

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NORTHWELL HEALTH
Reporting Organization	Lenox Hill Hospital
Reporting Organization Id	1450
Reporting Organization Type	Hospital (pfi)
Data Entity	Lenox Hill 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 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 digits. Ex: 101.50)	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)	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 5 digits. Ex: 101.50) ?
MEETH Amb. Surg Recovery	2	0.67	15	4
MEETH Ambulatory Surgery Unit	7	1	43	5
MEETH Laser and Plastics Clinic	2	2	8	4
MEETH PACU	11	1.25	40	4
MEETH Operating Room	14	2.1	40	3
MEETH Outpt Infusion Center	3	0.8	21	7
LHH Preop/Same Day Admission	10	0.5	25	4
LHH PACU	13	2	30	4
LHH Endoscopy Recovery	2	0.75	14	8
LHH Endoscopy Procedure Rooms	3	1	14	6
Non-Invasive Cardiology-- Stress Test and TEE	3	2.25	8	3
EP Holding--Pre/Post Procedure	2	3	5	3
EP Procedure Rooms	4	7	3	2
Cath Lab Holding--Pre/Post Procedure Area	3	1.5	15	4
Cath Lab Procedure Rooms	8	3	15	4

Emergency Department Holding--Admitted pts	1	2.56	3	4
LHH Main ED	12	2.4	40	5
8 Uris 24 Bed Inpatient Psychiatry Unit	3	1.09	21	8
LHH Operating Room	18.75	3.3	30	2
Radiology IV Prep Area	2	0.25	35	17
Radiology CT Scan Procedure Room	1	0.25	8	8
Interventional Radiology--Recovery	1	0.25	8	8
Interventional Radiology--Procedure Rooms	4	3	8	4
General Inpatient Pediatric Services	1	2.56	3	4
Labor & Delivery (Maternal Child)	9	6.55	11	1.5
4 Lachman Postpartum (Maternal Child)	1	4	2	2
7 Uris Regional Medicine (Med/Surg)	6	1.55	31	6
4 Uris Regional Medicine (Med/Surg)	6	1.55	31	6
6 Uris Postpartum (Maternal Child)	7	1.75	32	6
Neonatal ICU (ICU)	7	5.09	11	1.57
9 Wollman Surgical Telemetry (Med/Surg)	6	2.29	21	4
9 Uris Regional Surgery (Med/Surg)	5	1.24	26	6
8 Wollman Regional Surgery (Med/Surg)	3	1.41	17	6
5 Uris Medical Telemetry (Med/Surg)	8	2.29	28	4
Nursery (Maternal Child)	1	1	8	8
6 Lachman High Risk Antepartum (Maternal Child)	3	2.4	10	3.3
4 Wollman Postpartum (Maternal Child)	2	1.6	10	6

9 Lachman CTICU Stepdown (Med/Surg)	4	2.13	15	4
9 East CTICU (ICU)	6	4	12	2
8 Lachman Surgical Stepdown (Med/Surg)	4	2.13	15	4
8 East Surgical ICU (ICU)	6	4	12	2
7 Wollman Regional Medicine (Med/Surg)	3	1.5	16	6
7 Lachman Medical Stepdown (Med/Surg)	4	2.29	14	4
7 East Medical ICU (ICU)	6	4.36	11	2
5 Wollman Surgery (Med/Surg)	1	1.33	6	6
5 Lachman Cardiac Stepdown (Med/Surg)	4	2.13	15	4
5 East Coronary Care Unit (ICU)	5	4	10	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 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)
MEETH Amb. Surg Recovery	0	0
MEETH Ambulatory Surgery Unit	0	0
MEETH Laser and Plastics Clinic	0	0
MEETH PACU	0	0

MEETH Operating Room	0	0
MEETH Outpt Infusion Center	0	0
LHH Preop/Same Day Admission	0	0
LHH PACU	0	0
LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure Rooms	0	0
Non-Invasive Cardiology--Stress Test and TEE	0	0
EP Holding--Pre/Post Procedure	0	0
EP Procedure Rooms	0	0
Cath Lab Holding--Pre/Post Procedure Area	0	0
Cath Lab Procedure Rooms	0	0
Emergency Department Holding--Admitted pts	0	0
LHH Main ED	0	0
8 Uris 24 Bed Inpatient Psychiatry Unit	0	0
LHH Operating Room	0	0
Radiology IV Prep Area	0	0
Radiology CT Scan Procedure Room	0	0
Interventional Radiology--Recovery	0	0
Interventional Radiology--Procedure Rooms	0	0
General Inpatient Pediatric Services	0	0
Labor & Delivery (Maternal Child)	0	0
4 Lachman Postpartum (Maternal Child)	0	0
7 Uris Regional Medicine (Med/Surg)	0	0

4 Uris Regional Medicine (Med/Surg)	0	0
6 Uris Postpartum (Maternal Child)	0	0
Neonatal ICU (ICU)	0	0
9 Wollman Surgical Telemetry (Med/Surg)	0	0
9 Uris Regional Surgery (Med/Surg)	0	0
8 Wollman Regional Surgery (Med/Surg)	0	0
5 Uris Medical Telemetry (Med/Surg)	0	0
Nursery (Maternal Child)	0	0
6 Lachman High Risk Antepartum (Maternal Child)	0	0
4 Wollman Postpartum (Maternal Child)	0	0
9 Lachman CTICU Stepdown (Med/Surg)	0	0
9 East CTICU (ICU)	0	0
8 Lachman Surgical Stepdown (Med/Surg)	0	0
8 East Surgical ICU (ICU)	0	0
7 Wollman Regional Medicine (Med/Surg)	0	0
7 Lachman Medical Stepdown (Med/Surg)	0	0
7 East Medical ICU (ICU)	0	0
5 Wollman Surgery (Med/Surg)	0	0
5 Lachman Cardiac Stepdown (Med/Surg)	0	0
5 East Coronary Care Unit (ICU)	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 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)
MEETH Amb. Surg Recovery	0	0
MEETH Ambulatory Surgery Unit	0	0
MEETH Laser and Plastics Clinic	0	0
MEETH PACU	0	0
MEETH Operating Room	0	0
MEETH Outpt Infusion Center	0	0
LHH Preop/Same Day Admission	0	0
LHH PACU	0	0
LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure Rooms	0	0
Non-Invasive Cardiology--Stress Test and TEE	0	0
EP Holding--Pre/Post Procedure	0	0
EP Procedure Rooms	0	0
Cath Lab Holding--Pre/Post Procedure Area	0	0
Cath Lab Procedure Rooms	0	0
Emergency Department Holding--Admitted pts	0	0
LHH Main ED	4	0.52

