

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	Queens
<b>Council</b>	New York City
<b>Network</b>	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
<b>Reporting Organization</b>	NewYork-Presbyterian-Queens
<b>Reporting Organization Id</b>	1637
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	NewYork-Presbyterian-Queens

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 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) ?
205350 ENDO	4	8	25.5	1
205154 ASU Recovery	7	4	26.25	2
205151 ASU Holding	7	5	26.25	2
205152 OR Holding	7	4	28	2
205325 PACU 1 W	7	4	30	2
205320/205335 OR	20	8	33.75	1
205445 LEVEL III NEONATAL	4	4	7.91	1.98
205446 OP INFUSION UNIT	2.88	1	36.32	15
206912 PEDIATRIC ASTHMA CENTER	0.8	3	5.01	3
206911 PEDIATRIC CLINIC	1.46	2	36.45	5
206104 ELECTROPHYSIOLOGY	1.88	8	1.92	1
206101 CARDIAC CATHETERIZATION	6.88	5	3.57	1.5
206915 THERAPEUTIC MEDICINE CENTER	3.5	8	14	1
206260 NUCLEAR MEDICINE	1.3	8	6.62	1
206565 NON INVASIVE CARDIOLOGY	2	8	4.11	1
206211 RADIOLOGY	1.83	8	7.11	1

206246 RADIATION ONCOLOGY	1.8	8	15.79	1
205720 Hemodialysis	4	4	7.35	2
205485 EMERGENCY ROOM	20	2.16	69.4	6
205420 MEDICAL INTENSIVE CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-SURGICAL	10	2	53.08	5.31
205117 3 SOUTH MEDICAL-SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73
205326 CARDIO RECOVERY UNIT	5	5	9	1.8
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-SURGICAL	2	2	13.77	6.89
205128 6 NORTH ONCOLOGY	9	2	47.08	5.23
205350 ENDO	4	8	25.5	1
205154 ASU Recovery	7	4	26.25	2
205151 ASU Holding	7	5	26.25	2
205152 OR Holding	7	4	28	2
205325 PACU 1 W	7	4	30	2
205320/205335 OR	20	8	33.75	1

205446 OP INFUSION UNIT	2.88	1	36.32	15
206912 PEDIATRIC ASTHMA CENTER	0.8	3	5.01	3
206911 PEDIATRIC CLINIC	1.46	2	36.45	5
206104 ELECTROPHYSIOLOGY	1.88	8	1.92	1
206101 CARDIAC CATHETERIZATION	6.88	5	3.57	1.5
206915 THERAPEUTIC MEDICINE CENTER	3.5	8	14	1
206260 NUCLEAR MEDICINE	1.3	8	6.62	1
206565 NON INVASIVE CARDIOLOGY	2	8	4.11	1
206211 RADIOLOGY	1.83	8	7.11	1
206246 RADIATION ONCOLOGY	1.8	8	15.79	1
205720 Hemodialysis	4	4	7.35	2
205485 EMERGENCY ROOM	20	2.16	69.4	6
205420 MEDICAL INTENSIVE CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-SURGICAL	10	2	53.08	5.31
205117 3 SOUTH MEDICAL-SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73

205326 CARDIO RECOVERY UNIT	5	5	9	1.8
205430 SURGERY ICU 7W (SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-SURGICAL	2	2	13.77	6.89
205128 6 NORTH ONCOLOGY	9	2	47.08	5.23

LPN DAY SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>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)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0	0
206911 PEDIATRIC CLINIC	0	0

206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL- SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL- SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL- SURGICAL	0	0
205117 3 SOUTH MEDICAL- SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0

205134 8 SOUTH MEDICAL-SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0

205123 5 NORTH MEDICAL-SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-SURGICAL	0	0
205117 3 SOUTH MEDICAL-SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL-SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

DAY SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>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)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0



205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL-SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-SURGICAL	0	0
205117 3 SOUTH MEDICAL-SURGICAL	0	0

205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL-SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0

205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL- SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL- SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL- SURGICAL	0	0
205117 3 SOUTH MEDICAL- SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL- SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 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)
205350 ENDO	4	8
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	2	2
205325 PACU 1 W	1	1
205320/205335 OR	25	10
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0.8	3
206911 PEDIATRIC CLINIC	2.2	2
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	1.43	3
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	1	4
205720 Hemodialysis	0.63	1

205485 EMERGENCY ROOM	8	0.86
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0.86	1
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL-SURGICAL	4	1
205115 5 WEST NEURO	4	1
205132 4 WEST ORTHO	4	1
205133 3 NORTH MEDICAL-SURGICAL	6	1
205117 3 SOUTH MEDICAL-SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	1	1
205134 8 SOUTH MEDICAL-SURGICAL	1	1
205128 6 NORTH ONCOLOGY	4	1
205350 ENDO	4	8
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	2	2
205325 PACU 1 W	1	1
205320/205335 OR	25	10
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0.8	3

206911 PEDIATRIC CLINIC	2.2	2
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	1.43	3
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	1	4
205720 Hemodialysis	0.63	1
205485 EMERGENCY ROOM	8	0.86
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL- SURGICAL	0	0
205250 DELIVERY ROOM	0.86	1
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL- SURGICAL	4	1
205115 5 WEST NEURO	4	1
205132 4 WEST ORTHO	4	1
205133 3 NORTH MEDICAL- SURGICAL	6	1
205117 3 SOUTH MEDICAL- SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (SICU/SISD)	0	0

205220 OBSTETRICS/POST PART	1	1
205134 8 SOUTH MEDICAL-SURGICAL	1	1
205128 6 NORTH ONCOLOGY	4	1

DAY SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
<p>205350 ENDO</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "</p>

205154 ASU Recovery	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "
205151 ASU Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, Radiology, and transport. Each shift has a Charge RN supporting the team as well." "
205152 OR Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well." "



205325 PACU 1 W	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well." "
205320/205335 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well." "
205445 LEVEL III NEONATAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, and IV team.

205446 OP INFUSION UNIT	Other support personnel that aid nursing services include an Administrative Support Coordinator, Registrar, Nurse Practitioners, a Case Manager, Infectious Disease Fellows, Environmental Services, and the Hospital RRT/ CAT Team.
206912 PEDIATRIC ASTHMA CENTER	Other support personnel that aid nursing services include a Respiratory Therapist, Registrar, Environmental Services, and the Hospital RRT/ CAT Team.
206911 PEDIATRIC CLINIC	Other support personnel that aid nursing services include a Care Coordinator, Office Manager, Registrar, Environmental Services, and the Hospital RRT/ CAT Team.
206104 ELECTROPHYSIOLOGY	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.

206101 CARDIAC CATHETERIZATION	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.
206915 THERAPEUTIC MEDICINE CENTER	Other support personnel that aid nursing services include Volunteer Services, Environmental Services, and the Hospital RRT/ CAT Team.
206260 NUCLEAR MEDICINE	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206565 NON INVASIVE CARDIOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.

206211 RADIOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206246 RADIATION ONCOLOGY	Other support personnel that aid nursing services include patient care coordinators.
205720 Hemodialysis	Other support personnel that aid nursing services include RRT/ CAT Teams, EVS / Linen, Transport, Pharmacy, Materials Management, Security, Biomed, and a secretary.
205485 EMERGENCY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205136 8 WEST MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205250 DELIVERY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205210 PEDIATRICS	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205328 PEDS INTERMEDIATE CARE	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205123 5 NORTH MEDICAL-SURGICAL	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>
205115 5 WEST NEURO	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>

205132 4 WEST ORTHO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205133 3 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.



205117 3 SOUTH MEDICAL-SURGICAL	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>
205111 2 NORTH CARDIAC	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>

205326 CARDIO RECOVERY UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205220 OBSTETRICS/POST PART	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205134 8 SOUTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

<p>205128 6 NORTH ONCOLOGY</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>
<p>205350 ENDO</p>	<p>Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.</p>
<p>205154 ASU Recovery</p>	<p>Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.</p>

205151 ASU Holding	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, Radiology, and transport. Each shift has a Charge RN supporting the team as well.
205152 OR Holding	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.
205325 PACU 1 W	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.
205320/205335 OR	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well.

205446 OP INFUSION UNIT	Other support personnel that aid nursing services include an Administrative Support Coordinator, Registrar, Nurse Practitioners, a Case Manager, Infectious Disease Fellows, Environmental Services, and the Hospital RRT/ CAT Team.
206912 PEDIATRIC ASTHMA CENTER	Other support personnel that aid nursing services include a Respiratory Therapist, Registrar, Environmental Services, and the Hospital RRT/ CAT Team.
206911 PEDIATRIC CLINIC	Other support personnel that aid nursing services include a Care Coordinator, Office Manager, Registrar, Environmental Services, and the Hospital RRT/ CAT Team.
206104 ELECTROPHYSIOLOGY	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.

206101 CARDIAC CATHETERIZATION	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.
206915 THERAPEUTIC MEDICINE CENTER	Other support personnel that aid nursing services include Volunteer Services, Environmental Services, and the Hospital RRT/ CAT Team.
206260 NUCLEAR MEDICINE	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206565 NON INVASIVE CARDIOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.

206211 RADIOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206246 RADIATION ONCOLOGY	Other support personnel that aid nursing services include patient care coordinators.
205720 Hemodialysis	Other support personnel that aid nursing services include RRT/ CAT Teams, EVS / Linen, Transport, Pharmacy, Materials Management, Security, Biomed, and a secretary.
205485 EMERGENCY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.



