59 |
| 4 South | 3.76 | 28.19 |
| 4 North | 3.77 | 28.26 |

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) |
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| Newborn Nursery | 0 | 0 |
| Labor and Delivery | 1 | 1.14 |
| Post Partum Unit | 2 | 1.23 |
| ICU | 1 | 0.57 |
| 6 South | 3 | 1 |
| 6 North | 3 | 1.33 |
| 5 South | 3 | 1 |
| 5 North | 3 | 0.83 |
| 4 South | 3 | 1 |
| 4 North | 3 | 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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| <p>Newborn Nursery</p> | <p>Unit Nurse Manager, Staff Educator, Rapid Response Team, Lactation Specialist, Chaplain, Neonatologist, Clinical Pharmacist</p> |
| <p>Labor and Delivery</p> | <p>Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Lactation Specialist, Occupational Therapist, Speech Therapist, Chaplain, Physician Assistants, OB/GYN Physicians, Anesthesiologist, Clinical Pharmacist</p> |

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| <p>Post Partum Unit</p> | <p>Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Nutritionist, Chaplain, Physician Assistants, OB/GYN Physicians, Clinical Pharmacist</p> |
| <p>ICU</p> | <p>Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Telemetry Technician, Cardiac Monitors, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Chaplain, Intensivist, Nursing Students, Clinical Pharmacist</p> |
| <p>6 South</p> | <p>Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Phlebotomist, Chaplain, Hospitalist, Nurse Practitioner, Nursing Students, Clinical Pharmacist</p> |

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| 6 North | Unit Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nurse Practitioner, Clinical Pharmacist |
| 5 South | Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Nutritionist, Phlebotomist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nurse Practitioners, Nursing Students, Clinical Pharmacist |

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| 5 North | Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Phlebotomist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nursing Students, Clinical Pharmacist |
| 4 South | Unit Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Phlebotomist, Chaplaincy, Hospitalist, Nurse Practitioner, Hospice Attending, Nursing Students, Clinical Pharmacist |

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| 4 North | Unit Secretary, Nurse Manager, Staff Educator, 1:1 patient observer, Patient Transport Team, Rapid Response Team, Nutritionist, Occupational Therapist, Speech Therapist, Phlebotomist, Chaplain, Hospitalist, Nurse Practitioner, Intensivist, Nursing Students, Clinical Pharmacist |
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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): |
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| Newborn Nursery | Yes | | | |
| Labor and Delivery | Yes | | | |

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| <p>Post Partum Unit</p> | <p>No</p> | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | <p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper</p> |
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| ICU | No | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | <p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper</p> |
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| 6 South | No | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | <p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper</p> |
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| 5 South | No | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | <p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper</p> |
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| <p>4 South</p> | <p>No</p> | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | <p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper</p> |
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| 4 North | No | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | <p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper</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)? |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn Nursery | 3 | 1.6 | 15 | 5 |
| Labor and Delivery | 4 | 4.57 | 7 | 1.75 |
| Postpartum Unit | 3 | 1.85 | 13 | 4.33 |
| ICU | 7 | 4 | 14 | 2 |
| 6 South | 3 | 1 | 24 | 8 |
| 6 North | 3 | 1.33 | 18 | 6 |
| 5 South | 3 | 1 | 24 | 8 |
| 5 North | 4 | 1.1 | 29 | 7.25 |
| 4 South | 3 | 1 | 24 | 8 |
| 4 North | 4 | 1.33 | 24 | 6 |

LPN EVENING SHIFT STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50) | Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn Nursery | 0 | 0 |
| Labor and Delivery | 0 | 0 |
| Postpartum Unit | 0 | 0 |
| ICU | 0 | 0 |

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| 6 South | 0 | 0 |
| 6 North | 0 | 0 |
| 5 South | 0 | 0 |
| 5 North | 0 | 0 |
| 4 South | 0 | 0 |
| 4 North | 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) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn Nursery | 0 | 0 |
| Labor and Delivery | 0 | 0 |
| Postpartum Unit | 0.33 | 2.48 |
| ICU | 1 | 7.5 |
| 6 South | 0.25 | 1.88 |
| 6 North | 0.25 | 1.88 |
| 5 South | 0.25 | 1.88 |
| 5 North | 0.25 | 1.88 |
| 4 South | 0.33 | 2.48 |
| 4 North | 0.34 | 2.55 |