8 Uris 24 Bed Inpatient Psychiatry Unit	4	1
LHH Operating Room	0	0
Radiology IV Prep Area	0	0
Radiology CT Scan Procedure Room	0	0
Interventional Radiology-- Recovery	0	0
Interventional Radiology-- Procedure Rooms	0	0
General Inpatient Pediatric Services	0	0
Labor & Delivery (Maternal Child)	5	2.92
4 Lachman Postpartum (Maternal Child)	5	2.92
7 Uris Regional Medicine (Med/Surg)	5	30.2
4 Uris Regional Medicine (Med/Surg)	5	29.4
6 Uris Postpartum (Maternal Child)	5	2.92
Neonatal ICU (ICU)	5	8.34
9 Wollman Surgical Telemetry (Med/Surg)	5	20.99
9 Uris Regional Surgery (Med/Surg)	5	23.42
8 Wollman Regional Surgery (Med/Surg)	5	20.7
5 Uris Medical Telemetry (Med/Surg)	5	22.27
Nursery (Maternal Child)	5	2.92
6 Lachman High Risk Antepartum (Maternal Child)	5	2.92
4 Wollman Postpartum (Maternal Child)	5	2.92
9 Lachman CTICU Stepdown (Med/Surg)	5	15.74
9 East CTICU (ICU)	5	15.74

8 Lachman Surgical Stepdown (Med/Surg)	5	15.93
8 East Surgical ICU (ICU)	5	21.72
7 Wollman Regional Medicine (Med/Surg)	5	17.77
7 Lachman Medical Stepdown (Med/Surg)	5	17.86
7 East Medical ICU (ICU)	5	17.86
5 Wollman Surgery (Med/Surg)	5	2.54
5 Lachman Cardiac Stepdown (Med/Surg)	5	12.74
5 East Coronary Care Unit (ICU)	5	16.49

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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)
MEETH Amb. Surg Recovery	1	0.5
MEETH Ambulatory Surgery Unit	3	0.5
MEETH Laser and Plastics Clinic	2	2
MEETH PACU	4	0.3
MEETH Operating Room	14	2.1
MEETH Outpt Infusion Center	0	0

LHH Preop/Same Day Admission	4	1.2
LHH PACU	5	0.3
LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure Rooms	3	1
Non-Invasive Cardiology--Stress Test and TEE	3	2.8
EP Holding--Pre/Post Procedure	1	1.5
EP Procedure Rooms	2	3.5
Cath Lab Holding--Pre/Post Procedure Area	2	1
Cath Lab Procedure Rooms	4	1.5
Emergency Department Holding--Admitted pts	1	2.5
LHH Main ED	5	0.94
8 Uris 24 Bed Inpatient Psychiatry Unit	4	1.42
LHH Operating Room	15	3.3
Radiology IV Prep Area	0	0
Radiology CT Scan Procedure Room	1	0.25
Interventional Radiology--Recovery	0	0
Interventional Radiology--Procedure Rooms	1	1.5
General Inpatient Pediatric Services	1	2.5
Labor & Delivery (Maternal Child)	3	2.05
4 Lachman Postpartum (Maternal Child)	1	3.75
7 Uris Regional Medicine (Med/Surg)	4	0.97
4 Uris Regional Medicine (Med/Surg)	4	0.97
6 Uris Postpartum (Maternal Child)	3	0.7

Neonatal ICU (ICU)	1	0.68
9 Wollman Surgical Telemetry (Med/Surg)	2	0.71
9 Uris Regional Surgery (Med/Surg)	3	0.87
8 Wollman Regional Surgery (Med/Surg)	2	0.88
5 Uris Medical Telemetry (Med/Surg)	3	0.8
Nursery (Maternal Child)	1	0.94
6 Lachman High Risk Antepartum (Maternal Child)	1	0.75
4 Wollman Postpartum (Maternal Child)	1	0.75
9 Lachman CTICU Stepdown (Med/Surg)	2	1
9 East CTICU (ICU)	1	0.63
8 Lachman Surgical Stepdown (Med/Surg)	2	1
8 East Surgical ICU (ICU)	1	0.63
7 Wollman Regional Medicine (Med/Surg)	2	0.94
7 Lachman Medical Stepdown (Med/Surg)	2	1.07
7 East Medical ICU (ICU)	1	0.68
5 Wollman Surgery (Med/Surg)	1	1.25
5 Lachman Cardiac Stepdown (Med/Surg)	2	1
5 East Coronary Care Unit (ICU)	1	0.75

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>
<p>MEETH Amb. Surg Recovery</p>	<p>Attending and anesthesiologist and unit nurse leadership. Volume varies by hour of day and day of week. Operating hours are 8am to 5pm</p>
<p>MEETH Ambulatory Surgery Unit</p>	<p>Attending and anesthesiologist and unit nurse leadership. Volume varies by hour of day and day of week. Operating hours are 530am to 430pm</p>
<p>MEETH Laser and Plastics Clinic</p>	<p>Attending, Unit Nursing Leadership. Volume varies by hour of day and day of week based on scheduled cases. 1 nurse and 1 tech per procedure as per union contract</p>

<p>MEETH PACU</p>	<p>Attending, Anesthesiologist, Unit Nursing Leadership. Volume varies by hour of day and day of week based on scheduled cases. Minimum of 1 for 2 patients during phase 1 recovery as per union contract</p>
<p>MEETH Operating Room</p>	<p>Attending, Anesthesiologist, Unit Nursing Leadership. Cases range in time from 30 min to 6 hours. Volume varies by hour of day and day of week based on scheduled cases. Minimum of 1 nurse and 1 scrub person in a case as per union contract.</p>
<p>MEETH Outpt Infusion Center</p>	<p>Phlebotomist, ACP, Unit Nurse Leadership, access service reps. Unit is open until 6pm and sees approx 30 patients per day in 13 chairs. Volume varies by hour of day, day of week, and type of treatment.</p>

LHH Preop/Same Day Admission	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
LHH PACU	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits. Minimally we would need 1 RN for every 2 patients.
LHH Endoscopy Recovery	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.

LHH Endoscopy Procedure Rooms	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Non-Invasive Cardiology-- Stress Test and TEE	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
EP Holding--Pre/Post Procedure	Attending Physician, Fellow, unit nurse leadership, Physician Assistant. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.

EP Procedure Rooms	Attending Physician, Fellow, unit nurse leadership, Physician Assistant, anesthesiologist. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Cath Lab Holding--Pre/Post Procedure Area	Attending Physician, Fellow, unit nurse leadership, Physician Assistant. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Cath Lab Procedure Rooms	Attending Physician, Fellow, unit nurse leadership. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Emergency Department Holding--Admitted pts	Volume fluctuates by hour of day based on ED volume and admitted patients waiting for bed. ED resources are used to care for these patients as needed. Nursing staff is separate from ED staff.