205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205136 8 WEST MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205250 DELIVERY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205210 PEDIATRICS	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.</p>
205328 PEDS INTERMEDIATE CARE	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.</p>

205123 5 NORTH MEDICAL-SURGICAL	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>
205115 5 WEST NEURO	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>

205132 4 WEST ORTHO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205133 3 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205117 3 SOUTH MEDICAL-SURGICAL	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>
205111 2 NORTH CARDIAC	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>

205326 CARDIO RECOVERY UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205430 SURGERY ICU 7W (SICU/SISD)	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205220 OBSTETRICS/POST PART	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205134 8 SOUTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205128 6 NORTH ONCOLOGY	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>
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**DAY SHIFT CONSENSUS INFORMATION**

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
205350 ENDO	Yes			
205154 ASU Recovery	Yes			
205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			
205445 LEVEL III NEONATAL	Yes			



205446 OP INFUSION UNIT	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The Hospital believes patient volume does not support scheduling 4 RNs in this department on a daily basis. 3 RNs are consistently scheduled to work on the unit and while there may be a 4th RN scheduled to work in this department, that is not typical. The 4th RN is brought in based on patient need and volume surge. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>very valuable service to our patients and help in preventing readmission and the completion of necessary treatment to the patients. Their services allow the hospital to decrease the Length of Stay (LOS) for patients. As per the Grid provided by management there are three staggered RN shifts staffed by 1 RN Mon thru Sunday (7days a week) totaling 3 RNs per day. As per our knowledge there are currently 4 RNs scheduled each day and this process should not be used to decrease the current staff already in place. Especially when it meets the needs of the patients. **The Committee is requesting that the grid reflect the 4RNs scheduled and the RN to PT Ratio does</p>
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<p>206912 PEDIATRIC ASTHMA CENTER</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. This position is filled with a full-time RN. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation and in the event of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>The pediatric Asthma Grant portion of the Lang Peds clinic is currently being covered by a Traveler RN. ** The Committee would like to know if a Req# for that position has been requested and is in the process of being posted to be permanently filled by a staff RN. ** ** The Committee is also requesting that the Medical Assistant shifts are covered by 1 MA at all times, and not on a 0-1 basis. O staff scheduled or coverage is not acceptable. At any time. **</p>
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206911 PEDIATRIC CLINIC	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>adopted staffing and support are appropriate based upon unit volume and acuity. The ranges that appear on the grid reflect the flexibility of the various shifts, staggered throughout the day. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation and given the nature of this department's staggered shifts, in the event of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and</p>	<p>RNs that cover the Pediatric Clinic As per the Grid provided by management there are 3 RNs staggered shift in the Pediatric Clinic with 0-1 RN schedule on each shift Mon thru Fri. ** The committee is requesting that minimum 1 RN is scheduled per shift in order to provide appropriate care for the patients. That will a total of 3 RNs per day there should be at least 2 RNs per day after the clarification was made. ** ** 0 staff scheduled, or coverage is not acceptable. At any time. ** ** The committee would like to point out that last Friday there was only 1 RN covering the Clinic for the whole day and that was not appropriate staffing to</p>
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<p>206104 ELECTROPHYSIOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity.</p>	<p>N/A</p>
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<p>206101 CARDIAC CATHETERIZATION</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital does not agree that CSC lacked necessary information to provide a substantive response because they were provided the same data (i.e., staffing grid) that was provided for the other outpatient areas.</p>	<p>As stated above we did not receive the Average Volume for this area and could not get in contact with the RN assigned to this area, to confirm the information provided. The committee cannot at this time provide a comprehensive proposal without the complete information. The Committee reserves the right to provide a proposal once they either speak to the staff or receive the information requested.</p>
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<p>206915 THERAPEUTIC MEDICINE CENTER</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The ranges that appear on the grid reflect the flexibility of the various shifts, staggered throughout the day. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>West Building basement and provide an array of services for Cancer patients. The Nurse Clinicians work a 10-hr. shift. As per the grid provided by Management there are 3-4 Nurse Clinicians per day. They currently work from 745 am to 6pm, The staff stated that there has been talk about switching 2 days during the week to 8 am to 615pm. The center is very fast paced and busy center, while they work on an appointment basis, they do take walk ins sometime, or the providers add on patients to the schedule for emergent treatments. The staff are currently having a challenge with taking their entitled break because of the high number of patients each nurse is</p>
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206260 NUCLEAR MEDICINE	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes that adopted staffing and support are appropriate based upon unit volume and acuity. The staffing ratios reflected represent the direct patient care each patient receives while in a nuclear medicine room. In the event of an emergency, the hospital RRT team &amp; PAs provide additional support. Currently this has not been an issue, but the Hospital will assess the needs of the department and if necessary, make adjustments as needed.</p>	<p>the staffing of the 730am to 330pm shift and the 12p-4pm shift Mon thru Thursday but is requesting that the Friday shift should begin at 8 am. The patients begin arriving at 8 am and the RN is needed to start prepping the patient for the procedures.</p> <p>The Committee is requesting that the RN to Patient Ratio on this Grid reflects a 4 pts to 1RN ratios and not as their management claims that is a 1:1 ratio. The reality is that the RNs are taking care of 4 pts at different stages of the procedures at all times. The RNs are responsible for those patients from admission to discharge, they are assessing for any adverse reactions and are responsible for their care.</p>
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<p>206565 NON INVASIVE CARDIOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital does not agree that CSC lacked necessary information to provide a substantive response because they were provided the same data (i.e., staffing grid) that was provided for the other outpatient areas.</p>	<p>As stated above we did not receive the Average Volume for this area and could not get in contact with the RN assigned to this area, to confirm the information provided. The committee cannot at this time provide a comprehensive proposal without the complete information. The Committee reserves the right to provide a proposal once they either speak to the staff or receive the information requested.</p>
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206211 RADIOLOGY	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The committee and management agree, CAT- scan services should have at least one RN scheduled to provide care. The Hospital believes current volume supports one RN for IR. Additional resources available to the nursing team include Techs, PAs, and the hospital RRT team - all providing care to patients while working within their scope of practice.</p>	<p>management there are two shifts in the radiology department, The 7am to 3pm shifts correspond to IR and the 8am to 4pm shift corresponds to Cat-Scan.</p> <p>IR</p> <p>** The union is requesting for two nurses to be on duty on the 7a to 3pm shift at all times. (IR)</p> <p>There are 2 rooms that are run at the same time and one of the rooms the PA is performing the duties of the RN. As mentioned earlier the union strongly objects to non-union personnel performing the duties of a union Title in this case the RN duties CAT-Scan</p> <p>The union is in agreement with 1 RN being scheduled for the 8sm to 4 pm shift as</p>
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<p>206246 RADIATION ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>adopted staffing and support are appropriate based upon unit volume and acuity. The committee believes three shifts should be reflected on the grid, but three RNs shifts do not currently exist. There are currently two RN shifts and the manager on the unit provides support to the RNs who provide care to patients. The committee also contends that three RNs are needed to meet the needs of the patients. The Hospital disagrees and will ensure there is at least one RN scheduled to provide care to patients during operating hours, although on most days, there will be at least two RNs scheduled. The committee believes one medical assistant should always be on duty, including on Fridays. The ranges that</p>	<p>Staff RN in the in the Oncology Radiology Department. 1 Per Diem RN. They have 1 staff RN on Leave. While the grid provided by management only show 2 shifts, there are actually 3 shifts. The Manager is currently covering one shift. The Union strongly objects to this practice as management should not be performing the duties of a Union/Staff Position. While the Staff nurse is on Med Leave the Hospital should use a traveler/agency/or per diem RN to cover the lack of a 3rd RN As per the grid there is a Medical Assistant on duty only Mon thru Thursday. The union is requesting a Medical Assistant to be schedule on Fridays as well.</p>
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205720 Hemodialysis	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital maintains that the 4 RNs per shift is sufficient for the current volume, which includes patients being treated outside of the Hemodialysis unit. The current staffing of 1-2 Hemodialysis Technicians, daily, is sufficient to provide service to the dialysis machines and hemofiltration system. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>scheduled on a Pilot 12 hours shift 9am to 915pm. As per the Grid provided by management there are 3-4 RNs schedule /shift. The RNS are responsible of not only the patients (inpatient and outpatients) in the unit located in the West Building basement. But also, for the patients receiving HD in the ICU units in the hospital, for starting and troubleshooting CVVH also in the ICU units and for the inpatients that needed peritoneal dialysis (PD) in different areas of the hospital. Currently sometimes they have a 1 RN to 3 Pts ratio, but the optimum Ratio should be 1RN to 2 Pts. ** The Committee is requesting 5-6 RNs to be scheduled in order to</p>
