

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	Kings
Council	New York City
Network	NYC H+H
Reporting Organization	Woodhull Medical & Mental Health Center
Reporting Organization Id	1692
Reporting Organization Type	Hospital (pfi)
Data Entity	Woodhull Medical & Mental Health Center

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
PSY5 PSYCH	3.29	1.39	23	7
PSY4 PSYCH	3.43	1.33	24	7
PSY3 PSYCH	3.43	1.33	22	7
PSY2 PSYCH	3.29	1.39	22	7
7200 MOTHER / BABY	2.27	2.89	8.3	3
7100 NICU	1.85	4.32	3.7	2
6300 PEDS	0.43	3.08	2.6	6
9-PCU STEPDOWN	2.4	2.5	9.6	4
8ICU - ICU	4.2	4.76	8.4	2
8200 - Med/Surg	5.67	1.41	34	6
8100 Step-down	1.55	2.58	6.2	4
8100 - Med/Surg/Telemetry	4.53	1.47	27.2	6
6100 - Med/Surg	3.23	1.65	19.4	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)
PSY5 PSYCH	0	0
PSY4 PSYCH	0	0
PSY3 PSYCH	0	0
PSY2 PSYCH	0	0
7200 MOTHER / BABY	0	0
7100 NICU	0	0
6300 PEDS	0	0
9-PCU STEPDOWN	0	0
8ICU - ICU	0	0
8200 - Med/Surg	0	0
8100 Step-down	0	0
8100 - Med/Surg/Telemetry	0	0
6100 - Med/Surg	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)
PSY5 PSYCH	2.27	0
PSY4 PSYCH	2.27	0
PSY3 PSYCH	2.27	0
PSY2 PSYCH	2.27	0
7200 MOTHER / BABY	0.69	0
7100 NICU	0.31	0
6300 PEDS	0.22	0
9-PCU STEPDOWN	0.8	0
8ICU - ICU	0.7	0
8200 - Med/Surg	2.83	0
8100 Step-down	1	1
8100 - Med/Surg/Telemetry	3	2.27
6100 - Med/Surg	1.62	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
PSY5 PSYCH	3	24
PSY4 PSYCH	3	24

PSY3 PSYCH	3	24
PSY2 PSYCH	3	24
7200 MOTHER / BABY	1	8
7100 NICU	1	8
6300 PEDS	1	8
9-PCU STEPDOWN	1	8
8ICU - ICU	1	8
8200 - Med/Surg	3	24
8100 Step-down	0	8
8100 - Med/Surg/Telemetry	0	24
6100 - Med/Surg	2	16

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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PSY5 PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
PSY4 PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
PSY3 PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

PSY2 PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
7200 MOTHER / BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
7100 NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

6300 PEDS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
9-PCU STEPDOWN	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
8ICU - ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

8200 - Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
8100 Step-down	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
8100 - Med/Surg/Telemetry	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

6100 - Med/Surg	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
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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):
<p>PSY5 PSYCH</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>

PSY4 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
PSY3 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
PSY2 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>

7200 MOTHER / BABY	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
7100 NICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
6300 PEDS	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>

9-PCU STEPDOWN	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
8ICU - ICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
8200 - Med/Surg	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>

8100 Step-down	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
8100 - Med/Surg/Telemetry	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
6100 - Med/Surg	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>

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)?
PSY5 PSYCH	3.29	1.39	23	7
PSY4 PSYCH	3.43	1.33	23	7
PSY3 PSYCH	3.43	1.33	23	7
PSY2 PSYCH	3.29	1.39	23	7
7200 MOTHER / BABY	2.27	2.89	8.3	3
7100 NICU	1.85	4.32	3.7	2
6300 PEDS	0.43	3.08	2.6	6
8100 Med/Surg/Stepdown	1.55	2.58	6.2	4
9PCU	2.4	2.5	9.6	4
8ICU - ICU	5	4.76	8.4	2
8200	5.67	1.41	34	6
8100 Med/Surg/Tele	4.53	1.47	27.2	6
6100 - Med/Surg	3.23	1.65	19.4	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)
PSY5 PSYCH	0	0

PSY4 PSYCH	0	0
PSY3 PSYCH	0	0
PSY2 PSYCH	0	0
7200 MOTHER / BABY	0	0
7100 NICU	0	0
6300 PEDS	0	0
8100 Med/Surg/Stepdown	0	0
9PCU	0	0
8ICU - ICU	0	0
8200	0	0
8100 Med/Surg/Tele	0	0
6100 - Med/Surg	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)
PSY5 PSYCH	2.27	0
PSY4 PSYCH	2.27	0
PSY3 PSYCH	2.27	0
PSY2 PSYCH	2.27	0
7200 MOTHER / BABY	0.69	0
7100 NICU	0.31	0
6300 PEDS	0.22	0
8100 Med/Surg/Stepdown	1	0
9PCU	0.8	0
8ICU - ICU	1	0
8200	2.83	0
8100 Med/Surg/Tele	2.27	0
6100 - Med/Surg	1.62	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
PSY5 PSYCH	3	24
PSY4 PSYCH	3	24
PSY3 PSYCH	3	24
PSY2 PSYCH	3	24
7200 MOTHER / BABY	1	8
7100 NICU	1	8
6300 PEDS	1	8
8100 Med/Surg/Stepdown	1	8
9PCU	1	8
8ICU - ICU	1	8
8200	3	24
8100 Med/Surg/Tele	3	24
6100 - Med/Surg	2	16