Members:

1:1 Patient observer/sitter

Rehab – PT, OT, Speech

Respiratory Therapy

Unit Leadership

Patient Transport Team/SSA

ED Technicians

Other Care Team Members:

Patient Service Facilitator

Staff Educator

Clinical Impact ACP Team

Nutritionist

Clinical Pharmacist

Social work/case

LHH Main ED

<p>8 Uris 24 Bed Inpatient Psychiatry Unit</p>	<p>Members:</p> <p>1:1 Patient observer/sitter</p> <p>Rehab – PT, OT, Speech--as needed</p> <p>Respiratory Therapy --as needed</p> <p>Unit Leadership</p> <p>Patient Transport Team</p> <p>Security Personnel</p> <p>Other Care Team Members:</p> <p>Patient Service Facilitator</p> <p>Staff Educator</p> <p>Clinical Impact ACP Team</p> <p>Nutritionist</p> <p>Clinical Pharmacist--as</p>
<p>LHH Operating Room</p>	<p>PER ROOM, 1 circulator + 1 scrub (either tech or RN). For open heart, local anesthesia cases, laser cases, major neuro/spine/ENT cases add 1 circulator for a total of 3 per room. Schedule varies by day of week and hour of day.</p>

Radiology IV Prep Area	IV Prep Area--2 RN's per day staffing standard. Total number varies by hour of the day and day of week according to number of scheduled daily visits.
Radiology CT Scan Procedure Room	1:1 Staffing Standard per CBA in procedure room. Approx 15 min/pt for CT Scan
Interventional Radiology-- Recovery	IR Recovery is a 1:4 ratio and patients recover for an hour on average to meet discharge criteria
Interventional Radiology-- Procedure Rooms	Minimal Staffing is based on number of nurses and techs to do 1 case--Per contract it is 2 RN's and 1 tech, other team members include Attending MD, Attending Anesthesiologist

General Inpatient Pediatric Services	Ancillary service personnel respond to patient care needs as needed. 1:1 Patient Observer/Sitter as needed, Rehab services as needed--PT/OT/Speech therapy, Respiratory Therapy as needed, Unit leadership, patient transport, Patient Service facilitator, staff educator, Clinical impact ACP team, nutritionist, clinical pharmacist, social work, case management, spiritual services, hospitalist, nursing students, intern/residents.
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Labor & Delivery (Maternal Child)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident
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<p>4 Lachman Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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7 Uris Regional Medicine
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

4 Uris Regional Medicine
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident Nursing
Student

6 Uris Postpartum
(Maternal Child)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

Neonatal ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident
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<p>9 Wollman Surgical Telemetry (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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9 Uris Regional Surgery
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

8 Wollman Regional Surgery
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

5 Uris Medical Telemetry
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

Nursery (Maternal Child)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident
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6 Lachman High Risk
Antepartum (Maternal
Child)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

<p>4 Wollman Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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9 Lachman CTICU Stepdown
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

9 East CTICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Nursing Student Intern / Resident
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<p>8 Lachman Surgical Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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8 East Surgical ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Nursing Student Intern / Resident
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<p>7 Wollman Regional Medicine (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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<p>7 Lachman Medical Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Nursing Student Intern / Resident</p>
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7 East Medical ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Nursing Student Intern / Resident
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5 Wollman Surgery
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

5 Lachman Cardiac
Stepdown (Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Nursing Student
Intern / Resident

5 East Coronary Care Unit (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Intensivist Intern / Resident Spiritual Services Nursing Student
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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):
MEETH Amb. Surg Recovery	Yes			
MEETH Ambulatory Surgery Unit	Yes			

MEETH Laser and Plastics Clinic	Yes			
MEETH PACU	Yes			
MEETH Operating Room	Yes			
MEETH Outpt Infusion Center	Yes			
LHH Preop/Same Day Admission	Yes			
LHH PACU	Yes			
LHH Endoscopy Recovery	Yes			
LHH Endoscopy Procedure Rooms	Yes			
Non-Invasive Cardiology--Stress Test and TEE	Yes			
EP Holding--Pre/Post Procedure	Yes			
EP Procedure Rooms	Yes			
Cath Lab Holding--Pre/Post Procedure Area	Yes			
Cath Lab Procedure Rooms	Yes			
Emergency Department Holding--Admitted pts	Yes			
LHH Main ED	Yes			
8 Uris 24 Bed Inpatient Psychiatry Unit	Yes			
LHH Operating Room	Yes			
Radiology IV Prep Area	Yes			
Radiology CT Scan Procedure Room	Yes			
Interventional Radiology--Recovery	Yes			
Interventional Radiology--Procedure Rooms	Yes			
General Inpatient Pediatric Services	Yes			
Labor & Delivery (Maternal Child)	Yes			
4 Lachman Postpartum (Maternal Child)	Yes			

7 Uris Regional Medicine (Med/Surg)	Yes			
4 Uris Regional Medicine (Med/Surg)	Yes			
6 Uris Postpartum (Maternal Child)	Yes			
Neonatal ICU (ICU)	Yes			
9 Wollman Surgical Telemetry (Med/Surg)	Yes			
9 Uris Regional Surgery (Med/Surg)	Yes			
8 Wollman Regional Surgery (Med/Surg)	Yes			
5 Uris Medical Telemetry (Med/Surg)	Yes			

<p>Nursery (Maternal Child)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity, float PCA positions were added to support the unit if necessary, we encourage couplet care so babies remain in room with mom, additional team members work together to care for all patients including ANM and NM</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The 1199 members have expressed that for the nursery, PCA's are often transporting patients between floors and is a burden for 1 PCA</p>
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<p>6 Lachman High Risk Antepartum (Maternal Child)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members work together to care for all patients, including ANM as well as NM</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The staff co-leads state that the acuity of the patients can make it busy for 1 PCA to cover.</p>
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<p>4 Wollman Postpartum (Maternal Child)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members listed in this unit's plan all work together to ensure safe patient care.</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The staff co-leads state that the 4W PSF covers this area, so it can be a challenge to cover both units.</p>
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<p>9 Lachman CTICU Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Want to evaluate efficiency partnership models regarding things like transport and other activities that could be done</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>9 East CTICU (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. Staff co-leads stated that sometimes the acute needs of the patients and errands (picking up blood for example) take away from care on the unit.</p>
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<p>8 Lachman Surgical Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>8 East Surgical ICU (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>7 Wollman Regional Medicine (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Phlebotomists draw blood, except in emergencies where RN's will draw blood. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>7 Lachman Medical Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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7 East Medical ICU (ICU)	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas</p> <p>Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p> <p>Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>5 Wollman Surgery (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. If 5W is full there will be 2 nurses, each with 5 patients. Two PCAs also having 5 patients each is not required for these patients. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>5 Lachman Cardiac Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>5 East Coronary Care Unit (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 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 up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)?
MEETH Amb surg unit Recovery	2	0.67	5	4
MEETH Ambulatory Surgery Unit	7	1	2	5
MEETH Laser and Plastics Clinic	0	0	0	0
MEETH PACU	11	1.25	30	4
MEETH Operating Room	10	2.1	30	3
MEETH Outpt Infusion Center	3	0.8	9	5
LHH Preop/Same Day Admission	6	0.5	5	4
LHH PACU	8	2	15	4
LHH Endoscopy Recovery	2	0.75	8	8
LHH Endoscopy Procedure Rooms	2	1	8	6
Non-Invasive Cardiology--Stress Test and TEE	3	3	2	2
EP Holding--Pre/Post Procedure	2	3	2	3
EP Procedure Rooms	4	7	2	1
Cath Lab Holding--Pre/Post Procedure	3	2.8	8	4
Cath Lab Procedure Rooms	6	3	8	3