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205485 EMERGENCY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>committee reached consensus on midshift nurse staffing in the. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Emergency Department's typical volume. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing during times of surge. In addition to the staff float pools available to supplement unit staffing, nurses are assisted by respiratory therapists, phlebotomists, pharmacy</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>205420 MEDICAL INTENSIVE CARE UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at all census points and Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>"1- There was no image available on our last proposal, but we received this grid from management.  2- The committee proposes the following numbers for MICU, as long as those numbers are met on a daily basis.  a- 1:1 to 2:1 ratio = 10 RNs when at full capacity  b- Staffing must Follow the Professional accreditation guidelines appropriate for each case.  3- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safeties or Max Observance excluded.A. Safeties or Max Observance excluded"</p>
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<p>205136 8 WEST MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse</p>	<p>"As per the Grid the Committee proposes the following: ** 1st line 13-18 pts 3RNs minimum. ** the committee agrees with the RN numbers in the other 2 lines. ** maintaining a 1RN:6pts ratio at all times. CNAs** 13-18 pts 2 CNAs – 7-12 pts 2CNAs—1-6 pts 1CNA Safeties or Max Observance excluded. Ward Clerk 1 per shift No sharing with other units."</p>
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205250 DELIVERY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on OR/OB Tech staffing Monday - Friday on all shifts and on Saturday's day shift. Additionally, the staffing committee reached consensus on Monday - Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Labor and Delivery unit's typical volume and acuity. The Hospital believes that for overnight shifts, there is cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient.age of units where an individual Unit Clerks may not be present. During these</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, WC. ** When a patient needs to go into the OR the RN assigned follows the Patient leaving her other pts assigned to among the remaining nurses. TECHS: The committee proposes 1 tech per shift including weekends. The techs provide vital assistance to the unit, and they scrub-in when they OR is needed."</p>
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205210 PEDIATRICS	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport</p>	<p>"As per feedback from the staff:  **if there is any vacancies, they should be filled ASAP in order to alleviate staffing, especially on days.  **Both PEDS and PIMU are budgeted separately but currently the same staffing is used to staff both units creating a staffing deficit and increasing the needs to float an RN from MB or NICU to help with the staffing."</p>
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<p>205328 PEDS INTERMEDIATE CARE</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse and Unit Clerk staffing at all census points and shifts, and Nursing Attendant staffing at census points 1-3. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists,</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, CNAS &amp; WC. Safeties or Max Observance to be excluded from the CNA numbers proposed."</p>
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<p>205123 5 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile</p>	<p>"1- WE ARE PROPOSING A STEP-DOWN MODEL FOR THE AREA OF 15 VENTED PATIENTS IN THE BACK OF 5N.  2- A RATIO OF 1RN: 3VENTED PTS = 5RN'S  2CNA'S IN THIS AREA AT ALL TIMES. a. ROLE OF THE LPN NEEDS TO BE DISCUSSED AND CLARIFIED  3- FOR THE MIXED ASSIGNMENTS {VENTED (V)/NON-VENTED (NV)} RN 1:5 RATIO  WITH ASSIGNMENTS AS FOLLOW:  a. 3NV/2V OR 4NV/1V/ RN 1:5 RATIO  b. CNA- 1:8 RATIO  c. 4 CNA'S IN THE FRONT AT ALL TIMES. Safety &amp; Maximum observances to be excluded from CNA numbers.t"</p>
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<p>205115 5 WEST NEURO</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>	<p>*** Vents are admitted when 5N has an overflow. ** ** Post-Surgical Patients: Pain Management/ Early Ambulation/ High Turnover of patients daily** 1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis. a. RN ratio 5:1 2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis. a. Safety &amp; Max observations to be excluded from the above CNA numbers. 3- Ward clerk 1 per shift."</p>
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<p>205132 4 WEST ORTHO</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 31-40, Nursing Attendant staffing at census points 31-36, and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease</p>	<p>"1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis.  a. RN ratio 5:1  2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis.  a. Safety &amp; Max observations to be excluded from the above CNA numbers.  3- Ward clerk 1 per shift."</p>
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<p>205133 3 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-18 and 31-54 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers</p>	<p>*** The Pts in 3N are mostly Complete Care patients  ** The rooms in 3N are very small; at times is a challenge to have all medical equipment necessary for the Pts, such as Bi-Pap, &amp; High Flow.  ** There has been talk of remodeling 3N but has not come to fruition.  1- The committee proposes:  a. 11 RNs/ shift 5:1 Ratio, the numbers must be met on a daily basis.  b. CNAs 8 per shift. Safety &amp; Max Observances to be excluded from this count.  2- 1 Ward Clerk 1 per shift."</p>
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<p>205117 3 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-21 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>	<p>"1- **The Committee agree that the RN numbers are appropriate as long as the numbers are met on a daily basis. Meeting the 1:5 ratio agreed during last year staffing legislation process. 2- ** CNA's number increased to 3 as per our original proposal. 1 of those CNAs must be assigned to the CDU area and 2 CNAs to the regular floor. Safeties or Max Observance excluded. 3- **1 WC per shift."</p>
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205111 2 NORTH CARDIAC	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-12 and 31-36 and Nursing Attendant staffing at census points 13-24. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for</p>	<p>"1- The committee agrees that the RN staffing numbers are appropriate. As long as the numbers are met on a daily basis.  a. RN ratio 5:1  2- CNA 4 per shift for a ratio of 8:1. Safeties or Max Observance excluded.  3- Ward clerk 1 per shift, when sharing with CVRU not to cover another unit."</p>
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<p>205326 CARDIO RECOVERY UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit is contiguous with</p>	<p>that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis, when bed capacity returns to 14 beds.</p> <p>a. Staffing must Follow the Professional CTICU accreditation guidelines appropriate for each case. IG a Fresh Open Heart Case post-surgery should be a 1:1 ratio.</p> <p>b. ICU ratios: 1:1 or 1:2 depending on acuity.</p> <p>c. Stepdown PTs should not exceed a 1RN:3pts. ratio. 2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excluded.2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excludedshift without sharing with other units. WC could share duties with 2N when the WC staffing is critically Low not</p>
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<p>205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-10 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>"1- The Committee agrees that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis.  a. Staffing must Follow the Professional Trauma accreditation guidelines appropriate for each case. IG a Fresh Trauma Alpha fresh post-surgery should be a 1:1 ratio.  b. 1:1 to 2:1 ratio = 10 RNs when at full capacity  c. Stepdown PTs should not exceed a 3:1 ratio.  2- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safety &amp; Max Observances to be excluded from this count.  3- Ward Clerks- 1 per shift without sharing with other units."</p>
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<p>205220 OBSTETRICS/POST PART</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 9-62 and Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate, including 24/7 Unit Clerk coverage for infant security. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy</p>	<p>"As per our feedback there are 6 antepartum beds, 37 couplets beds bringing capacity to 64 pts. The Committee proposal is as follows: RNS: The committee agree to the RN numbers as long as the numbers are met at all times. Ratios: 1RN: 3 to 4 Couplets 1- CNAs: 5 couplets per CNA giving them 10 patients each. Safeties or Max Observance excluded. WC: 1 per shift/ NO SHARING ** HIGH Security ** Visitors must be let in by Clerk is clerk has been shared it jeopardizes the safety of the unit."</p>
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<p>205134 8 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. It is important to note that when, based on census, the staffing plan calls for two RNs, a given RN is never alone on the unit; another team member is always present to assist or call for assistance in an emergency. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no</p>	<p>"1- The committee proposes our Original proposal of 3 nurses per shift  a. There should never be only 2 RN on the unit.  i. Appropriate break coverage is not possible with only two RNs  ii. CNA can not cover the Tele Breaks  iii. In case of a CAT or RRT when RNs are on break will create an unsafe situation.  b. Safety and Maximum observations numbers to be excluded from the CNA numbers above.  *** The staffing plan numbers must be met on a daily basis."</p>
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205128 6 NORTH ONCOLOGY	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>medical-surgical unit. The clinical staffing committee reached consensus on the proposal of the non-management staffing committee members to add one RN around the clock. The staffing committee reached consensus on nurse staffing at census points 31-48 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these</p>	<p>**** DEDICATED CHEMO RN        *** Keep Chemo patients in the same geographical location        1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis.        a. RN ratio 5:1        2- The committee proposes the original ask of 6 CNAs per shifts.        a. Safety &amp; Max observations to be excluded from the above CNA numbers.the above CNA numbers."</p>
205350 ENDO	Yes			
205154 ASU Recovery	Yes			
205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			

