HOSPITAL INFORMATION

| Region | Western Regional Office |
|--|---------------------------------|
| | |
| County | Erie |
| | |
| Council | Western New York |
| | |
| Network | CATHOLIC HEALTH, BUFFALO |
| | Mercy Hospital - Mercy Hospital |
| Reporting Organization Orchard Park Division | |
| | |
| Reporting Organization Id | 1723 |
| | |
| Reporting Organization Type | Hospital (pfi) |
| | Mercy Hospital - Mercy Hospital |
| Data Entity | Orchard Park Division |

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 | 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 5 digits. Ex: 101.50) | 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 5 | Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | provide direct patient care per day on the Day Shift (Please provide a number with up to 5 |
|---|--|--|--|---|
| the hospital. | C | digits. Ex: 101.50) | 22 | digits. Ex: 101.50) ? |
| Emergency Department | 6 | 38 | 22 | 3.6 |
| MACC-Mercy Ambulatory | | | | |
| Care Center | 2 | 16 | 2.9 | 1.5 |

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 5 digits. Ex: 101.50) | 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 5 digits. Ex: 101.50) |
|---|---|---|
| Emergency Department | 0 | 0 |
| MACC-Mercy Ambulatory | | |
| Care Center | 0 | 0 |

| 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 5 digits. Ex: 101.50) | 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 5 digits. Ex: 101.50) |
|---|---|--|
| Emergency Department | 0 | 0 |
| MACC-Mercy Ambulatory Care Center | 0 | 0 |

DAY SHIFT UNLICENSED STAFFING

| | Planned average number | Planned total hours of |
|----------------------------|--------------------------|-----------------------------|
| | of unlicensed personnel | unlicensed personnel |
| Provide a description of | (e.g., patient care | care per patient |
| Clinical Unit, including a | technicians) on the unit | including adjustment for |
| description of typical | providing direct patient | case mix and acuity on |
| patient services provided | care per day on the Day | the Day Shift (Please |
| on the unit and the | Shift? (Please provide a | provide a number with |
| unit's location in | number with up to 5 | up to 5 digits. Ex: 101.50) |
| the hospital. | digits. Ex: 101.50) | |
| Emergency Department | 1.5 | 10.5 |
| MACC-Mercy Ambulatory | | |
| Care Center | 1 | 8 |

DAY SHIFT ADDITIONAL RESOURCES

| | 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 |
| Provide a description of | staff, |
| Clinical Unit, including a | admission/discharge |
| description of typical | nurse, and other |
| patient services provided | coverage provided to |
| on the unit and the | registered nurses, |
| unit's location in | licensed practical nurses, |
| the hospital. | and ancillary staff. |
| Emergency Department | n/a |
| MACC-Mercy Ambulatory | |
| Care Center | None |

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 | | If no, Chief Executive Officer Statement in support of clinical staffing plan for | • | Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team |
|---|------------------------------|---|-----------------------|---|
| the hospital. | staffing plan for this unit: | this unit: | (management members): | (employee members): |
| Emergency Department | Yes | | | |
| MACC-Mercy Ambulatory | | | | |
| Care Center | Yes | | | |

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 | 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 5 digits. Ex: 101.50) | 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 | per day on the Evening Shift? (Please provide a number with up to 5 | 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 5 digits. Ex: |
|---|--|--|---|---|
| the hospital. | | up to 5 digits. Ex: 101.50) | digits. Ex: 101.50) | 101.50)? |
| Emergency Department | 11 | 40 | 28 | 3.6 |
| MACC-Mercy Ambulatory | | | | |
| Care Center | 2 | 16 | 2.9 | 1.5 |

LPN EVENING SHIFT STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided | Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the | Planned total hours of LPN care per patient including adjustment for case mix and acuity on |
|--|--|--|
| on the unit and the | Evening Shift? (Please provide a number with | the Evening Shift (Please |
| unit's location in | • | provide a number with |
| the hospital. | up to 5 digits. Ex: 101.50) | up to 5 digits. Ex: 101.50) |
| Emergency Department | 0 | 0 |
| MACC-Mercy Ambulatory | | |
| Care Center | 0 | 0 |

EVENING SHIFT ANCILLARY STAFF

| | | Planned total hours of |
|----------------------------|-----------------------------|-----------------------------|
| Provide a description of | Planned average number | ancillary members of the |
| Clinical Unit, including a | of ancillary members of | frontline team including |
| description of typical | the frontline team on the | adjustment for case mix |
| patient services provided | unit per day on the | and acuity on the |
| on the unit and the | Evening Shift? (Please | Evening Shift (Please |
| unit's location in | provide a number with | provide a number with |
| the hospital. | up to 5 digits. Ex: 101.50) | up to 5 digits. Ex: 101.50) |
| Emergency Department | 0 | 0 |
| MACC-Mercy Ambulatory | | |
| Care Center | 0 | 0 |

