

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	Queens
<b>Council</b>	New York City
<b>Network</b>	MOUNT SINAI HEALTH SYSTEM
<b>Reporting Organization</b>	Mount Sinai Hospital - Mount Sinai Hospital of Queens
<b>Reporting Organization Id</b>	1639
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	Mount Sinai Hospital - Mount Sinai Hospital of Queens

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) ?
ICU Intensive Care Unit	3	4	6	2
IMCU Telemetry	4	2.66	12	3
4 EAST Medical Surgical Unit	7	1.27	44	6
3 WEST Medical Surgical Unit	5	1.29	31	7
3 EAST Medical Surgical Unit	4	1.18	27	7
2 EAST Medical/Surgical Unit	3	1.33	18	7

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
ICU Intensive Care Unit	0	0
IMCU Telemetry	0	0
4 EAST Medical Surgical Unit	0	0
3 WEST Medical Surgical Unit	0	0
3 EAST Medical Surgical Unit	0	0
2 EAST Medical/Surgical Unit	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)
ICU Intensive Care Unit	0	0
IMCU Telemetry	0	0

4 EAST Medical Surgical Unit	0	0
3 WEST Medical Surgical Unit	0	0
3 EAST Medical Surgical Unit	0	0
2 EAST Medical/Surgical Unit	0	0

DAY SHIFT UNLICENSED STAFFING

<b>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.</b>	<b>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)</b>	<b>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)</b>
ICU Intensive Care Unit	1	1.33
IMCU Telemetry	2	1.33
4 EAST Medical Surgical Unit	6	1.09
3 WEST Medical Surgical Unit	5	1.29
3 EAST Medical Surgical Unit	4	1.18
2 EAST Medical/Surgical Unit	3	1.33

DAY SHIFT ADDITIONAL RESOURCES

<p><b>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.</b></p>	<p><b>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.</b></p>
<p>ICU Intensive Care Unit</p>	<p>Unit Secretary, Break Nurse without an assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis</p>
<p>IMCU Telemetry</p>	<p>Unit Secretary, there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis</p>
<p>4 EAST Medical Surgical Unit</p>	<p>Unit clerk , there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis</p>

3 WEST Medical Surgical Unit	Unit Secretary, there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
3 EAST Medical Surgical Unit	Unit Secretary, there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
2 EAST Medical/Surgical Unit	Unit Secretary, there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis

DAY SHIFT CONSENSUS INFORMATION

<b>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.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
ICU Intensive Care Unit	Yes			

<p>IMCU Telemetry</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.  7/1/2023 Adequate staffing is crucial 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</p>
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<p>4 EAST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial 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</p>
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<p>3 WEST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial 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</p>
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<p>3 EAST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial 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</p>
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<p>2 EAST Medical/Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p> <p>7/1/2023 Adequate staffing is crucial 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</p>
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**RN EVENING SHIFT STAFFING**

<b>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.</b>	<b>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)</b>	<b>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)</b>	<b>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)</b>	<b>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)?</b>
ICU Intensive Care Unit	3	4	6	2
IMCU Telemetry	4	2.66	12	3
4 EAST Medical Surgical Unit	7	1.27	44	6
3 WEST Medical Surgical Unit	5	1.29	31	7
3 EAST Medical Surgical Unit	4	1.18	27	7
2 East Medical Surgical Unit	3	1.33	18	7

**LPN EVENING SHIFT STAFFING**

<b>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.</b>	<b>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)</b>	<b>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)</b>
ICU Intensive Care Unit	0	0
IMCU Telemetry	0	0
4 EAST Medical Surgical Unit	0	0

3 WEST Medical Surgical Unit	0	0
3 EAST Medical Surgical Unit	0	0
2 East Medical Surgical Unit	0	0

EVENING SHIFT ANCILLARY STAFF

<b>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.</b>	<b>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)</b>	<b>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)</b>
ICU Intensive Care Unit	0	0
IMCU Telemetry	0	0
4 EAST Medical Surgical Unit	0	0
3 WEST Medical Surgical Unit	0	0
3 EAST Medical Surgical Unit	0	0
2 East Medical Surgical Unit	0	0