205446 OP INFUSION UNIT	No	<p>Presbyterian Queens Hospital Hospital I submit the Hospitals Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The Hospital believes patient volume does not support scheduling 4 RNs in this department on a daily basis. 3 RNs are consistently scheduled to work on the unit and while there may be a 4th RN scheduled to work in this department, that is not typical. The 4th RN is brought in based on patient need and volume surge. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>very valuable service to our patients and help in preventing readmission and the completion of necessary treatment to the patients. Their services allow the hospital to decrease the Length of Stay (LOS) for patients. As per the Grid provided by management there are three staggered RN shifts staffed by 1 RN Mon thru Sunday (7days a week) totaling 3 RNs per day. As per our knowledge there are currently 4 RNs scheduled each day and this process should not be used to decrease the current staff already in place. Especially when it meets the needs of the patients. **The Committee is requesting that the grid reflect the 4RN's scheduled and the RN to PT Ratio does not exceed a 12:1 ratio. **</p>
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<p>206912 PEDIATRIC ASTHMA CENTER</p>	<p>No</p>	<p>Presbyterian Queens Hospital Hospital I submit the Hospitals Clinical Staffing Plan. This Staffing Plan encompasses inpatient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the nonmanagement members of the Clinical Staffing Committee discussing with them the working conditions staffing physical environment available resources census acuity and feedback submitted to the Clinical Staffing Committee on each of these inpatient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital the discussions we had with our nonmanagement partners were insightful and</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. This position is filled with a full-time RN. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation and in the event of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>The pediatric Asthma Grant portion of the Lang Peds clinic is currently being covered by a Traveler RN. The Committee would like to know if a Req Num for that position has been requested and is in the process of being posted to be permanently filled by a staff RN. The Committee is also requesting that the Medical Assistant shifts are covered by 1 MA at all times and not on a 0-1 basis. O staff scheduled or coverage is not acceptable. At any time.</p>
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206911 PEDIATRIC CLINIC	No	<p>Presbyterian Queens Hospital Hospital, I submit the Hospitals Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>adopted staffing and support are appropriate based upon unit volume and acuity. The ranges that appear on the grid reflect the flexibility of the various shifts, staggered throughout the day. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation and given the nature of this department's staggered shifts, in the event of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and</p>	<p>RNs that cover the Pediatric Clinic - As per the Grid provided by management there are 3 RNs staggered shift in the Pediatric Clinic with 0-1 RN schedule on each shift Mon thru Fri. ** The committee is requesting that minimum 1 RN is scheduled per shift in order to provide appropriate care for the patients. That will a total of 3 RNs per day there should be at least 2 RNs per day after the clarification was made. ** ** O staff scheduled, or coverage is not acceptable. At any time. ** ** The committee would like to point out that last Friday there was only 1 RN covering the Clinic for the whole day and that was not appropriate staffing to provide safe care for the patients. **** The</p>
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<p>206104 ELECTROPHYSIOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital (Hospital), I submit the Hospitals Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity.</p>	<p>N/A</p>
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<p>206101 CARDIAC CATHETERIZATION</p>	<p>No</p>	<p>Presbyterian Queens Hospital (Hospital), I submit the Hospitals Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital does not agree that CSC lacked necessary information to provide a substantive response because they were provided the same data (i.e., staffing grid) that was provided for the other outpatient areas.</p>	<p>As stated above we did not receive the Average Volume for this area and could not get in contact with the RN assigned to this area, to confirm the information provided. The committee cannot at this time provide a comprehensive proposal without the complete information. The Committee reserves the right to provide a proposal once they either speak to the staff or receive the information requested.</p>
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<p>206915 THERAPEUTIC MEDICINE CENTER</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospitals Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The ranges that appear on the grid reflect the flexibility of the various shifts, staggered throughout the day. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>West Building basement and provide an array of services for Cancer patients. The Nurse Clinicians work a 10-hr. shift. As per the grid provided by Management the are 3-4 Nurse Clinicians per day. They currently work from 745 am to 6pm, The staff stated that there has been talk about switching 2 days during the week to 8 am to 615pm. The center is very fast paced and busy center, while they work on an appointment basis, they do take walk ins sometime, or the providers add on patients to the schedule for emergent treatments. The staff are currently having a challenge with taking their entitled break because of the high number of patients each nurse is receiving and providing care for on a daily</p>
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206260 NUCLEAR MEDICINE	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes that adopted staffing and support are appropriate based upon unit volume and acuity. The staffing ratios reflected represent the direct patient care each patient receives while in a nuclear medicine room. In the event of an emergency, the hospital RRT team &amp; PAs provide additional support. Currently this has not been an issue, but the Hospital will assess the needs of the department and if necessary, make adjustments as needed.</p>	<p>The Committee agrees with the staffing of the 730am to 330pm shift and the 12p-4pm shift Mon thru Thursday but is requesting that the Friday shift should begin at 8 am. The patients begin arriving at 8 am and the RN is needed to start prepping the patient for the procedures. The Committee is requesting that the RN to Patient Ratio on this Grid reflects a 4 pts to 1RN ratios and not as their management claims that is a 1:1 ratio. The reality is that the RNs are taking care of 4 pts at different stages of the procedures at all times. The RNs are responsible for those patients from admission to discharge, they are assessing for any adverse reactions and are responsible for their care.</p>
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<p>206565 NON INVASIVE CARDIOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital does not agree that CSC lacked necessary information to provide a substantive response because they were provided the same data (i.e., staffing grid) that was provided for the other outpatient areas.</p>	<p>As stated above we did not receive the Average Volume for this area and could not get in contact with the RN assigned to this area, to confirm the information provided. The committee cannot at this time provide a comprehensive proposal without the complete information. The Committee reserves the right to provide a proposal once they either speak to the staff or receive the information requested.</p>
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206211 RADIOLOGY	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The committee and management agree, CAT- scan services should have at least one RN scheduled to provide care. The Hospital believes current volume supports one RN for IR. Additional resources available to the nursing team include Techs, PAs, and the hospital RRT team - all providing care to patients while working within their scope of practice.</p>	<p>management there are two shifts in the radiology department. The 7am to 3pm shifts correspond to IR and the 8am to 4pm shift corresponds to Cat-Scan. IR** The union is requesting for two nurses to be on duty on the 7a to 3pm shift at all times. (IR)There are 2 rooms that are run at the same time and one of the rooms the PA is performing the duties of the RN. As mentioned earlier the union strongly objects to non-union personnel performing the duties of a union Title in this case the RN duties CAT-Scan The union is in agreement with 1 RN being scheduled for the 8sm to 4 pm shift as long as is done on an everyday basis to meet the needs of the patients.The Committee is requesting that the RN to</p>
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<p>206246 RADIATION ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>adopted staffing and support are appropriate based upon unit volume and acuity. The committee believes three shifts should be reflected on the grid, but three RNs shifts do not currently exist. There are currently two RN shifts and the manager on the unit provides support to the RNs who provide care to patients. The committee also contends that three RNs are needed to meet the needs of the patients. The Hospital disagrees and will ensure there is at least one RN scheduled to provide care to patients during operating hours, although on most days, there will be at least two RNs scheduled. The committee believes one medical assistant should always be on duty, including on Fridays. The ranges that</p>	<p>Staff RN in the in the Oncology Radiology Department.1 Per Diem RN. They have 1 staff RN on Leave.While the grid provided by management only show 2 shifts, there are actually 3 shifts. The Manager is currently covering one shift. The Union strongly objects to this practice as management should not be performing the duties of a Union/Staff Position.While the Staff nurse is on Med Leave the Hospital should use a traveler/agency/or per diem RN to cover the lack of a 3rd RN.As per the grid there is a Medical Assistant on duty only Mon thru Thursday. The union is requesting a Medical Assistant to be schedule on Fridays as well.** There should 3 RNS on duty at all</p>
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205720 Hemodialysis	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital maintains that the 4 RNs per shift is sufficient for the current volume, which includes patients being treated outside of the Hemodialysis unit. The current staffing of 1-2 Hemodialysis Technicians, daily, is sufficient to provide service to the dialysis machines and hemofiltration system. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>scheduled on a Pilot 12 hours shift 9am to 915pm.As per the Grid provided by management there are 3-4 RNs schedule /shift.The RNS are responsible of not only the patients (inpatient and outpatients) in the unit located in the West Building basement. But also, for the patients receiving HD in the ICU units in the hospital, for starting and troubleshooting CVVH also in the ICU units and for the inpatients that needed peritoneal dialysis (PD) in different areas of the hospital.Currently sometimes they have a 1 RN to 3 Pts ratio, but the optimum Ratio should be 1RN to 2 Pts.** The Committee is requesting 5-6 RNs to be scheduled in order to provide the proper</p>