EVENING SHIFT UNLICENSED STAFFING

| | Planned average number | Planned total hours of |
|----------------------------|---------------------------|-----------------------------|
| | | |
| Provide a description of | of unlicensed personnel | unlicensed personnel |
| Clinical Unit, including a | on the unit providing | care per patient |
| description of typical | direct patient care per | including adjustment for |
| patient services provided | day on the Evening Shift? | case mix and acuity on |
| on the unit and the | (Please provide a | the Evening Shift (Please |
| unit's location in | number with up to 5 | provide a number with |
| the hospital. | digits. Ex: 101.50) | up to 5 digits. Ex: 101.50) |
| Emergency Department | 2 | 15 |
| MACC-Mercy Ambulatory | | |
| Care Center | 0.5 | 4 |

EVENING SHIFT ADDITIONAL RESOURCES

| | Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit |
|----------------------------|--|
| Provide a description of | clerical staff, |
| Clinical Unit, including a | admission/discharge |
| description of typical | nurse, and other |
| patient services provided | coverage provided to |
| on the unit and the | registered nurses, |
| unit's location in | licensed practical nurses, |
| the hospital. | and ancillary staff. |
| Emergency Department | n/a |
| MACC-Mercy Ambulatory | |
| Care Center | None |

EVENING SHIFT CONSENSUS INFORMATION

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

RN NIGHT SHIFT STAFFING

| | Planned average number | Planned total hours of | | What is the planned average number of |
|----------------------------|---------------------------|-------------------------|--------------------------|---------------------------------------|
| Provide a description of | of Registered Nurses | RN nursing care per | | patients for which one |
| Clinical Unit, including a | (RN) on the unit | patient including | Planned average number | RN on the unit will |
| description of typical | providing direct patient | adjustment for case mix | of patients on the unit | provide direct patient |
| patient services provided | care per day on the Night | and acuity on the Night | per day on the Night | care per day on the Night |
| on the unit and the | Shift? (Please provide a | Shift (Please provide a | Shift? (Please provide a | Shift (Please provide a |
| unit's location in | number with up to 5 | number with up to 5 | number with up to 5 | number with up to 5 |
| the hospital. | digits. Ex: 101.50) | digits. Ex: 101.50) | digits. Ex: 101.50) | digits. Ex: 101.50)? |
| Emergency Department | 6 | 31 | 22 | 3.6 |
| MACC-Mercy Ambulatory | | | | |
| Care Center | 2 | 16 | 2.9 | 1.5 |

LPN NIGHT SHIFT STAFFING

| | Planned average number | |
|----------------------------|---------------------------|-----------------------------|
| Provide a description of | of Licensed Practical | Planned total hours of |
| Clinical Unit, including a | Nurses (LPN) on the unit | LPN care per patient |
| description of typical | providing direct patient | including adjustment for |
| patient services provided | care per day on the Night | case mix and acuity on |
| on the unit and the | Shift? (Please provide a | the Night Shift (Please |
| unit's location in | number with up to 5 | provide a number with |
| the hospital. | digits. Ex: 101.50) | up to 5 digits. Ex: 101.50) |
| Emergency Department | 0 | 0 |
| MACC-Mercy Ambulatory | | |
| Care Center | 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 5 digits. Ex: 101.50) | 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 5 digits. Ex: 101.50) |
|---|---|--|
| Emergency Department | 0 | 0 |
| MACC-Mercy Ambulatory | | |
| Care Center | 0 | 0 |

NIGHT SHIFT UNLICENSED STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the | (Please provide a | Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please |
|--|--|--|
| unit's location in the hospital. | number with up to 5 digits. Ex: 101.50) | provide a number with up to 5 digits. Ex: 101.50) |
| Emergency Department | 1 | 7.5 |
| MACC-Mercy Ambulatory | | |
| Care Center | 0.5 | 4 |

NIGHT SHIFT ADDITIONAL RESOURCES

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in | 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, |
|---|--|
| the hospital. | and ancillary staff. |
| Emergency Department | n/a |
| MACC-Mercy Ambulatory | |
| Care Center | None |

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 | | If no, Chief Executive Officer Statement in support of clinical staffing plan for | • | Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team |
|---|------------------------------|---|-----------------------|---|
| the hospital. | staffing plan for this unit: | this unit: | (management members): | (employee members): |
| Emergency Department | Yes | | | |
| MACC-Mercy Ambulatory | | | | |
| Care Center | Yes | | | |

CBA INFORMATION We have one or more collective bargaining agreements: Yes If yes, then: Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply): Communi **Please select association and identify staff cations (e.g. nurses, ancillary staff, etc.) Workers represented. of America

| Our general hospital's collective | |
|---|----------|
| bargaining agreement with Communications | 06/30/20 |
| Workers of America expires on the following | 25 12:00 |
| date: | AM |
| | |
| The number of hospital employees | |
| represented by Communication Workers of | |
| America is: | 1856 |