

HOSPITAL INFORMATION

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|------------------------------------|--------------------------------------|
| Region | Metropolitan Area Regional Office |
| County | Westchester |
| Council | Mid-Hudson |
| Network | INDEPENDENT |
| Reporting Organization | Blythedale Childrens Hospital |
| Reporting Organization Id | 1138 |
| Reporting Organization Type | Hospital (pfi) |
| Data Entity | Blythedale Childrens Hospital |

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) ? |
|---|---|---|---|--|
| Pediatric- Adolescent Unit | 8 | 4.6 | 42 | 5.3 |
| Infant & Toddler Unit | 9.5 | 5.6 | 40 | 4.2 |

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) |
|---|--|--|
| Pediatric- Adolescent Unit | 0 | 0 |
| Infant & Toddler 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) |
|---|--|---|
| Pediatric- Adolescent Unit | 37 | 4.5 |
| Infant & Toddler Unit | 35 | 4.94 |

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) |
|---|--|---|
| Pediatric- Adolescent Unit | 6.3 | 3.6 |
| Infant & Toddler Unit | 3.5 | 2.1 |

DAY SHIFT ADDITIONAL RESOURCES

| | |
|--|--|
| <p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p> | <p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p> |
|--|--|

| | |
|----------------------------|--|
| Pediatric- Adolescent Unit | <p>(RT)</p> <ol style="list-style-type: none"> 2. Unit-based Pharmacist – Monday through Friday 3. Director of Nursing (for each unit) 4. Assistant Director of Nursing 5. Director of Professional Development 6. Clinical Nurse Educator 7. Patient/Family Educators (PFE) – 8. Nursing Supervisor 12p-8p Monday through Friday 10. Charge RN – one per shift 11. RN Wound-Ostomy Team 12. RN Vascular Access Team 13. Discharge Planner RN 1 per unit. 14. Admission Coordinator RN 1 per unit 15. Social Workers- 2 per unit. 16. Specialty Pediatric Speech, Feeding, |
|----------------------------|--|

| | |
|----------------------------------|--|
| <p>Infant & Toddler Unit</p> | <p>(RT) – 2 RT</p> <p>2. Unit-based Pharmacist – Monday through Friday</p> <p>3. Director of Nursing (for each unit)</p> <p>4. Assistant Director of Nursing</p> <p>5. Director of Professional Development</p> <p>6. Clinical Nurse Educator</p> <p>7. Patient/Family Educators (PFE) – 2</p> <p>8. Nursing Supervisor 12p-8p Monday through Friday</p> <p>10. Charge RN – one per shift</p> <p>11. RN Wound-Ostomy Team</p> <p>12. RN Vascular Access Team</p> <p>13. Discharge Planner RN 1 per unit.</p> <p>14. Admission Coordinator RN 1 per unit</p> <p>15. Social Workers- 2 per unit.</p> <p>16. Specialty Pediatric Speech, Feeding,</p> |
|----------------------------------|--|

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): |
|---|--|--|---|---|
| Pediatric- Adolescent Unit | Yes | | | |
| Infant & Toddler Unit | 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 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)? |
|---|---|---|---|---|
| Pediatric-Adolescent Unit | 8 | 4.6 | 42 | 5.3 |
| Infant & Toddler | 9.5 | 5.6 | 40 | 4.2 |

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) |
|---|--|--|
| Pediatric-Adolescent Unit | 0 | 0 |
| Infant & Toddler | 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) |
|--|---|--|
| Pediatric-Adolescent Unit | 10 | 1.2 |
| Infant & Toddler | 10 | 1 |

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) |
|--|--|--|
| Pediatric-Adolescent Unit | 6.3 | 3.6 |
| Infant & Toddler | 3.5 | 2.1 |

EVENING SHIFT ADDITIONAL RESOURCES

| | |
|---|---|
| <p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p> | <p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p> |
| <p>Pediatric-Adolescent Unit</p> | <p>Pharmacist Respiratory Therapist. Unit Secretary. Nursing Supervisor. Therapeutic Recreation team. Staffing Coordinator</p> |
| <p>Infant & Toddler</p> | <p>Pharmacist Respiratory Therapist Nursing Supervisor Unit Secretary Staffing Coordinator</p> |

EVENING SHIFT CONSENSUS INFORMATION

| <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>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p> | <p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p> | <p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p> | |
|---|--|--|---|--|
| <p>Pediatric-Adolescent Unit</p> | <p>Yes</p> | | | |
| <p>Infant & Toddler</p> | <p>Yes</p> | | | |

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)? |
|--|--|--|--|--|
| Pediatric-Adolescent Unit | 8 | 4.6 | 42 | 5.3 |
| Infant & Toddler Unit | 9.5 | 5.6 | 40 | 4.2 |

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) |
|--|---|---|
| Pediatric-Adolescent Unit | 0 | 0 |
| Infant & Toddler Unit | 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) |
|--|---|--|
| Pediatric-Adolescent Unit | 4 | 1.2 |
| Infant & Toddler Unit | 4 | 1 |

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) |
|--|--|--|
| Pediatric-Adolescent Unit | 6.3 | 3.6 |
| Infant & Toddler Unit | 3.5 | 2.1 |

NIGHT SHIFT ADDITIONAL RESOURCES

| | |
|--|--|
| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff. |
| Pediatric-Adolescent Unit | Respiratory Therapist. Nursing Supervisor |
| Infant & Toddler Unit | Respiratory Therapist. Nursing Supervisor . |

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): |
|--|---|---|--|--|
| Pediatric-Adolescent Unit | Yes | | | |
| Infant & Toddler Unit | Yes | | | |

CBA INFORMATION

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| <p>We have one or more collective bargaining agreements:</p> | <p>No</p> |
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