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205485 EMERGENCY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>committee reached consensus on midshift nurse staffing in the. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Emergency Departments typical volume. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing during times of surge. In addition to the staff float pools available to supplement unit staffing, nurses are assisted by respiratory therapists, phlebotomists, pharmacy</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>205420 MEDICAL INTENSIVE CARE UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at all census points and Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>1- There was no image available on our last proposal, but we received this grid from management.2- The committee proposes the following numbers for MICU, as long as those numbers are met on a daily basis. a- 1:1 to 2:1 ratio = 10 RNs when at full capacity b- Staffing must Follow the Professional accreditation guidelines appropriate for each case. 3- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safeties or Max Observance excluded.A. Safeties or Max Observance excluded"</p>
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<p>205136 8 WEST MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse</p>	<p>"As per the Grid the Committee proposes the following: ** 1st line 13-18 pts 3RNs minimum. ** the committee agrees with the RN numbers in the other 2 lines. ** maintaining a 1RN:6pts ratio at all times. CNAs** 13-18 pts 2 CNAs - 7-12 pts 2CNA - 1-6 pts 1CNA Safeties or Max Observance excluded. Ward Clerk 1 per shift No sharing with other units."</p>
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205250 DELIVERY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on OR/OB Tech staffing Monday - Friday on all shifts and on Saturdays day shift. Additionally, the staffing committee reached consensus on Monday - Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Labor and Delivery units typical volume and acuity. The Hospital believes that for overnight shifts, there is cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient.age of units where an individual Unit Clerks may not be present. During these</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, WC. ** When a patient needs to go into the OR the RN assigned follows the Patient leaving her other pts assigned to among the remaining nurses. TECHS: The committee proposes 1 tech per shift including weekends. The techs provide vital assistance to the unit, and they scrub-in when they OR is needed."</p>
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205210 PEDIATRICS	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport</p>	<p>As per feedback from the staff:**if there is any vacancies, they should be filled ASAP in order to alleviate staffing, especially on days.**Both PEDS and PIMU are budgeted separately but currently the same staffing is used to staff both units creating a staffing deficit and increasing the needs to float an RN from MB or NICU to help with the staffing.</p>
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<p>205328 PEDS INTERMEDIATE CARE</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse and Unit Clerk staffing at all census points and shifts, and Nursing Attendant staffing at census points 1-3. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists,</p>	<p>The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, CNAS &amp; WC. Safeties or Max Observance to be excluded from the CNA numbers proposed.</p>
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<p>205123 5 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse and Unit Clerk staffing at all census points and shifts, and Nursing Attendant staffing at census points 1-3. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists,</p>	<p>"1- WE ARE PROPOSING A STEP-DOWN MODEL FOR THE AREA OF 15 VENTED PATIENTS IN THE BACK OF 5N. 2- A RATIO OF 1RN: 3VENTED PTS = 5RNs 2CNAs IN THIS AREA AT ALL TIMES. a. ROLE OF THE LPN NEEDS TO BE DISCUSSED AND CLARIFIED 3- FOR THE MIXED ASSIGNMENTS {VENTED (V)/NON-VENTED (NV)} RN 1:5 RATIO WITH ASSIGNMENTS AS FOLLOW: a. 3NV/2V OR 4NV/1V/ RN 1:5 RATIO b. CNA- 1:8 RATIO c. 4 CNAs IN THE FRONT AT ALL TIMES. Safety &amp; Maximum observances to be excluded from CNA numbers."</p>
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<p>205115 5 WEST NEURO</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>	<p>*** Vents are admitted when 5N has an overflow.  **** Post-Surgical Patients: Pain Management/ Early Ambulation/ High Turnover of patients daily**1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis.a. RN ratio 5:1.2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis.a. Safety &amp; Max observations to be excluded from the above CNA numbers.3- Ward clerk 1 per shift."</p>
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205132 4 WEST ORTHO	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 31-40, Nursing Attendant staffing at census points 31-36, and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease</p>	<p>1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis.a. RN ratio 5:1.2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis.a. Safety &amp; Max observations to be excluded from the above CNA numbers.3- Ward clerk 1 per shift.</p>
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<p>205133 3 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-18 and 31-54 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers</p>	<p>*** The Pts in 3N are mostly Complete Care patients** The rooms in 3N are very small; at times is a challenge to have all medical equipment necessary for the Pts, such as Bi-Pap, &amp; High Flow.** There has been talk of remodeling 3N but has not come to fruition.1- The committee proposes:a. 11 RNs/ shift 5:1 Ratio, the numbers must be met on a daily basis.b. CNAs 8 per shift. Safety &amp; Max Observances to be excluded from this count.2- 1 Ward Clerk 1 per shift.</p>
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<p>205117 3 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-21 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>	<p>"1- **The Committee agree that the RN numbers are appropriate as long as the numbers are met on a daily basis. Meeting the 1:5 ratio agreed during last year staffing legislation process.  2- ** CNAs number increased to 3 as per our original proposal. 1 of those CNAs must be assigned to the CDU area and 2 CNAs to the regular floor. Safeties or Max Observance excluded.  3- **1 WC per shift."</p>
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205111 2 NORTH CARDIAC	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-12 and 31-36 and Nursing Attendant staffing at census points 13-24. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for</p>	<p>1- The committee agrees that the RN staffing numbers are appropriate. As long as the numbers are met on a daily basis.a. RN ratio 5:1.2- CNA 4 per shift for a ratio of 8:1. Safeties or Max Observance excluded.3- Ward clerk 1 per shift, when sharing with CVRU not to cover another unit.</p>
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<p>205326 CARDIO RECOVERY UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit is contiguous with</p>	<p>that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis, when bed capacity returns to 14 beds.a. Staffing must Follow the Professional CTICU accreditation guidelines appropriate for each case.IG a Fresh Open Heart Case post-surgery should be a 1:1 ratio.b. ICU ratios: 1:1 or 1:2 depending on acuity.c. Stepdown PTs should not exceed a 1RN:3pts. ratio.2-CNAs numbers increase to 1 per shift. Safeties or Max Observance excluded.2-CNAs numbers increase to 1 per shift. Safeties or Max Observance excludedshift without sharing with other units. WC could share duties with 2N when the WC staffing is critically Low not to exceed more than 2 units (CVRU/2N)3- Ward Clerks- 1</p>
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<p>205430 SURGERY ICU 7W (SICU/SISD)</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-10 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>1- The Committee agrees that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis.a.Staffing must Follow the Professional Trauma accreditation guidelines appropriate for each case. IG a Fresh Trauma Alpha fresh post-surgery should be a 1:1 ratio.b. 1:1 to 2:1 ratio = 10 RNs when at full capacityc. Stepdown PTs should not exceed a 3:1 ratio.2- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA.Safety &amp; Max Observances to be excluded from this count.3- Ward Clerks- 1 per shift without sharing with other units.</p>
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<p>205220 OBSTETRICS/POST PART</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 9-62 and Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate, including 24/7 Unit Clerk coverage for infant security. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy</p>	<p>As per our feedback there are 6 antepartum beds, 37 couplets beds bringing capacity to 64 pts. The Committee proposal is as follows: RNS: The committee agree to the RN numbers as long as the numbers are met at all times. Ratios: 1RN: 3 to 4 Couplets 1- CNAs: 5 couplets per CNA giving them 10 patients each. Safeties or Max Observance excluded. WC: 1 per shift/ NO SHARING ** HIGH Security** Visitors must be let in by Clerk is clerk has been shared it jeopardizes the safety of the unit.</p>
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<p>205134 8 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. It is important to note that when, based on census, the staffing plan calls for two RNs, a given RN is never alone on the unit; another team member is always present to assist or call for assistance in an emergency. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no</p>	<p>1- The committee proposes our Original proposal of 3 nurses per shift.a. There should never be only 2 RN on the unit.i. Appropriate break coverage is not possible with only two RNs.ii. CNA can not cover the Tele Breaks.iii. In case of a CAT or RRT when RNs are on break will create an unsafe situation.b. Safety and Maximum observations numbers to be excluded from the CNA numbers above.*** The staffing plan numbers must be met on a daily basis.</p>
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<p>205128 6 NORTH ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>medical-surgical unit. The clinical staffing committee reached consensus on the proposal of the non-management staffing committee members to add one RN around the clock. The staffing committee reached consensus on nurse staffing at census points 31-48 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these</p>	<p>*** DEDICATED CHEMO RN*** Keep Chemo patients in the same geographical location.1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis.a. RN ratio 5:1.2- The committee proposes the original ask of 6 CNAs per shifts.a. Safety &amp; Max observations to be excluded from the above CNA numbers.the above CNA numbers.</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)?
205350 ENDO	2	8	8.5	1
205154 ASU Recovery	3	4	8.75	2
205151 ASU Holding	2	4	8.75	2
205152 OR Holding	5	4	7	2
205325 PACU 1 W	6	6	15	2
205320/205335 OR	10	8	11.25	1
205445 LEVEL III NEONATAL	4	4	7.91	1.98
205446 OP INFUSION UNIT	1	1	5.68	15
206912 PEDIATRIC ASTHMA CENTER	0.2	3	1.43	3
206911 PEDIATRIC CLINIC	1.2	2	13.02	5
206104 ELECTROPHYSIOLOGY	2	8	0.72	1
206101 CARDIAC CATHETERIZATION	6.63	5	2.68	1.5
206915 THERAPEUTIC MEDICINE CENTER	3.5	8	6	1
206260 NUCLEAR MEDICINE	1.4	8	0.88	1
206565 NON INVASIVE CARDIOLOGY	1.46	8	2.05	1
206211 RADIOLOGY	1	8	0.89	1