Emergency Department Holding--Admitted Patients	1	2.56	3	3
LHH Main ED	16	1.71	75	5
8 Uris 24 Bed Inpatient Psychiatry Unit	3	1.09	21	7
LHH Operating Room	9.6	3.96	15	2
Radiology IV Prep Area	2	0.25	15	8
Radiology CT Scan Procedure Room	1	0.25	5	5
Interventional Radiology--Recovery	1	0.25	4	4
Interventional Radiology--Procedure Rooms	4	3	5	3
General Inpatient Pediatric Services	1	2.56	3	4
Labor & Delivery (Maternal Child)	9	6.55	11	1.5
4 Lachman Postpartum (Maternal Child)	1	4	2	2
7 Uris Regional Medicine (Med/Surg)	6	1.55	31	6
4 Uris Regional Medicine (Med/Surg)	6	1.55	31	6
6 Uris Postpartum (Maternal Child)	7	1.75	32	6
Neonatal ICU (ICU)	7	5.09	11	1.57
9 Wollman Surgical Telemetry (Med/Surg)	6	2.29	21	4
9 Uris Regional Surgery (Med/Surg)	5	1.54	26	6
8 Wollman Regional Surgery (Med/Surg)	3	1.41	17	6
5 Uris Medical Telemetry (Med/Surg)	8	2.29	28	4
Nursery (Maternal Child)	1	1	8	8
6 Lachman High Risk Antepartum (Maternal Child)	3	2.4	10	3.3

4 Wollman Postpartum (Maternal Child)	2	1.6	10	6
9 Lachman CTICU Stepdown (Med/Surg)	4	2.13	15	4
9 East CTICU (ICU)	6	4	12	2
8 Lachman Surgical Stepdown (Med/Surg)	4	2.13	15	4
8 East Surgical ICU (ICU)	6	4	12	2
7 Wollman Regional Medicine (Med/Surg)	3	1.5	14	6
7 Lachman Medical Stepdown (Med/Surg)	4	2.29	14	4
7 East Medical ICU (ICU)	6	4.36	11	2
5 Wollman Surgery (Med/Surg)	1	1.33	6	6
5 Lachman Cardiac Stepdown (Med/Surg)	4	2.13	15	4
5 East Coronary Care Unit (ICU)	5	4	10	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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)
MEETH Amb surg unit Recovery	0	0
MEETH Ambulatory Surgery Unit	0	0
MEETH Laser and Plastics Clinic	0	0
MEETH PACU	0	0
MEETH Operating Room	0	0

MEETH Outpt Infusion Center	0	0
LHH Preop/Same Day Admission	0	0
LHH PACU	0	0
LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure Rooms	0	0
Non-Invasive Cardiology--Stress Test and TEE	0	0
EP Holding--Pre/Post Procedure	0	0
EP Procedure Rooms	0	0
Cath Lab Holding--Pre/Post Procedure	0	0
Cath Lab Procedure Rooms	0	0
Emergency Department Holding--Admitted Patients	0	0
LHH Main ED	0	0
8 Uris 24 Bed Inpatient Psychiatry Unit	0	0
LHH Operating Room	0	0
Radiology IV Prep Area	0	0
Radiology CT Scan Procedure Room	0	0
Interventional Radiology--Recovery	0	0
Interventional Radiology--Procedure Rooms	0	0
General Inpatient Pediatric Services	0	0
Labor & Delivery (Maternal Child)	0	0
4 Lachman Postpartum (Maternal Child)	0	0
7 Uris Regional Medicine (Med/Surg)	0	0

4 Uris Regional Medicine (Med/Surg)	0	0
6 Uris Postpartum (Maternal Child)	0	0
Neonatal ICU (ICU)	0	0
9 Wollman Surgical Telemetry (Med/Surg)	0	0
9 Uris Regional Surgery (Med/Surg)	0	0
8 Wollman Regional Surgery (Med/Surg)	0	0
5 Uris Medical Telemetry (Med/Surg)	0	0
Nursery (Maternal Child)	0	0
6 Lachman High Risk Antepartum (Maternal Child)	0	0
4 Wollman Postpartum (Maternal Child)	0	0
9 Lachman CTICU Stepdown (Med/Surg)	0	0
9 East CTICU (ICU)	0	0
8 Lachman Surgical Stepdown (Med/Surg)	0	0
8 East Surgical ICU (ICU)	0	0
7 Wollman Regional Medicine (Med/Surg)	0	0
7 Lachman Medical Stepdown (Med/Surg)	0	0
7 East Medical ICU (ICU)	0	0
5 Wollman Surgery (Med/Surg)	0	0
5 Lachman Cardiac Stepdown (Med/Surg)	0	0
5 East Coronary Care Unit (ICU)	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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)
MEETH Amb surg unit Recovery	0	0
MEETH Ambulatory Surgery Unit	0	0
MEETH Laser and Plastics Clinic	0	0
MEETH PACU	0	0
MEETH Operating Room	0	0
MEETH Outpt Infusion Center	0	0
LHH Preop/Same Day Admission	0	0
LHH PACU	0	0
LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure Rooms	0	0
Non-Invasive Cardiology--Stress Test and TEE	0	0
EP Holding--Pre/Post Procedure	0	0
EP Procedure Rooms	0	0
Cath Lab Holding--Pre/Post Procedure	0	0
Cath Lab Procedure Rooms	0	0
Emergency Department Holding--Admitted Patients	0	0
LHH Main ED	4	0.33

8 Uris 24 Bed Inpatient Psychiatry Unit	0	0
LHH Operating Room	0	0
Radiology IV Prep Area	0	0
Radiology CT Scan Procedure Room	0	0
Interventional Radiology-- Recovery	0	0
Interventional Radiology-- Procedure Rooms	0	0
General Inpatient Pediatric Services	0	0
Labor & Delivery (Maternal Child)	5	0.3
4 Lachman Postpartum (Maternal Child)	5	0.3
7 Uris Regional Medicine (Med/Surg)	5	2.99
4 Uris Regional Medicine (Med/Surg)	5	2.65
6 Uris Postpartum (Maternal Child)	5	0.3
Neonatal ICU (ICU)	5	5.76
9 Wollman Surgical Telemetry (Med/Surg)	5	3.49
9 Uris Regional Surgery (Med/Surg)	5	2.6
8 Wollman Regional Surgery (Med/Surg)	5	3.56
5 Uris Medical Telemetry (Med/Surg)	5	2.02
Nursery (Maternal Child)	5	0.3
6 Lachman High Risk Antepartum (Maternal Child)	5	0.3
4 Wollman Postpartum (Maternal Child)	5	0.3
9 Lachman CTICU Stepdown (Med/Surg)	5	4.82
9 East CTICU (ICU)	5	4.82

8 Lachman Surgical Stepdown (Med/Surg)	5	2.78
8 East Surgical ICU (ICU)	5	7.02
7 Wollman Regional Medicine (Med/Surg)	5	2.61
7 Lachman Medical Stepdown (Med/Surg)	5	5.39
7 East Medical ICU (ICU)	5	5.39
5 Wollman Surgery (Med/Surg)	5	0.99
5 Lachman Cardiac Stepdown (Med/Surg)	5	1.82
5 East Coronary Care Unit (ICU)	5	5.57

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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)
MEETH Amb surg unit Recovery	1	1.5
MEETH Ambulatory Surgery Unit	3	1
MEETH Laser and Plastics Clinic	0	0
MEETH PACU	4	0.3
MEETH Operating Room	10	2.1
MEETH Outpt Infusion Center	0	0
LHH Preop/Same Day Admission	1	1.5
LHH PACU	3	0.38