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) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn Nursery | 0 | 0 |
| Labor and Delivery | 1 | 1.14 |
| Postpartum Unit | 2 | 1.23 |
| ICU | 1 | 0.57 |
| 6 South | 3 | 1 |
| 6 North | 3 | 1.33 |
| 5 South | 3 | 1 |
| 5 North | 3 | 0.83 |
| 4 South | 3 | 1 |
| 4 North | 3 | 1 |

EVENING SHIFT ADDITIONAL RESOURCES

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff. |
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| Newborn Nursery | Rapid Response Team, Chaplain, Neonatologist, Clinical Pharmacist |
| Labor and Delivery | Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Physician Assistants, OB/GYN Physicians, Anesthesiologist, Clinical Pharmacist |
| Postpartum Unit | Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Physician Assistants, OB/GYN Physicians, Clinical Pharmacist |
| ICU | Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Telemetry Technician, Cardiac Monitors, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Medical Residents , Nurse Practitioner, Intensivist, Clinical Pharmacist |

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| 6 South | Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Chaplain, Hospitalist, Nurse Practitioner, Clinical Pharmacist |
| 6 North | Unit Clerical Support, 1:1 Patient Observer, Patient transport team, Rapid Response Team, Occupational Therapist, Speech Therapist, Telemetry Technician, Clinical Pharmacist, Chaplain, Hospitalist, Nurse Practitioner, Physician Assistants |
| 5 South | Assistant Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Clinical Pharmacist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nurse Practitioner |

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| 5 North | Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Clinical Pharmacist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents |
| 4 South | Assistant Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Clinical Pharmacist, Chaplaincy, Hospitalist, Nurse Practitioner, Hospice Attending |
| 4 North | Unit Secretary, 1:1 patient observer, Patient Transport Team, Rapid Response Team, Occupational Therapist, Speech Therapist, Clinical Pharmacist, Chaplain, Hospitalist, Nurse Practitioner, Intensivist |

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): | |
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| Newborn Nursery | Yes | | | |
| Labor and Delivery | Yes | | | |
| Postpartum Unit | No | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | |

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| <p>ICU</p> | <p>No</p> | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | |
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| <p>6 South</p> | <p>No</p> | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | |
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| 6 North | No | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | |
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| <p>5 South</p> | <p>No</p> | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | |
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| <p>4 South</p> | <p>No</p> | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | |
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| 4 North | No | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</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)? |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn Nursery | 3 | 1.6 | 15 | 5 |
| Postpartum Unit | 3 | 1.85 | 13 | 4.33 |
| Labor and Delivery | 4 | 4.57 | 7 | 1.75 |
| ICU | 7 | 4 | 14 | 2 |
| 6 South | 3 | 1 | 24 | 8 |
| 6 North | 3 | 1.33 | 18 | 6 |
| 5 South | 3 | 1 | 24 | 8 |
| 5 North | 4 | 1.1 | 29 | 1.1 |
| 4 South | 3 | 1 | 24 | 8 |
| 4 North | 4 | 1.33 | 24 | 6 |

LPN NIGHT SHIFT STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50) | Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn Nursery | 0 | 0 |
| Postpartum Unit | 0 | 0 |
| Labor and Delivery | 0 | 0 |
| ICU | 0 | 0 |
| 6 South | 0 | 0 |
| 6 North | 0 | 0 |

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| 5 South | 0 | 0 |
| 5 North | 0 | 0 |
| 4 South | 0 | 0 |
| 4 North | 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) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn Nursery | 0 | 0 |
| Postpartum Unit | 0.33 | 2.48 |
| Labor and Delivery | 0 | 0 |
| ICU | 1 | 7.5 |
| 6 South | 0.25 | 1.88 |
| 6 North | 0.25 | 1.88 |
| 5 South | 0.25 | 1.88 |
| 5 North | 0.25 | 1.88 |
| 4 South | 0.33 | 2.48 |
| 4 North | 0.34 | 2.55 |