206246 RADIATION ONCOLOGY	1.25	8	4.21	1
205720 Hemodialysis	4	4	7.65	2
205485 EMERGENCY ROOM	24	2.16	83.28	6
205420 MEDICAL INTENSIVE CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-SURGICAL	10	2	53.08	5.31
205117 3 SOUTH MEDICAL-SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73
205326 CARDIO RECOVERY UNIT	5	5	9	1.8
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-SURGICAL	2	2	13.77	6.89
205128 6 NORTH ONCOLOGY	9	2	47.08	5.23
205350 ENDO	2	8	8.5	1
205154 ASU Recovery	3	4	8.75	2
205151 ASU Holding	2	4	8.75	2
205152 OR Holding	5	4	7	2
205325 PACU 1 W	6	6	15	2
205320/205335 OR	10	8	11.25	1

205446 OP INFUSION UNIT	1	1	5.68	15
206912 PEDIATRIC ASTHMA CENTER	0.2	3	1.43	3
206911 PEDIATRIC CLINIC	1.2	2	13.02	5
206104 ELECTROPHYSIOLOGY	2	8	0.72	1
206101 CARDIAC CATHETERIZATION	6.63	5	2.68	1.5
206915 THERAPEUTIC MEDICINE CENTER	3.5	8	6	1
206260 NUCLEAR MEDICINE	1.4	8	0.88	1
206565 NON INVASIVE CARDIOLOGY	1.46	8	2.05	1
206211 RADIOLOGY	1	8	0.89	1
206246 RADIATION ONCOLOGY	1.25	8	4.21	1
205720 Hemodialysis	4	4	7.65	2
205485 EMERGENCY ROOM	24	2.16	83.28	6
205420 MEDICAL INTENSIVE CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-SURGICAL	10	2	53.08	5.31
205117 3 SOUTH MEDICAL-SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73

205326 CARDIO RECOVERY UNIT	5	5	9	1.8
205430 SURGERY ICU 7W (SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-SURGICAL	2	2	13.77	6.89
205128 6 NORTH ONCOLOGY	9	2	47.08	5.23

LPN EVENING SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0

206915 THERAPEUTIC MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL- SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL- SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL- SURGICAL	0	0
205117 3 SOUTH MEDICAL- SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL- SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL- SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL- SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0

205133 3 NORTH MEDICAL-SURGICAL	0	0
205117 3 SOUTH MEDICAL-SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL-SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

EVENING SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0

206912 PEDIATRIC ASTHMA CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL-SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-SURGICAL	0	0
205117 3 SOUTH MEDICAL-SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0



205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL- SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0	0
206911 PEDIATRIC CLINIC	0	0
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	0	0
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	0	0
205720 Hemodialysis	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL- SURGICAL	0	0
205250 DELIVERY ROOM	0	0

205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL- SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL- SURGICAL	0	0
205117 3 SOUTH MEDICAL- SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL- SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

**EVENING SHIFT UNLICENSED STAFFING**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
205350 ENDO	2	8
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0

205325 PACU 1 W	0	0
205320/205335 OR	14	11
205445 LEVEL III NEONATAL	0	0
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0.8	10
206911 PEDIATRIC CLINIC	1.89	2
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	1.5	3
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	1	6
205720 Hemodialysis	1.07	1
205485 EMERGENCY ROOM	8	0.72
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0	0.86
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL-SURGICAL	4	1
205115 5 WEST NEURO	4	1
205132 4 WEST ORTHO	4	1
205133 3 NORTH MEDICAL-SURGICAL	6	1

205117 3 SOUTH MEDICAL-SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	1	1
205134 8 SOUTH MEDICAL-SURGICAL	1	1
205128 6 NORTH ONCOLOGY	4	1
205350 ENDO	2	8
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	14	11
205446 OP INFUSION UNIT	0	0
206912 PEDIATRIC ASTHMA CENTER	0.8	10
206911 PEDIATRIC CLINIC	1.89	2
206104 ELECTROPHYSIOLOGY	0	0
206101 CARDIAC CATHETERIZATION	0	0
206915 THERAPEUTIC MEDICINE CENTER	1.5	3
206260 NUCLEAR MEDICINE	0	0
206565 NON INVASIVE CARDIOLOGY	0	0
206211 RADIOLOGY	0	0
206246 RADIATION ONCOLOGY	1	6
205720 Hemodialysis	1.07	1

205485 EMERGENCY ROOM	8	0.72
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0	0.86
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL-SURGICAL	4	1
205115 5 WEST NEURO	4	1
205132 4 WEST ORTHO	4	1
205133 3 NORTH MEDICAL-SURGICAL	6	1
205117 3 SOUTH MEDICAL-SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	1	1
205134 8 SOUTH MEDICAL-SURGICAL	1	1
205128 6 NORTH ONCOLOGY	4	1

EVENING SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>205350 ENDO</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "</p>
<p>205154 ASU Recovery</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "</p>

205151 ASU Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, Radiology, and transport. Each shift has a Charge RN supporting the team as well." "
205152 OR Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well." "
205325 PACU 1 W	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well." "

205320/205335 OR	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>
205445 LEVEL III NEONATAL	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, and IV team.</p>
205446 OP INFUSION UNIT	<p>Other support personnel that aid nursing services include an Administrative Support Coordinator, Registrar, Nurse Practitioners, a Case Manager, Infectious Disease Fellows, Environmental Services, and the Hospital RRT/ CAT Team.</p>



206912 PEDIATRIC ASTHMA CENTER	Other support personnel that aid nursing services include a Respiratory Therapist, Registrar, Environmental Services, and the Hospital RRT/ CAT Team.
206911 PEDIATRIC CLINIC	Other support personnel that aid nursing services include a Care Coordinator, Office Manager, Registrar, Environmental Services, and the Hospital RRT/ CAT Team.
206104 ELECTROPHYSIOLOGY	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.
206101 CARDIAC CATHETERIZATION	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.

206915 THERAPEUTIC MEDICINE CENTER	Other support personnel that aid nursing services include Volunteer Services, Environmental Services, and the Hospital RRT/ CAT Team.
206260 NUCLEAR MEDICINE	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206565 NON INVASIVE CARDIOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206211 RADIOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.

206246 RADIATION ONCOLOGY	Other support personnel that aid nursing services include patient care coordinators.
205720 Hemodialysis	Other support personnel that aid nursing services include RRT/ CAT Teams, EVS / Linen, Transport, Pharmacy, Materials Management, Security, Biomed, and a secretary.
205485 EMERGENCY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205136 8 WEST MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205250 DELIVERY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205210 PEDIATRICS	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205328 PEDS INTERMEDIATE CARE	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205123 5 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
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205115 5 WEST NEURO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
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205132 4 WEST ORTHO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205133 3 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205117 3 SOUTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205111 2 NORTH CARDIAC	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.



205326 CARDIO RECOVERY UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205220 OBSTETRICS/POST PART	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205134 8 SOUTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

<p>205128 6 NORTH ONCOLOGY</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>
<p>205350 ENDO</p>	<p>Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.</p>
<p>205154 ASU Recovery</p>	<p>Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well.</p>

205151 ASU Holding	Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, Radiology, and transport. Each shift has a Charge RN supporting the team as well.
205152 OR Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well."
205325 PACU 1 W	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well."

205320/205335 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well."
205446 OP INFUSION UNIT	Other support personnel that aid nursing services include an Administrative Support Coordinator, Registrar, Nurse Practitioners, a Case Manager, Infectious Disease Fellows, Environmental Services, and the Hospital RRT/ CAT Team.
206912 PEDIATRIC ASTHMA CENTER	Other support personnel that aid nursing services include a Respiratory Therapist, Registrar, Environmental Services, and the Hospital RRT/ CAT Team.
206911 PEDIATRIC CLINIC	Other support personnel that aid nursing services include a Care Coordinator, Office Manager, Registrar, Environmental Services, and the Hospital RRT/ CAT Team.

206104 ELECTROPHYSIOLOGY	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.
206101 CARDIAC CATHETERIZATION	Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.
206915 THERAPEUTIC MEDICINE CENTER	Other support personnel that aid nursing services include Volunteer Services, Environmental Services, and the Hospital RRT/ CAT Team.

206260 NUCLEAR MEDICINE	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206565 NON INVASIVE CARDIOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206211 RADIOLOGY	Other support personnel that aid nursing services include a radiology technologist, a physician assistant, a Radiologist present in the procedural area, respiratory therapists, transport team, and Anesthesia team assists as needed.
206246 RADIATION ONCOLOGY	Other support personnel that aid nursing services include patient care coordinators.

205720 Hemodialysis	Other support personnel that aid nursing services include RRT/ CAT Teams, EVS / Linen, Transport, Pharmacy, Materials Management, Security, Biomed, and a secretary.
205485 EMERGENCY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.