EVENING SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>PSY5 PSYCH</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>PSY4 PSYCH</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

PSY3 PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
PSY2 PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
7200 MOTHER / BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

7100 NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
6300 PEDS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
8100 Med/Surg/Stepdown	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

9PCU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
8ICU - ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
8200	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

8100 Med/Surg/Tele	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
6100 - Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	

PSY5 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	
PSY4 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	
PSY3 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	

PSY2 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	
7200 MOTHER / BABY	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	
7100 NICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	

6300 PEDS	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	
8100 Med/Surg/Stepdown	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	
9PCU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	

8ICU - ICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	
8200	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	
8100 Med/Surg/Tele	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	

6100 - Med/Surg	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	
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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)?
PSY5 PSYCH	3.29	1.39	22	7
PSY4 PSYCH	3.43	1.33	22	7
PSY3 PSYCH	3.43	1.33	22	7
PSY2 PSYCH	3.29	1.39	23	7
7200 MOTHER / BABY	2.77	2.89	8.3	3
7100 NICU	1.85	4.32	3.7	2
6300 PEDS	0.43	3.08	2.6	6
9PCU - Step- down	3	2.5	9.6	4
8ICU - ICU	4.2	4.76	8.4	2
8200 med/surg	5.67	1.41	34	6
8100 - Step-down	1.55	2.58	6.2	4
8100 Med/Surg/Tele	4.53	1.47	27.2	6
6100 Med/Surg	3.23	1.65	19.4	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)
PSY5 PSYCH	0	0
PSY4 PSYCH	0	0
PSY3 PSYCH	0	0

PSY2 PSYCH	0	0
7200 MOTHER / BABY	0	0
7100 NICU	0	0
6300 PEDS	0	0
9PCU - Step- down	0	0
8ICU - ICU	0	0
8200 med/surg	0	0
8100 - Step-down	0	0
8100 Med/Surg/Tele	0	0
6100 Med/Surg	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)
PSY5 PSYCH	2.27	0
PSY4 PSYCH	2.27	0
PSY3 PSYCH	2.27	0
PSY2 PSYCH	2.27	0
7200 MOTHER / BABY	0.69	0
7100 NICU	0.31	0
6300 PEDS	0.22	0
9PCU - Step- down	0.8	0
8ICU - ICU	1	0
8200 med/surg	2.83	0
8100 - Step-down	1	0
8100 Med/Surg/Tele	2.27	0
6100 Med/Surg	1.62	0

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
PSY5 PSYCH	3	24
PSY4 PSYCH	3	2.27
PSY3 PSYCH	3	24
PSY2 PSYCH	3	24
7200 MOTHER / BABY	1	8
7100 NICU	1	8
6300 PEDS	1	8
9PCU - Step- down	1	8
8ICU - ICU	1	8
8200 med/surg	3	24
8100 - Step-down	1	8
8100 Med/Surg/Tele	3	24
6100 Med/Surg	2	16

NIGHT SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>PSY5 PSYCH</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>
<p>PSY4 PSYCH</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.</p>

PSY3 PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
PSY2 PSYCH	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
7200 MOTHER / BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

7100 NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
6300 PEDS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
9PCU - Step- down	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

8ICU - ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
8200 med/surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
8100 - Step-down	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

8100 Med/Surg/Tele	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.
6100 Med/Surg	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit.

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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PSY5 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
PSY4 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
PSY3 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>

PSY2 PSYCH	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
7200 MOTHER / BABY	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
7100 NICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>

6300 PEDS	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
9PCU - Step- down	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
8ICU - ICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>

8200 med/surg	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
8100 - Step-down	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
8100 Med/Surg/Tele	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>

6100 Med/Surg	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
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CBA INFORMATION

<p>We have one or more collective bargaining agreements:</p>	<p>Yes</p>
<p>If yes, then:</p> <p>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</p> <p>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.) represented.</p>	<p>DC 37,New York State Nurses Associati on,SEIU 1199</p>

Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:

03/02/20
23 12:00
AM

The number of hospital employees represented by New York State Nurses Association is:

453

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

04/09/20
22 12:00
AM

<p>The number of hospital employees represented by SEIU 1199 is:</p>	<p>104</p>
<p>Our general hospital's collective bargaining agreement with DC 37 expires on the following date:</p>	<p>11/06/2026 12:00 AM</p>
<p>The number of hospital employees represented by DC37 is:</p>	<p>1068</p>