EVENING SHIFT UNLICENSED STAFFING

<b>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.</b>	<b>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)</b>	<b>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)</b>
ICU Intensive Care Unit	1	1.33
IMCU Telemetry	2	1.33
4 EAST Medical Surgical Unit	6	1.09
3 WEST Medical Surgical Unit	5	1.29
3 EAST Medical Surgical Unit	4	1.18
2 East Medical Surgical Unit	3	1.33

**EVENING SHIFT ADDITIONAL RESOURCES**

<b>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.</b>	<b>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.</b>

ICU Intensive Care Unit	Unit Secretary, Break Nurse without an assignment There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
IMCU Telemetry	unit Secretary, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
4 EAST Medical Surgical Unit	Unit Secretary, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
3 WEST Medical Surgical Unit	Unit Secretary, there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
3 EAST Medical Surgical Unit	Unit Secretary, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis

2 East Medical Surgical Unit	Unit Secretary, there are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
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**EVENING SHIFT CONSENSUS INFORMATION**

<b>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.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	
ICU Intensive Care Unit	Yes			
IMCU Telemetry	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	



<p>4 EAST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	
<p>3 WEST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	

3 EAST Medical Surgical Unit	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	
2 East Medical Surgical Unit	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	

**RN NIGHT SHIFT STAFFING**

<b>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.</b>	<b>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)</b>	<b>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)</b>	<b>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)</b>	<b>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)?</b>
ICU Intensive Care Unit	3	4	6	2
IMCU Telemetry	4	2.66	12	3
4 EAST Medical Surgical Unit	7	1.27	44	6
3 WEST Medical Surgical Unit	5	1.29	31	7
3 EAST Medical Surgical Unit	4	1.18	27	7
2 EAST Medical Surgical Unit	3	1.33	18	7

**LPN NIGHT SHIFT STAFFING**

<b>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.</b>	<b>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)</b>	<b>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)</b>
ICU Intensive Care Unit	0	0
IMCU Telemetry	0	0
4 EAST Medical Surgical Unit	0	0
3 WEST Medical Surgical Unit	0	0

3 EAST Medical Surgical Unit	0	0
2 EAST Medical Surgical Unit	0	0

**NIGHT SHIFT ANCILLARY STAFF**

<b>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.</b>	<b>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)</b>	<b>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)</b>
ICU Intensive Care Unit	0	0
IMCU Telemetry	0	0
4 EAST Medical Surgical Unit	0	0
3 WEST Medical Surgical Unit	0	0
3 EAST Medical Surgical Unit	0	0
2 EAST Medical Surgical Unit	0	0

**NIGHT SHIFT UNLICENSED STAFFING**

<b>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.</b>	<b>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)</b>	<b>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)</b>
ICU Intensive Care Unit	1	1.33

IMCU Telemetry	2	1.33
4 EAST Medical Surgical Unit	6	1.09
3 WEST Medical Surgical Unit	5	1.29
3 EAST Medical Surgical Unit	4	1.18
2 EAST Medical Surgical Unit	3	1.33

NIGHT SHIFT ADDITIONAL RESOURCES

<p><b>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.</b></p>	<p><b>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.</b></p>
<p>ICU Intensive Care Unit</p>	<p>Break Nurse without an assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis</p>

IMCU Telemetry	None during the night shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
4 EAST Medical Surgical Unit	None during the night shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
3 WEST Medical Surgical Unit	None during the night shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
3 EAST Medical Surgical Unit	None on night shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis
2 EAST Medical Surgical Unit	None during night shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis

NIGHT SHIFT CONSENSUS INFORMATION

<p><b>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.</b></p>	<p><b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b></p>	<p><b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b></p>	<p><b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b></p>	<p><b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b></p>
<p>ICU Intensive Care Unit</p>	<p>Yes</p>			

<p>IMCU Telemetry</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial 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</p>
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<p>4 EAST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial 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</p>
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<p>3 WEST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial 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</p>
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<p>3 EAST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial 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</p>
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<p>2 EAST Medical Surgical Unit</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>(Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment. 7/1/2023 Adequate staffing is crucial 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</p>
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CBA INFORMATION

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

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

09/30/20  
26 12:00  
AM

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

1359