205136 8 WEST MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205250 DELIVERY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205210 PEDIATRICS	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.</p>
205328 PEDS INTERMEDIATE CARE	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.</p>

205123 5 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
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205115 5 WEST NEURO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
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205132 4 WEST ORTHO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205133 3 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205117 3 SOUTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205111 2 NORTH CARDIAC	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205326 CARDIO RECOVERY UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205430 SURGERY ICU 7W (SICU/SISD)	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205220 OBSTETRICS/POST PART	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205134 8 SOUTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205128 6 NORTH ONCOLOGY	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
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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):
205350 ENDO	Yes			
205154 ASU Recovery	Yes			
205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			
205445 LEVEL III NEONATAL	Yes			



205446 OP INFUSION UNIT	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The Hospital believes patient volume does not support scheduling 4 RNs in this department on a daily basis. 3 RNs are consistently scheduled to work on the unit and while there may be a 4th RN scheduled to work in this department, that is not typical. The 4th RN is brought in based on patient need and volume surge. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>very valuable service to our patients and help in preventing readmission and the completion of necessary treatment to the patients. Their services allow the hospital to decrease the Length of Stay (LOS) for patients. As per the Grid provided by management there are three staggered RN shifts staffed by 1 RN Mon thru Sunday (7days a week) totaling 3 RNs per day. As per our knowledge there are currently 4 RNs scheduled each day and this process should not be used to decrease the current staff already in place. Especially when it meets the needs of the patients. **The Committee is requesting that the grid reflect the 4RNs scheduled and the RN to PT Ratio does</p>
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<p>206912 PEDIATRIC ASTHMA CENTER</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. This position is filled with a full-time RN. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation and in the event of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>The pediatric Asthma Grant portion of the Lang Peds clinic is currently being covered by a Traveler RN. ** The Committee would like to know if a Req# for that position has been requested and is in the process of being posted to be permanently filled by a staff RN. ** ** The Committee is also requesting that the Medical Assistant shifts are covered by 1 MA at all times, and not on a 0-1 basis. O staff scheduled or coverage is not acceptable. At any time. **</p>
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206911 PEDIATRIC CLINIC	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>adopted staffing and support are appropriate based upon unit volume and acuity. The ranges that appear on the grid reflect the flexibility of the various shifts, staggered throughout the day. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation and given the nature of this department's staggered shifts, in the event of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and</p>	<p>RNs that cover the Pediatric Clinic As per the Grid provided by management there are 3 RNs staggered shift in the Pediatric Clinic with 0-1 RN schedule on each shift Mon thru Fri. ** The committee is requesting that minimum 1 RN is scheduled per shift in order to provide appropriate care for the patients. That will a total of 3 RNs per day there should be at least 2 RNs per day after the clarification was made. ** ** 0 staff scheduled, or coverage is not acceptable. At any time. ** ** The committee would like to point out that last Friday there was only 1 RN covering the Clinic for the whole day and that was not appropriate staffing to</p>
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206104 ELECTROPHYSIOLOGY	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity.	N/A
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<p>206101 CARDIAC CATHETERIZATION</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital does not agree that CSC lacked necessary information to provide a substantive response because they were provided the same data (i.e., staffing grid) that was provided for the other outpatient areas.</p>	<p>As stated above we did not receive the Average Volume for this area and could not get in contact with the RN assigned to this area, to confirm the information provided. The committee cannot at this time provide a comprehensive proposal without the complete information. The Committee reserves the right to provide a proposal once they either speak to the staff or receive the information requested.</p>
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<p>206915 THERAPEUTIC MEDICINE CENTER</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The ranges that appear on the grid reflect the flexibility of the various shifts, staggered throughout the day. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>West Building basement and provide an array of services for Cancer patients. The Nurse Clinicians work a 10-hr. shift. As per the grid provided by Management there are 3-4 Nurse Clinicians per day. They currently work from 745 am to 6pm, The staff stated that there has been talk about switching 2 days during the week to 8 am to 615pm. The center is very fast paced and busy center, while they work on an appointment basis, they do take walk ins sometime, or the providers add on patients to the schedule for emergent treatments. The staff are currently having a challenge with taking their entitled break because of the high number of patients each nurse is</p>
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206260 NUCLEAR MEDICINE	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes that adopted staffing and support are appropriate based upon unit volume and acuity. The staffing ratios reflected represent the direct patient care each patient receives while in a nuclear medicine room. In the event of an emergency, the hospital RRT team &amp; PAs provide additional support. Currently this has not been an issue, but the Hospital will assess the needs of the department and if necessary, make adjustments as needed.</p>	<p>the staffing of the 730am to 330pm shift and the 12p-4pm shift Mon thru Thursday but is requesting that the Friday shift should begin at 8 am. The patients begin arriving at 8 am and the RN is needed to start prepping the patient for the procedures.</p> <p>The Committee is requesting that the RN to Patient Ratio on this Grid reflects a 4 pts to 1RN ratios and not as their management claims that is a 1:1 ratio. The reality is that the RNs are taking care of 4 pts at different stages of the procedures at all times. The RNs are responsible for those patients from admission to discharge, they are assessing for any adverse reactions and are responsible for their care.</p>
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<p>206565 NON INVASIVE CARDIOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital does not agree that CSC lacked necessary information to provide a substantive response because they were provided the same data (i.e., staffing grid) that was provided for the other outpatient areas.</p>	<p>As stated above we did not receive the Average Volume for this area and could not get in contact with the RN assigned to this area, to confirm the information provided. The committee cannot at this time provide a comprehensive proposal without the complete information. The Committee reserves the right to provide a proposal once they either speak to the staff or receive the information requested.</p>
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206211 RADIOLOGY	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The committee and management agree, CAT- scan services should have at least one RN scheduled to provide care. The Hospital believes current volume supports one RN for IR. Additional resources available to the nursing team include Techs, PAs, and the hospital RRT team - all providing care to patients while working within their scope of practice.</p>	<p>management there are two shifts in the radiology department, The 7am to 3pm shifts correspond to IR and the 8am to 4pm shift corresponds to Cat-Scan.</p> <p>IR</p> <p>** The union is requesting for two nurses to be on duty on the 7a to 3pm shift at all times. (IR)</p> <p>There are 2 rooms that are run at the same time and one of the rooms the PA is performing the duties of the RN. As mentioned earlier the union strongly objects to non-union personnel performing the duties of a union Title in this case the RN duties CAT-Scan</p> <p>The union is in agreement with 1 RN being scheduled for the 8sm to 4 pm shift as</p>
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<p>206246 RADIATION ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>adopted staffing and support are appropriate based upon unit volume and acuity. The committee believes three shifts should be reflected on the grid, but three RNs shifts do not currently exist. There are currently two RN shifts and the manager on the unit provides support to the RNs who provide care to patients. The committee also contends that three RNs are needed to meet the needs of the patients. The Hospital disagrees and will ensure there is at least one RN scheduled to provide care to patients during operating hours, although on most days, there will be at least two RNs scheduled. The committee believes one medical assistant should always be on duty, including on Fridays. The ranges that</p>	<p>Staff RN in the in the Oncology Radiology Department. 1 Per Diem RN. They have 1 staff RN on Leave. While the grid provided by management only show 2 shifts, there are actually 3 shifts. The Manager is currently covering one shift. The Union strongly objects to this practice as management should not be performing the duties of a Union/Staff Position. While the Staff nurse is on Med Leave the Hospital should use a traveler/agency/or per diem RN to cover the lack of a 3rd RN As per the grid there is a Medical Assistant on duty only Mon thru Thursday. The union is requesting a Medical Assistant to be schedule on Fridays as well.</p>
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205720 Hemodialysis	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital maintains that the 4 RNs per shift is sufficient for the current volume, which includes patients being treated outside of the Hemodialysis unit. The current staffing of 1-2 Hemodialysis Technicians, daily, is sufficient to provide service to the dialysis machines and hemofiltration system. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>scheduled on a Pilot 12 hours shift 9am to 915pm. As per the Grid provided by management there are 3-4 RNs schedule /shift. The RNS are responsible of not only the patients (inpatient and outpatients) in the unit located in the West Building basement. But also, for the patients receiving HD in the ICU units in the hospital, for starting and troubleshooting CVVH also in the ICU units and for the inpatients that needed peritoneal dialysis (PD) in different areas of the hospital. Currently sometimes they have a 1 RN to 3 Pts ratio, but the optimum Ratio should be 1RN to 2 Pts. ** The Committee is requesting 5-6 RNs to be scheduled in order to</p>
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205485 EMERGENCY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>committee reached consensus on midshift nurse staffing in the. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Emergency Department's typical volume. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing during times of surge. In addition to the staff float pools available to supplement unit staffing, nurses are assisted by respiratory therapists, phlebotomists, pharmacy</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>205420 MEDICAL INTENSIVE CARE UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at all census points and Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>"1- There was no image available on our last proposal, but we received this grid from management.  2- The committee proposes the following numbers for MICU, as long as those numbers are met on a daily basis.  a- 1:1 to 2:1 ratio = 10 RNs when at full capacity  b- Staffing must Follow the Professional accreditation guidelines appropriate for each case.  3- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safeties or Max Observance excluded.A. Safeties or Max Observance excluded"</p>
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<p>205136 8 WEST MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse</p>	<p>"As per the Grid the Committee proposes the following: ** 1st line 13-18 pts 3RNs minimum. ** the committee agrees with the RN numbers in the other 2 lines. ** maintaining a 1RN:6pts ratio at all times. CNAs** 13-18 pts 2 CNAs – 7-12 pts 2CNAs—1-6 pts 1CNA Safeties or Max Observance excluded. Ward Clerk 1 per shift No sharing with other units."</p>
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205250 DELIVERY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on OR/OB Tech staffing Monday - Friday on all shifts and on Saturday's day shift. Additionally, the staffing committee reached consensus on Monday - Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Labor and Delivery unit's typical volume and acuity. The Hospital believes that for overnight shifts, there is cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. age of units where an individual Unit Clerks may not be present. During these</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, WC. ** When a patient needs to go into the OR the RN assigned follows the Patient leaving her other pts assigned to among the remaining nurses. TECHS: The committee proposes 1 tech per shift including weekends. The techs provide vital assistance to the unit, and they scrub-in when they OR is needed."</p>
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205210 PEDIATRICS	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport</p>	<p>"As per feedback from the staff:  **if there is any vacancies, they should be filled ASAP in order to alleviate staffing, especially on days.  **Both PEDS and PIMU are budgeted separately but currently the same staffing is used to staff both units creating a staffing deficit and increasing the needs to float an RN from MB or NICU to help with the staffing."</p>
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<p>205328 PEDS INTERMEDIATE CARE</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse and Unit Clerk staffing at all census points and shifts, and Nursing Attendant staffing at census points 1-3. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists,</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, CNAS &amp; WC. Safeties or Max Observance to be excluded from the CNA numbers proposed."</p>
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<p>205123 5 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile</p>	<p>"1- WE ARE PROPOSING A STEP-DOWN MODEL FOR THE AREA OF 15 VENTED PATIENTS IN THE BACK OF 5N.  2- A RATIO OF 1RN: 3VENTED PTS = 5RN'S  2CNA'S IN THIS AREA AT ALL TIMES. a. ROLE OF THE LPN NEEDS TO BE DISCUSSED AND CLARIFIED  3- FOR THE MIXED ASSIGNMENTS {VENTED (V)/NON-VENTED (NV)} RN 1:5 RATIO WITH ASSIGNMENTS AS FOLLOW:  a. 3NV/2V OR 4NV/1V/ RN 1:5 RATIO  b. CNA- 1:8 RATIO  c. 4 CNA'S IN THE FRONT AT ALL TIMES. Safety &amp; Maximum observances to be excluded from CNA numbers.t"</p>
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<p>205115 5 WEST NEURO</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>	<p>*** Vents are admitted when 5N has an overflow. ** ** Post-Surgical Patients: Pain Management/ Early Ambulation/ High Turnover of patients daily** 1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis. a. RN ratio 5:1 2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis. a. Safety &amp; Max observations to be excluded from the above CNA numbers. 3- Ward clerk 1 per shift."</p>
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<p>205132 4 WEST ORTHO</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 31-40, Nursing Attendant staffing at census points 31-36, and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease</p>	<p>"1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis.  a. RN ratio 5:1  2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis.  a. Safety &amp; Max observations to be excluded from the above CNA numbers.  3- Ward clerk 1 per shift."</p>
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<p>205133 3 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-18 and 31-54 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers</p>	<p>*** The Pts in 3N are mostly Complete Care patients  ** The rooms in 3N are very small; at times is a challenge to have all medical equipment necessary for the Pts, such as Bi-Pap, &amp; High Flow.  ** There has been talk of remodeling 3N but has not come to fruition.  1- The committee proposes:  a. 11 RNs/ shift 5:1 Ratio, the numbers must be met on a daily basis.  b. CNAs 8 per shift. Safety &amp; Max Observances to be excluded from this count.  2- 1 Ward Clerk 1 per shift."</p>
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<p>205117 3 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-21 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>	<p>"1- **The Committee agree that the RN numbers are appropriate as long as the numbers are met on a daily basis. Meeting the 1:5 ratio agreed during last year staffing legislation process. 2- ** CNA's number increased to 3 as per our original proposal. 1 of those CNAs must be assigned to the CDU area and 2 CNAs to the regular floor. Safeties or Max Observance excluded. 3- **1 WC per shift."</p>
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205111 2 NORTH CARDIAC	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-12 and 31-36 and Nursing Attendant staffing at census points 13-24. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for</p>	<p>"1- The committee agrees that the RN staffing numbers are appropriate. As long as the numbers are met on a daily basis.  a. RN ratio 5:1  2- CNA 4 per shift for a ratio of 8:1. Safeties or Max Observance excluded.  3- Ward clerk 1 per shift, when sharing with CVRU not to cover another unit."</p>
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<p>205326 CARDIO RECOVERY UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit is contiguous with</p>	<p>that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis, when bed capacity returns to 14 beds.</p> <p>a. Staffing must Follow the Professional CTICU accreditation guidelines appropriate for each case. IG a Fresh Open Heart Case post-surgery should be a 1:1 ratio.</p> <p>b. ICU ratios: 1:1 or 1:2 depending on acuity.</p> <p>c. Stepdown PTs should not exceed a 1RN:3pts. ratio. 2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excluded.2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excludedshift without sharing with other units. WC could share duties with 2N when the WC staffing is critically Low not</p>
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<p>205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-10 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>"1- The Committee agrees that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis. a. Staffing must Follow the Professional Trauma accreditation guidelines appropriate for each case. IG a Fresh Trauma Alpha fresh post-surgery should be a 1:1 ratio. b. 1:1 to 2:1 ratio = 10 RNs when at full capacity c. Stepdown PTs should not exceed a 3:1 ratio. 2- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safety &amp; Max Observances to be excluded from this count. 3- Ward Clerks- 1 per shift without sharing with other units."</p>
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<p>205220 OBSTETRICS/POST PART</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 9-62 and Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate, including 24/7 Unit Clerk coverage for infant security. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy</p>	<p>"As per our feedback there are 6 antepartum beds, 37 couplets beds bringing capacity to 64 pts. The Committee proposal is as follows: RNS: The committee agree to the RN numbers as long as the numbers are met at all times. Ratios: 1RN: 3 to 4 Couplets 1- CNAs: 5 couplets per CNA giving them 10 patients each. Safeties or Max Observance excluded. WC: 1 per shift/ NO SHARING ** HIGH Security ** Visitors must be let in by Clerk is clerk has been shared it jeopardizes the safety of the unit."</p>
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<p>205134 8 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. It is important to note that when, based on census, the staffing plan calls for two RNs, a given RN is never alone on the unit; another team member is always present to assist or call for assistance in an emergency. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no</p>	<p>"1- The committee proposes our Original proposal of 3 nurses per shift</p> <ul style="list-style-type: none"> <li>a. There should never be only 2 RN on the unit. <ul style="list-style-type: none"> <li>i. Appropriate break coverage is not possible with only two RNs</li> <li>ii. CNA can not cover the Tele Breaks</li> <li>iii. In case of a CAT or RRT when RNs are on break will create an unsafe situation.</li> </ul> </li> <li>b. Safety and Maximum observations numbers to be excluded from the CNA numbers above.</li> </ul> <p>*** The staffing plan numbers must be met on a daily basis."</p>
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205128 6 NORTH ONCOLOGY	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 31-48 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>	<p>**** DEDICATED CHEMO RN  *** Keep Chemo patients in the same geographical location  1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis.  a. RN ratio 5:1  2- The committee proposes the original ask of 6 CNAs per shifts.  a. Safety &amp; Max observations to be excluded from the above CNA numbers.the above CNA numbers."</p>
205350 ENDO	Yes			
205154 ASU Recovery	Yes			
205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			