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) |
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| Newborn Nursery | 0 | 0 |

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| Postpartum Unit | 2 | 1.23 |
| Labor and Delivery | 1 | 1.14 |
| ICU | 1 | 0.57 |
| 6 South | 3 | 1 |
| 6 North | 3 | 1.33 |
| 5 South | 3 | 1 |
| 5 North | 3 | 0.83 |
| 4 South | 3 | 1 |
| 4 North | 3 | 1 |

NIGHT SHIFT ADDITIONAL RESOURCES

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| <p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p> | <p>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p> |
| Newborn Nursery | Assistant Nurse Manager, Rapid Response Team, Chaplain, Neonatologist |
| Postpartum Unit | Assistant Nurse Manager, Staff Educator, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplain, Physician Assistants, OB/GYN Physicians |

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| Labor and Delivery | Assistant Nurse Manager, Unit Clerical Support, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplain, Physician Assistants, OB/GYN Physicians, Anesthesiologist |
| ICU | Assistant Nurse Manager, Staff Educator, 1:1 Patient Observer, Telemetry Technician, Cardiac Monitors, Rapid Response Team, Clinical Pharmacist, Chaplain, Medical Residents, Nurse Practitioner, Intensivist |
| 6 South | Assistant Nurse Manager, Staff Educator, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplain, Hospitalist, Nurse Practitioner |
| 6 North | Assistant Nurse Manager, Staff Educator, 1:1 Patient Observer, Rapid Response Team, Telemetry Technician, Clinical Pharmacist, Chaplain, Hospitalist, Nurse Practitioner, Physician Assistants |
| 5 South | Staff Educator, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents, Nurse Practitioner |

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| 5 North | Assistant Nurse Manager, Staff Educator, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Telemetry Technician, Chaplaincy, Hospitalist, Medical Residents |
| 4 South | 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplaincy, Hospitalist, Nurse Practitioner, Hospice Attending |
| 4 North | Assistant Nurse Manager, Staff Educator, 1:1 Patient Observer, Rapid Response Team, Clinical Pharmacist, Chaplain, Hospitalist, Nurse Practitioner, Intensivist |

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): |
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| Newborn Nursery | Yes | | | |

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| | | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | <p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper</p> |
| <p>Postpartum Unit</p> | <p>No</p> | | | |
| <p>Labor and Delivery</p> | <p>Yes</p> | | | |

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| ICU | No | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | <p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper</p> |
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| 6 South | No | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | <p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper</p> |
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| <p>4 South</p> | <p>No</p> | <p>director LIJ Forest Hills hospital, I have the responsibility of reviewing the staffing plans recommended by the Clinical staffing committee. We aim to offer quality care to our community and providing a safe work environment for our team members. Factors that are part of my evaluation include, but are not limited to quality metrics, the average daily census and the level of acuity of our patients. Over the past year our census has actually had minor decreases. This is also true for the level of acuity of our patients. Our quality metrics however have maintained.</p> <p>We will consistently re-evaluate our staffing needs and responding to the acuity and surges of patient volume. While we will</p> | <p>The recommendation of LIJFH admin team members is to remain consistent with our previously submitted 2022 staffing plan. This decision is based on review of unit performance and quality metrics. Our quality indicators support that a safe environment was maintained, in addition our census and acuity indicators demonstrate a slight decrease in average daily census and a lowered acuity rating. Based on these data points we believe that our staffing plan is safe and effective.</p> | <p>for patient care and safety. Management's recommendation for minimal staffing is not consistent with the legislation NYSHCSC Law 2805-t. Sufficient staffing ensures patients receive the attention, expertise, and support they need. It allows for swift responses to emergencies, reduces the risk of errors, and improves outcomes. Insufficient staffing jeopardizes lives and compromises care quality. Management's suggestion prioritizes cost-cutting over patients. To achieve our goal, we must recognize that adequate staffing is non-negotiable. It is essential for optimal care and patient well-being. Patient safety depends on it, and management must acknowledge the significance of proper</p> |
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CBA INFORMATION

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| <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>SEIU 1199</p> |

Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:

09/01/20
26 12:00
AM

The number of hospital employees represented by SEIU 1199 is:

1260