LHH Endoscopy Recovery	0	0
LHH Endoscopy Procedure Rooms	2	1
Non-Invasive Cardiology--Stress Test and TEE	2	2
EP Holding--Pre/Post Procedure	0	0
EP Procedure Rooms	2	3.5
Cath Lab Holding--Pre/Post Procedure	2	1.88
Cath Lab Procedure Rooms	3	1.5
Emergency Department Holding--Admitted Patients	1	2.5
LHH Main ED	5	0.5
8 Uris 24 Bed Inpatient Psychiatry Unit	4	1.42
LHH Operating Room	8	3.3
Radiology IV Prep Area	0	0
Radiology CT Scan Procedure Room	1	0.25
Interventional Radiology--Recovery	0	0
Interventional Radiology--Procedure Rooms	1	1.5
General Inpatient Pediatric Services	1	2.5
Labor & Delivery (Maternal Child)	3	2.05
4 Lachman Postpartum (Maternal Child)	1	3.75
7 Uris Regional Medicine (Med/Surg)	4	0.97
4 Uris Regional Medicine (Med/Surg)	4	0.97
6 Uris Postpartum (Maternal Child)	3	0.7
Neonatal ICU (ICU)	1	0.68

9 Wollman Surgical Telemetry (Med/Surg)	2	0.71
9 Uris Regional Surgery (Med/Surg)	3	0.87
8 Wollman Regional Surgery (Med/Surg)	2	0.88
5 Uris Medical Telemetry (Med/Surg)	3	0.8
Nursery (Maternal Child)	1	0.94
6 Lachman High Risk Antepartum (Maternal Child)	1	0.75
4 Wollman Postpartum (Maternal Child)	1	0.75
9 Lachman CTICU Stepdown (Med/Surg)	2	1
9 East CTICU (ICU)	1	0.63
8 Lachman Surgical Stepdown (Med/Surg)	2	1
8 East Surgical ICU (ICU)	1	0.63
7 Wollman Regional Medicine (Med/Surg)	2	0.94
7 Lachman Medical Stepdown (Med/Surg)	2	1.07
7 East Medical ICU (ICU)	1	0.68
5 Wollman Surgery (Med/Surg)	1	1.25
5 Lachman Cardiac Stepdown (Med/Surg)	2	1
5 East Coronary Care Unit (ICU)	1	0.75

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>MEETH Amb surg unit Recovery</p>	<p>Attending and anesthesiologist and unit nurse leadership. Volume varies by hour of day and day of week. Operating hours are 530am to 430pm</p>
<p>MEETH Ambulatory Surgery Unit</p>	<p>Attending and anesthesiologist and unit nurse leadership. Volume varies by hour of day and day of week. Operating hours are 530am to 430pm</p>
<p>MEETH Laser and Plastics Clinic</p>	<p>unit closed during these hours</p>

<p>MEETH PACU</p>	<p>Attending, Anesthesiologist, Unit Nursing Leadership. Volume varies by hour of day and day of week based on scheduled cases. Minimum of 1 for 2 patients during phase 1 recovery as per union contract</p>
<p>MEETH Operating Room</p>	<p>Attending, Anesthesiologist, Unit Nursing Leadership. Cases range in time from 30 min to 6 hours. Volume varies by hour of day and day of week based on scheduled cases. Minimum of 1 nurse and 1 scrub person in a case as per union contract.</p>
<p>MEETH Outpt Infusion Center</p>	<p>Phlebotomist, ACP, Unit Nurse Leadership, access service reps. Unit is open until 6pm and sees approx 30 patients per day in 13 chairs. Volume varies by hour of day, day of week, and type of treatment.</p>

LHH Preop/Same Day Admission	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits. Unit is open until 8p
LHH PACU	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits. Minimally we would need 1 RN for every 2 patients.
LHH Endoscopy Recovery	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.

LHH Endoscopy Procedure Rooms	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Non-Invasive Cardiology-- Stress Test and TEE	Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
EP Holding--Pre/Post Procedure	Attending Physician, Fellow, unit nurse leadership, Physician Assistant. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.

EP Procedure Rooms	Attending Physician, Fellow, unit nurse leadership, Physician Assistant, anesthesiologist. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Cath Lab Holding--Pre/Post Procedure	Attending Physician, Fellow, unit nurse leadership, Physician Assistant. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Cath Lab Procedure Rooms	Attending Physician, Fellow, unit nurse leadership. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits.
Emergency Department Holding--Admitted Patients	Volume fluctuates by hour of day based on ED volume and admitted patients waiting for bed. ED resources are used to care for these patients as needed. Nursing staff is separate from ED staff.

Members:

1:1 Patient observer/sitter

Rehab – PT, OT, Speech

Respiratory Therapy

Unit Leadership

Patient Transport Team/SSA

ED Technicians

Other Care Team Members:

Patient Service Facilitator

Staff Educator

Clinical Impact ACP Team

Nutritionist

Clinical Pharmacist

Social work/case

LHH Main ED

<p>8 Uris 24 Bed Inpatient Psychiatry Unit</p>	<p>Members:</p> <p>1:1 Patient observer/sitter</p> <p>Rehab – PT, OT, Speech--as needed</p> <p>Respiratory Therapy --as needed</p> <p>Unit Leadership</p> <p>Patient Transport Team</p> <p>Security Personnel</p> <p>Other Care Team Members:</p> <p>Patient Service Facilitator</p> <p>Staff Educator</p> <p>Clinical Impact ACP Team</p> <p>Nutritionist</p> <p>Clinical Pharmacist--as</p>
<p>LHH Operating Room</p>	<p>PER ROOM, 1 circulator + 1 scrub (either tech or RN). For open heart, local anesthesia cases, laser cases, major neuro/spine/ENT cases add 1 circulator for a total of 3 per room. Schedule varies by day of week and hour of day.</p>

Radiology IV Prep Area	IV Prep Area--2 RN's per day staffing standard. Total number varies by hour of the day and day of week according to number of scheduled daily visits
Radiology CT Scan Procedure Room	1:1 Staffing Standard per CBA in procedure room. Approx 15 min/pt for CT Scan
Interventional Radiology-- Recovery	IR Recovery is a 1:4 ratio and patients recover for an hour on average to meet discharge criteria
Interventional Radiology-- Procedure Rooms	Minimal Staffing is based on number of nurses and techs to do 1 case--Per contract it is 2 RN's and 1 tech, other team members include Attending MD, Attending Anesthesiologist

General Inpatient Pediatric Services	Ancillary service personnel respond to patient care needs as needed. 1:1 Patient Observer/Sitter as needed, Rehab services as needed--PT/OT/Speech therapy, Respiratory Therapy as needed, Unit leadership, patient transport, Patient Service facilitator, staff educator, Clinical impact ACP team, nutritionist, clinical pharmacist, social work, case management, spiritual services, hospitalist, nursing students, intern/residents.
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Labor & Delivery (Maternal Child)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident
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<p>4 Lachman Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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7 Uris Regional Medicine
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident

4 Uris Regional Medicine
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Hospitalist / NP / PA
Intern / Resident

<p>6 Uris Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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Neonatal ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident
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9 Wollman Surgical
Telemetry (Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident

<p>9 Uris Regional Surgery (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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<p>8 Wollman Regional Surgery (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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5 Uris Medical Telemetry
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident

<p>Nursery (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
<p>6 Lachman High Risk Antepartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>

<p>4 Wollman Postpartum (Maternal Child)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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<p>9 Lachman CTICU Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>
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9 East CTICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Intern / Resident
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<p>8 Lachman Surgical Stepdown (Med/Surg)</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>
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8 East Surgical ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Admissions Nurse (Facilitator/ Functional Nurse) Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Intern / Resident
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7 Wollman Regional
Medicine (Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident

7 Lachman Medical
Stepdown (Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Admissions Nurse
(Facilitator/ Functional
Nurse)
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident

7 East Medical ICU (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intensivist Intern / Resident
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5 Wollman Surgery
(Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
1:1 Patient Observer/sitter
Patient Transport Team
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident

5 Lachman Cardiac
Stepdown (Med/Surg)

Unit Nurse Management
Assistant Nurse
Management
Staff Educator
Patient Service Facilitator
1:1 Patient Observer/sitter
Patient Transport Team
Monitor /Tele Technician
Rapid Response Team
Respiratory Therapy
Support
Nutritionist
Rehab Activities (OT, PT,
Speech)
Clinical Pharmacist
Licensed Social Services /
Case Management
Spiritual Services
Hospitalist / NP / PA
Intern / Resident

5 East Coronary Care Unit (ICU)	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Nutritionist Rehab Activities (OT, PT, Speech) Clinical Pharmacist Licensed Social Services / Case Management Intensivist Intern / Resident
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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):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
MEETH Amb surg unit Recovery	Yes			
MEETH Ambulatory Surgery Unit	Yes			
MEETH Laser and Plastics Clinic	Yes			

MEETH PACU	Yes			
MEETH Operating Room	Yes			
MEETH Outpt Infusion Center	Yes			
LHH Preop/Same Day Admission	Yes			
LHH PACU	Yes			
LHH Endoscopy Recovery	Yes			
LHH Endoscopy Procedure Rooms	Yes			
Non-Invasive Cardiology-- Stress Test and TEE	Yes			
EP Holding--Pre/Post Procedure	Yes			
EP Procedure Rooms	Yes			
Cath Lab Holding--Pre/Post Procedure	Yes			
Cath Lab Procedure Rooms	Yes			
Emergency Department Holding--Admitted Patients	Yes			
LHH Main ED	Yes			
8 Uris 24 Bed Inpatient Psychiatry Unit	Yes			
LHH Operating Room	Yes			
Radiology IV Prep Area	Yes			
Radiology CT Scan Procedure Room	Yes			
Interventional Radiology-- Recovery	Yes			
Interventional Radiology-- Procedure Rooms	Yes			
General Inpatient Pediatric Services	Yes			
Labor & Delivery (Maternal Child)	Yes			
4 Lachman Postpartum (Maternal Child)	Yes			

7 Uris Regional Medicine (Med/Surg)	Yes			
4 Uris Regional Medicine (Med/Surg)	Yes			
6 Uris Postpartum (Maternal Child)	Yes			
Neonatal ICU (ICU)	Yes			
9 Wollman Surgical Telemetry (Med/Surg)	Yes			
9 Uris Regional Surgery (Med/Surg)	Yes			
8 Wollman Regional Surgery (Med/Surg)	Yes			
5 Uris Medical Telemetry (Med/Surg)	Yes			

<p>Nursery (Maternal Child)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity, float PCA positions were added to support the unit if necessary, we encourage couplet care so babies remain in room with mom, additional team members work together to care for all patients including ANM and NM</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The 1199 members have expressed that for the nursery, PCA's are often transporting patients between floors and is a burden for 1 PCA</p>
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<p>6 Lachman High Risk Antepartum (Maternal Child)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members work together to care for all patients, including ANM as well as NM</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The staff co-leads state that the acuity of the patients can make it busy for 1 PCA to cover.</p>
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<p>4 Wollman Postpartum (Maternal Child)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members listed in this unit's plan all work together to ensure safe patient care.</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. The staff co-leads state that the 4W PSF covers this area, so it can be a challenge to cover both units.</p>
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<p>9 Lachman CTICU Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Want to evaluate efficiency partnership models regarding things like transport and other activities that could be done</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>9 East CTICU (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria. Staff co-leads stated that sometimes the acute needs of the patients and errands (picking up blood for example) take away from care on the unit.</p>
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<p>8 Lachman Surgical Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>8 East Surgical ICU (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>7 Wollman Regional Medicine (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Phlebotomists draw blood, except in emergencies where RN's will draw blood. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>7 Lachman Medical Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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7 East Medical ICU (ICU)	No	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints.</p> <p>It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support.</p> <p>Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention.</p> <p>We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns.</p> <p>Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas</p> <p>Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p> <p>Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc.</p> <p>The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>5 Wollman Surgery (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. If 5W is full there will be 2 nurses, each with 5 patients. Two PCAs also having 5 patients each is not required for these patients. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>5 Lachman Cardiac Stepdown (Med/Surg)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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<p>5 East Coronary Care Unit (ICU)</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>	<p>The 1199 members have expressed that the ratio of patients versus the number of PCA's is not safe for The Patient Care which would result in the PCA being liable for neglect and burn out. The other factors need to be considered and are critical to have a significant amount of Staff are 1-1, Floaters, Vacation, Sick Leave etc. The Union has come to a consensus to safe guard the patient and staff The ratio of PCA to patient is 1:7. These units do not meet the criteria.</p>
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RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	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 5 digits. Ex: 101.50)	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 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Ambulatory Surgery	MEETH Amb Surg Recovery	0	0	0
Ambulatory Surgery	MEETH Ambulatory Surgery Unit	7	1	25
Other	MEETH Laser and Plastics Clinic	0	0	0
Other	MEETH PACU	0	0	0
Other	MEETH Operating Room	0	0	0
Infusion Services	MEETH Outpt Infusion Center	0	0	0
Other	LHH Preop/Same Day Admission	9	0.5	20
Other	LHH PACU	3	2	5
Endoscopy	LHH Endoscopy Recovery	0	0	0
Endoscopy	LHH Endoscopy Procedure Rooms	0	0	0
Cardiovascular	Non-Invasive Cardiology--Stress Test and TEE	0	0	0
Cardiac Catheterization/EP	EP Holding--Pre/Post Procedure	0	0	0
Cardiac Catheterization/EP	EP Procedure Rooms	0	0	0
Cardiac Catheterization/EP	Cath Lab Holding--Pre/Post Procedure Area	0	0	0
Cardiac Catheterization/EP	Cath Lab Procedure Rooms	0	0	0
Short Stay	Emergency Department Holding--Admitted Patients	1	2.56	3

Emergency Department	LHH Main ED	8	1.82	35
Psychiatry	8 Uris 24 Bed Inpatient Psychiatry Unit	3	1.09	21
Other	LHH Operating Room	3	3.3	5
Other	Radiology IV Prep Area	0	0	0
Other	Radiology CT Scan Procedure Room	0	0	0
Other	Interventional Radiology-- Recovery	0	0	0
Other	Interventional Radiology-- Procedure Rooms	0	0	0
Pediatric	General Inpatient Pediatric Services	1	2.56	3
Obstetrics/Gynecology	Labor & Delivery (Maternal Child)	9	6.55	11
Obstetrics/Gynecology	4 Lachman Postpartum (Maternal Child)	1	4	2
Medical/Surgical	7 Uris Regional Medicine (Med/Surg)	6	1.55	31
Medical/Surgical	4 Uris Regional Medicine (Med/Surg)	6	1.48	31
Obstetrics/Gynecology	6 Uris Postpartum (Maternal Child)	7	1.75	32
Neonatal	Neonatal ICU (ICU)	7	5.09	11
Telemetry	9 Wollman Surgical Telemetry (Med/Surg)	6	2.29	21
Medical/Surgical	9 Uris Regional Surgery (Med/Surg)	5	1.54	26
Medical/Surgical	8 Wollman Regional Surgery (Med/Surg)	3	1.41	17
Telemetry	5 Uris Medical Telemetry (Med/Surg)	8	2.29	28
Obstetrics/Gynecology	Nursery (Maternal Child)	1	1	8
Obstetrics/Gynecology	6 Lachman High Risk Antepartum (Maternal Child)	3	2.4	10
Obstetrics/Gynecology	4 Wollman Postpartum (Maternal Child)	2	1.6	10
Stepdown	9 Lachman CTICU Stepdown (Med/Surg)	4	2.13	15

Intensive Care	9 East CTICU (ICU)	6	4	12
Stepdown	8 Lachman Surgical Stepdown (Med/Surg)	4	2.13	15
Intensive Care	8 East Surgical ICU (ICU)	6	4	12
Medical/Surgical	7 Wollman Regional Medicine (Med/Surg)	3	1.5	14
Stepdown	7 Lachman Medical Stepdown (Med/Surg)	4	2.29	14
Intensive Care	7 East Medical ICU (ICU)	6	4.36	11
Medical/Surgical	5 Wollman Surgery (Med/Surg)	1	1.33	6
Stepdown	5 Lachman Cardiac Stepdown (Med/Surg)	4	2.13	15
Intensive Care	5 East Coronary Care Unit (ICU)	5	4	10

LPN NIGHT SHIFT STAFFING

Name of Clinical Unit:	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 5 digits. Ex: 101.50)?	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 5 digits. Ex: 101.50)
Ambulatory Surgery	0	0
Ambulatory Surgery	5	0
Other	0	0
Other	0	0
Other	0	0
Infusion Services	0	0
Other	4	0
Other	4	0
Endoscopy	0	0
Endoscopy	0	0
Cardiovascular	0	0

Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Short Stay	4	0
Emergency Department	5	0
Psychiatry	7	0
Other	2	0
Other	0	0
Other	0	0
Other	0	0
Other	0	0
Pediatric	4	0
Obstetrics/Gynecology	1.5	0
Obstetrics/Gynecology	2	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Obstetrics/Gynecology	6	0
Neonatal	1.57	0
Telemetry	4	0
Medical/Surgical	6	0
Medical/Surgical	6	0
Telemetry	4	0
Obstetrics/Gynecology	8	0
Obstetrics/Gynecology	3.33	0
Obstetrics/Gynecology	6	0
Stepdown	4	0
Intensive Care	2	0
Stepdown	4	0
Intensive Care	2	0
Medical/Surgical	6	0
Stepdown	4	0
Intensive Care	2	0
Medical/Surgical	6	0
Stepdown	4	0
Intensive Care	2	0

Pediatric	0	0
Obstetrics/Gynecology	0	3
Obstetrics/Gynecology	0	3
Medical/Surgical	0	3
Medical/Surgical	0	3
Obstetrics/Gynecology	0	3
Neonatal	0	3
Telemetry	0	3
Medical/Surgical	0	3
Medical/Surgical	0	3
Telemetry	0	3
Obstetrics/Gynecology	0	3
Obstetrics/Gynecology	0	3
Obstetrics/Gynecology	0	3
Stepdown	0	3
Intensive Care	0	3
Stepdown	0	3
Intensive Care	0	3
Medical/Surgical	0	3
Stepdown	0	3
Intensive Care	0	3
Medical/Surgical	0	3
Stepdown	0	3
Intensive Care	0	3

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	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)	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 5 digits. Ex: 101.50)
Ambulatory Surgery	0	0
Ambulatory Surgery	0	3
Other	0	0
Other	0	0

Other	0	0
Infusion Services	0	0
Other	0	3
Other	0	1
Endoscopy	0	0
Endoscopy	0	0
Cardiovascular	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Short Stay	0	1
Emergency Department	0.21	5
Psychiatry	0	4
Other	0	3
Other	0	0
Other	0	0
Other	0	0
Other	0	0
Other	0	0
Pediatric	0	1
Obstetrics/Gynecology	0.15	3
Obstetrics/Gynecology	0.15	1
Medical/Surgical	0.98	4
Medical/Surgical	0.88	4
Obstetrics/Gynecology	0.15	3
Neonatal	5.63	1
Telemetry	0.75	2
Medical/Surgical	0.75	3
Medical/Surgical	0.88	2
Telemetry	0.75	3
Obstetrics/Gynecology	0.15	1
Obstetrics/Gynecology	0.15	1
Obstetrics/Gynecology	0.15	1
Stepdown	3.75	2
Intensive Care	3.75	1
Stepdown	0.88	2

Intensive Care	4.88	1
Medical/Surgical	0.98	2
Stepdown	3.75	2
Intensive Care	3.75	1
Medical/Surgical	0.75	1
Stepdown	0.75	2
Intensive Care	4.5	1

NIGHT SHIFT ADDITIONAL RESOURCES

Name of Clinical Unit:	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 5 digits. Ex: 101.50)
Ambulatory Surgery	0
Ambulatory Surgery	0.2
Other	0
Other	0
Other	0
Infusion Services	0
Other	1.13
Other	0.38
Endoscopy	0
Endoscopy	0
Cardiovascular	0
Cardiac Catheterization/EP	0
Cardiac Catheterization/EP	0
Cardiac Catheterization/EP	0
Cardiac Catheterization/EP	0
Short Stay	2.5

Emergency Department	1
Psychiatry	1.42
Other	3.3
Other	0
Other	0
Other	0
Other	0
Pediatric	2.5
Obstetrics/Gynecology	2.05
Obstetrics/Gynecology	3.75
Medical/Surgical	0.97
Medical/Surgical	0.97
Obstetrics/Gynecology	0.7
Neonatal	0.68
Telemetry	0.71
Medical/Surgical	0.87
Medical/Surgical	0.88
Telemetry	0.8
Obstetrics/Gynecology	0.94
Obstetrics/Gynecology	0.75
Obstetrics/Gynecology	0.75
Stepdown	1
Intensive Care	0.63
Stepdown	1
Intensive Care	0.63
Medical/Surgical	0.94
Stepdown	1.07
Intensive Care	0.68
Medical/Surgical	1.25
Stepdown	1
Intensive Care	0.75

NIGHT SHIFT CONSENSUS INFORMATION

Name of Clinical Unit:	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.	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):
Ambulatory Surgery	unit closed during these hours	Yes		
Ambulatory Surgery	<p>Attending and anesthesiologist and unit nurse leadership. Volume varies by hour of day and day of week. Operating hours are 530am to 430pm.</p> <p>This data represents patients present from 530a-7a, unit is closed overnight.</p>	Yes		

Other	Unit closed during these hours	Yes		
Other	Unit closed during these hours	Yes		
Other	Unit closed during these hours	Yes		
Infusion Services	Unit closed during these hours	Yes		
Other	<p>Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits. Unit is closed overnight and opens at 6am to prep patients for the next day. Staff come in at 6a on this shift.</p>	Yes		
Other	<p>Attending Physician, Fellow, unit nurse leadership, ACP, anesthesiologist as needed. Volume varies by hour of day and day of week according to number of scheduled and unscheduled patient visits. Minimally we would need 1 RN for every 2 patients.</p>	Yes		
Endoscopy	Unit closed during these hours for elective cases	Yes		
Endoscopy	Unit closed during these hours for elective cases	Yes		

Cardiovascular	Unit closed during these hours	Yes		
Cardiac Catheterization/EP	Unit closed during these hours	Yes		
Cardiac Catheterization/EP	Unit closed during these hours	Yes		
Cardiac Catheterization/EP	Unit closed during these hours for elective cases	Yes		
Cardiac Catheterization/EP	Unit closed for elective cases during these hours	Yes		
Short Stay	Volume fluctuates by hour of day based on ED volume and admitted patients waiting for bed. ED resources are used to care for these patients as needed. Nursing staff is separate from ED staff.	Yes		

<p>Emergency Department</p>	<p>Members:</p> <p>1:1 Patient observer/sitter</p> <p>Rehab – PT, OT, Speech</p> <p>Respiratory Therapy</p> <p>Unit Leadership</p> <p>Patient Transport Team/SSA</p> <p>ED Technicians</p> <p>Other Care Team Members:</p> <p>Patient Service Facilitator</p> <p>Staff Educator</p> <p>Clinical Impact ACP Team</p> <p>Nutritionist</p> <p>Clinical Pharmacist</p> <p>Social work/case</p>	<p>Yes</p>		
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	<p>Members:</p> <p>1:1 Patient observer/sitter</p> <p>Rehab – PT, OT, Speech--as needed</p> <p>Respiratory Therapy --as needed</p> <p>Unit Leadership</p> <p>Patient Transport Team</p> <p>Security Personnel</p> <p>Other Care Team Members:</p> <p>Patient Service Facilitator</p> <p>Staff Educator</p> <p>Clinical Impact ACP Team</p> <p>Nutritionist</p> <p>Clinical Pharmacist--as</p>			
Psychiatry		Yes		
Other	<p>PER ROOM, 1 circulator + 1 scrub (either tech or RN). For open heart, local anesthesia cases, laser cases, major neuro/spine/ENT cases add 1 circulator for a total of 3 per room. Schedule varies by day of week and hour of day.</p>	Yes		
Other	CLOSED on this shift	Yes		
Other	CLOSED on this shift	Yes		

Other	CLOSED on this shift	Yes		
Other	CLOSED after 7pm	Yes		
Pediatric	Ancillary service personnel respond to patient care needs as needed. 1:1 Patient Observer/Sitter as needed, Rehab services as needed--PT/OT/Speech therapy, Respiratory Therapy as needed, Unit leadership, patient transport, Patient Service facilitator, staff educator, Clinical impact ACP team, nutritionist, clinical pharmacist, social work, case management, spiritual services, hospitalist, nursing students, intern/residents.	Yes		
Obstetrics/Gynecology	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident	Yes		

<p>Obstetrics/Gynecology</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>Yes</p>		
<p>Medical/Surgical</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>Yes</p>		

<p>Medical/Surgical</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management</p>	<p>Yes</p>		
<p>Obstetrics/Gynecology</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>Yes</p>		

Neonatal	Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident	Yes		
Telemetry	Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident	Yes		

<p>Medical/Surgical</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>Yes</p>		
<p>Medical/Surgical</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>Yes</p>		

Telemetry	Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident	Yes		
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<p>Obstetrics/Gynecology</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity, float PCA positions were added to support the unit if necessary, we encourage couplet care so babies remain in room with mom, additional team members work together to care for all patients including ANM and NM</p>
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<p>Obstetrics/Gynecology</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members work together to care for all patients, including ANM as well as NM</p>
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<p>Obstetrics/Gynecology</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Service Facilitator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA's were added to last year's budget to provide additional support where needed if acuity is high. Additional team members listed in this unit's plan all work together to ensure safe patient care.</p>
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<p>Stepdown</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Want to evaluate efficiency partnership models regarding things like transport and other activities that could be done</p>
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<p>Intensive Care</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intensivist Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>
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<p>Stepdown</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done</p>
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<p>Intensive Care</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intensivist Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>
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<p>Medical/Surgical</p>	<p>Unit Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Phlebotomists draw blood, except in emergencies where RN's will draw blood. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM.</p>
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<p>Stepdown</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including newly added throughput RN's without a clinical assignment, clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done</p>
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<p>Intensive Care</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Hospitalist / NP / PA Intensivist Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>
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<p>Medical/Surgical</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. If 5W is full there will be 2 nurses, each with 5 patients. Two PCAs also having 5 patients each is not required for these patients. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>
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<p>Stepdown</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator Patient Support Facilitator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Spiritual Services Hospitalist / NP / PA Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. Float PCA positions added last year to support where needed across critical care areas. Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Phlebotomists also draw blood except in emergencies where RN's draw blood. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>
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<p>Intensive Care</p>	<p>Unit Nurse Management Assistant Nurse Management Staff Educator 1:1 Patient Observer/sitter Patient Transport Team Monitor /Tele Technician Rapid Response Team Respiratory Therapy Support Licensed Social Services / Case Management Intensivist Intern / Resident</p>	<p>No</p>	<p>considered both rationales and determined the outcomes as listed. Decisions were based on our enhanced model of patient care delivery, the collaboration between disciplines, and budgetary constraints. It is our mission to provide adequate staffing to support the best patient care possible cognizant of team member experience and the necessary support. Our hospital has been actively involved in organizational strategies working to enhance team member career experience, engagement, and retention. We have established multiple feedback opportunities to ensure our clinical staff have a place to voice concerns. Our hospital is focused on</p>	<p>The Admin Co-leads considered many factors in determining safe, minimum staffing requirements for the unit listed. Staffing is adjusted based on ongoing assessments of care needs and acuity. BSN prepared RN's perform finger sticks in an ICU setting, Float PCA positions added last year to support where needed across critical care areas Additional team members work together to care for all patients, including clinical support RN and ANM as well as NM. Will work with CSC and CCC's to evaluate efficiency partnership models regarding things like transport and other activities that could be done more efficiently</p>
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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.)</p>	<p>Other, SEIU 1199</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/2024 12:00 AM</p>

<p>The number of hospital employees represented by SEIU 1199 is:</p>	<p>1171</p>
<p>Please provide the name of the union:</p>	<p>New York Professional Nurses Union (NYPNU)</p>

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

10/31/20
24 12:00
AM

The number of hospital employees represented by the union(s) above is:

1377