205446 OP INFUSION UNIT	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The Hospital believes patient volume does not support scheduling 4 RNs in this department on a daily basis. 3 RNs are consistently scheduled to work on the unit and while there may be a 4th RN scheduled to work in this department, that is not typical. The 4th RN is brought in based on patient need and volume surge. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>very valuable service to our patients and help in preventing readmission and the completion of necessary treatment to the patients. Their services allow the hospital to decrease the Length of Stay (LOS) for patients. As per the Grid provided by management there are three staggered RN shifts staffed by 1 RN Mon thru Sunday (7days a week) totaling 3 RNs per day. As per our knowledge there are currently 4 RNs scheduled each day and this process should not be used to decrease the current staff already in place. Especially when it meets the needs of the patients. **The Committee is requesting that the grid reflect the 4RN's scheduled and the RN to PT Ratio does not exceed a 12:1 ratio.**</p>
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<p>206912 PEDIATRIC ASTHMA CENTER</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. This position is filled with a full-time RN. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation and in the event of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>The pediatric Asthma Grant portion of the Lang Peds clinic is currently being covered by a Traveler RN. ** The Committee would like to know if a Req# for that position has been requested and is in the process of being posted to be permanently filled by a staff RN. ** ** The Committee is also requesting that the Medical Assistant shifts are covered by 1 MA at all times, and not on a 0-1 basis. O staff scheduled or coverage is not acceptable. At any time. **</p>
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206911 PEDIATRIC CLINIC	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>adopted staffing and support are appropriate based upon unit volume and acuity. The ranges that appear on the grid reflect the flexibility of the various shifts, staggered throughout the day. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation and given the nature of this department's staggered shifts, in the event of an absence other caregivers are able to step in and help, thereby avoiding an instance where there are no caregivers available. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and</p>	<p>RNs that cover the Pediatric Clinic As per the Grid provided by management there are 3 RNs staggered shift in the Pediatric Clinic with 0-1 RN schedule on each shift Mon thru Fri. ** The committee is requesting that minimum 1 RN is scheduled per shift in order to provide appropriate care for the patients. That will a total of 3 RNs per day there should be at least 2 RNs per day after the clarification was made. ** ** O staff scheduled, or coverage is not acceptable. At any time. ** ** The committee would like to point out that last Friday there was only 1 RN covering the Clinic for the whole day and that was not appropriate staffing to provide safe care for the patients. ** ** The</p>
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<p>206104 ELECTROPHYSIOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity.</p>	<p>N/A</p>
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<p>206101 CARDIAC CATHETERIZATION</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital does not agree that CSC lacked necessary information to provide a substantive response because they were provided the same data (i.e., staffing grid) that was provided for the other outpatient areas.</p>	<p>As stated above we did not receive the Average Volume for this area and could not get in contact with the RN assigned to this area, to confirm the information provided. The committee cannot at this time provide a comprehensive proposal without the complete information. The Committee reserves the right to provide a proposal once they either speak to the staff or receive the information requested.</p>
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<p>206915 THERAPEUTIC MEDICINE CENTER</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The ranges that appear on the grid reflect the flexibility of the various shifts, staggered throughout the day. The Hospital agrees at least one caregiver, practicing within their scope of practice, should be present to provide care to patients during normal hours of operation. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>West Building basement and provide an array of services for Cancer patients. The Nurse Clinicians work a 10-hr. shift. As per the grid provided by Management the are 3-4 Nurse Clinicians per day. They currently work form 745 am to 6pm, The staff stated that there has been talk about switching 2 days during the week to 8 am to 615pm. The center is very fast paced and busy center, while they work on an appointment basis, thay do take walk ins sometime, or the providers add on patients to the schedule for emergent treatments. The staff are currently having a challenge with taking their entitled break because of the high number of patients each nurse is receiving and providing care for on a daily</p>
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206260 NUCLEAR MEDICINE	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes that adopted staffing and support are appropriate based upon unit volume and acuity. The staffing ratios reflected represent the direct patient care each patient receives while in a nuclear medicine room. In the event of an emergency, the hospital RRT team &amp; PAs provide additional support. Currently this has not been an issue, but the Hospital will assess the needs of the department and if necessary, make adjustments as needed.</p>	<p>The Committee agrees with the staffing of the 730am to 330pm shift and the 12p-4pm shift Mon thru Thursday but is requesting that the Friday shift should begin at 8 am. The patients begin arriving at 8 am and the RN is needed to start prepping the patient for the procedures. The Committee is requesting that the RN to Patient Ratio on this Grid reflects a 4 pts to 1RN ratios and not as their management claims that is a 1:1 ratio. The reality is that the RNs are taking care of 4 pts at different stages of the procedures at all times. The RNs are responsible for those patients from admission to discharge, they are assessing for any adverse reactions and are responsible for their care.</p>
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<p>206565 NON INVASIVE CARDIOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital does not agree that CSC lacked necessary information to provide a substantive response because they were provided the same data (i.e., staffing grid) that was provided for the other outpatient areas.</p>	<p>As stated above we did not receive the Average Volume for this area and could not get in contact with the RN assigned to this area, to confirm the information provided. The committee cannot at this time provide a comprehensive proposal without the complete information. The Committee reserves the right to provide a proposal once they either speak to the staff or receive the information requested.</p>
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206211 RADIOLOGY	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The committee and management agree, CAT- scan services should have at least one RN scheduled to provide care. The Hospital believes current volume supports one RN for IR. Additional resources available to the nursing team include Techs, PAs, and the hospital RRT team - all providing care to patients while working within their scope of practice.</p>	<p>management there are two shifts in the radiology department, The 7am to 3pm shifts correspond to IR and the 8am to 4pm shift corresponds to Cat-Scan. IR ** The union is requesting for two nurses to be on duty on the 7a to 3pm shift at all times. (IR) There are 2 rooms that are run at the same time and one of the rooms the PA is performing the duties of the RN. As mentioned earlier the union strongly objects to non-union personnel performing the duties of a union Title in this case the RN duties CAT-Scan The union is in agreement with 1 RN being scheduled for the 8sm to 4 pm shift as long as is done on an everyday basis to meet the needs of the patients. The Committee is requesting that the RN to</p>
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<p>206246 RADIATION ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>adopted staffing and support are appropriate based upon unit volume and acuity. The committee believes three shifts should be reflected on the grid, but three RNs shifts do not currently exist. There are currently two RN shifts and the manager on the unit provides support to the RNs who provide care to patients. The committee also contends that three RNs are needed to meet the needs of the patients. The Hospital disagrees and will ensure there is at least one RN scheduled to provide care to patients during operating hours, although on most days, there will be at least two RNs scheduled. The committee believes one medical assistant should always be on duty, including on Fridays. The ranges that</p>	<p>Staff RN in the in the Oncology Radiology Department. 1 Per Diem RN. They have 1 staff RN on Leave. While the grid provided by management only show 2 shifts, there are actually 3 shifts. The Manager is currently covering one shift. The Union strongly objects to this practice as management should not be performing the duties of a Union/Staff Position. While the Staff nurse is on Med Leave the Hospital should use a traveler/agency/or per diem RN to cover the lack of a 3rd RN As per the grid there is a Medical Assistant on duty only Mon thru Thursday. The union is requesting a Medical Assistant to be schedule on Fridays as well. ** There should 3 RNS on duty at all</p>
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205720 Hemodialysis	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital maintains that the 4 RNs per shift is sufficient for the current volume, which includes patients being treated outside of the Hemodialysis unit. The current staffing of 1-2 Hemodialysis Technicians, daily, is sufficient to provide service to the dialysis machines and hemofiltration system. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>	<p>scheduled on a Pilot 12 hours shift 9am to 915pm. As per the Grid provided by management there are 3-4 RNs schedule /shift. The RNS are responsible of not only the patients (inpatient and outpatients) in the unit located in the West Building basement. But also, for the patients receiving HD in the ICU units in the hospital, for starting and troubleshooting CVVH also in the ICU units and for the inpatients that needed peritoneal dialysis (PD) in different areas of the hospital. Currently sometimes they have a 1 RN to 3 Pts ratio, but the optimum Ratio should be 1RN to 2 Pts. ** The Committee is requesting 5-6 RNs to be scheduled in order to provide the proper safe care for all the</p>
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205485 EMERGENCY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>committee reached consensus on midshift nurse staffing in the. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Emergency Departments typical volume. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing during times of surge. In addition to the staff float pools available to supplement unit staffing, nurses are assisted by respiratory therapists, phlebotomists, pharmacy</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>205420 MEDICAL INTENSIVE CARE UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at all census points and Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>"1- There was no image available on our last proposal, but we received this grid from management. 2- The committee proposes the following numbers for MICU, as long as those numbers are met on a daily basis. a- 1:1 to 2:1 ratio = 10 RNs when at full capacity b- Staffing must Follow the Professional accreditation guidelines appropriate for each case. 3- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safeties or Max Observance excluded.A. Safeties or Max Observance excluded"</p>
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<p>205136 8 WEST MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse</p>	<p>"As per the Grid the Committee proposes the following: ** 1st line 13-18 pts 3RNs minimum. ** the committee agrees with the RN numbers in the other 2 lines. ** maintaining a 1RN:6pts ratio at all times. CNAs** 13-18 pts 2 CNAs - 7-12 pts 2CNAs - 1-6 pts 1CNA Safeties or Max Observance excluded. Ward Clerk 1 per shift No sharing with other units."</p>
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205250 DELIVERY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on OR/OB Tech staffing Monday - Friday on all shifts and on Saturdays day shift. Additionally, the staffing committee reached consensus on Monday - Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Labor and Delivery units typical volume and acuity. The Hospital believes that for overnight shifts, there is cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient.age of units where an individual Unit Clerks may not be present. During these</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, WC. ** When a patient needs to go into the OR the RN assigned follows the Patient leaving her other pts assigned to among the remaining nurses. TECHS: The committee proposes 1 tech per shift including weekends. The techs provide vital assistance to the unit, and they scrub-in when they OR is needed."</p>
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205210 PEDIATRICS	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport</p>	<p>"As per feedback from the staff: **if there is any vacancies, they should be filled ASAP in order to alleviate staffing, especially on days. **Both PEDS and PIMU are budgeted separately but currently the same staffing is used to staff both units creating a staffing deficit and increasing the needs to float an RN from MB or NICU to help with the staffing."</p>
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<p>205328 PEDS INTERMEDIATE CARE</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse and Unit Clerk staffing at all census points and shifts, and Nursing Attendant staffing at census points 1-3. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists,</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, CNAS &amp; WC. Safeties or Max Observance to be excluded from the CNA numbers proposed."</p>
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<p>205123 5 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NY PQ is issued a mobile</p>	<p>"1- WE ARE PROPOSING A STEP-DOWN MODEL FOR THE AREA OF 15 VENTED PATIENTS IN THE BACK OF 5N. 2- A RATIO OF 1RN: 3VENTED PTS = 5RNS 2CNAS IN THIS AREA AT ALL TIMES. a. ROLE OF THE LPN NEEDS TO BE DISCUSSED AND CLARIFIED 3- FOR THE MIXED ASSIGNMENTS {VENTED (V)/NON-VENTED (NV)} RN 1:5 RATIO WITH ASSIGNMENTS AS FOLLOW: a. 3NV/2V OR 4NV/1V/ RN 1:5 RATIO b. CNA- 1:8 RATIO c. 4 CNAs IN THE FRONT AT ALL TIMES. Safety &amp; Maximum observances to be excluded from CNA numbers."</p>
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<p>205115 5 WEST NEURO</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>	<p>*** Vents are admitted when 5N has an overflow.  ** ** Post-Surgical Patients: Pain Management/ Early Ambulation/ High Turnover of patients daily** 1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis. a. RN ratio 5:1 2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis. a. Safety &amp; Max observations to be excluded from the above CNA numbers. 3- Ward clerk 1 per shift."</p>
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205132 4 WEST ORTHO	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 31-40, Nursing Attendant staffing at census points 31-36, and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease</p>	<p>"1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis. a. RN ratio 5:1 2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis. a. Safety &amp; Max observations to be excluded from the above CNA numbers. 3- Ward clerk 1 per shift."</p>
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<p>205133 3 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-18 and 31-54 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers</p>	<p>*** The Pts in 3N are mostly Complete Care patients ** The rooms in 3N are very small; at times is a challenge to have all medical equipment necessary for the Pts, such as Bi-Pap, &amp; High Flow. ** There has been talk of remodeling 3N but has not come to fruition. 1- The committee proposes: a. 11 RNs/ shift 5:1 Ratio, the numbers must be met on a daily basis. b. CNAs 8 per shift. Safety &amp; Max Observances to be excluded from this count. 2- 1 Ward Clerk 1 per shift."</p>
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<p>205117 3 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-21 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>	<p>"1- **The Committee agree that the RN numbers are appropriate as long as the numbers are met on a daily basis. Meeting the 1:5 ratio agreed during last year staffing legislation process.  2- ** CNAs number increased to 3 as per our original proposal. 1 of those CNAs must be assigned to the CDU area and 2 CNAs to the regular floor. Safeties or Max Observance excluded.  3- **1 WC per shift."</p>
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205111 2 NORTH CARDIAC	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-12 and 31-36 and Nursing Attendant staffing at census points 13-24. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for</p>	<p>"1- The committee agrees that the RN staffing numbers are appropriate. As long as the numbers are met on a daily basis. a. RN ratio 5:1 2- CNA 4 per shift for a ratio of 8:1. Safeties or Max Observance excluded. 3- Ward clerk 1 per shift, when sharing with CVRU not to cover another unit."</p>
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<p>205326 CARDIO RECOVERY UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit is contiguous with</p>	<p>that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis, when bed capacity returns to 14 beds. a. Staffing must Follow the Professional CTICU accreditation guidelines appropriate for each case. IG a Fresh Open Heart Case post-surgery should be a 1:1 ratio. b. ICU ratios: 1:1 or 1:2 depending on acuity. c. Stepdown PTs should not exceed a 1RN:3pts. ratio. 2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excluded.2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excluded shift without sharing with other units. WC could share duties with 2N when the WC staffing is critically Low not to exceed more than 2 units</p>
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<p>205430 SURGERY ICU 7W (SICU/SISD)</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-10 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>"1- The Committee agrees that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis. a. Staffing must Follow the Professional Trauma accreditation guidelines appropriate for each case. IG a Fresh Trauma Alpha fresh post-surgery should be a 1:1 ratio. b. 1:1 to 2:1 ratio = 10 RNs when at full capacity c. Stepdown PTs should not exceed a 3:1 ratio. 2- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safety &amp; Max Observances to be excluded from this count. 3- Ward Clerks- 1 per shift without sharing with other units."</p>
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<p>205220 OBSTETRICS/POST PART</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 9-62 and Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate, including 24/7 Unit Clerk coverage for infant security. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy</p>	<p>"As per our feedback there are 6 antepartum beds, 37 couplets beds bringing capacity to 64 pts. The Committee proposal is as follows: RNS: The committee agree to the RN numbers as long as the numbers are met at all times. Ratios: 1RN: 3 to 4 Couplets 1- CNAs: 5 couplets per CNA giving them 10 patients each. Safeties or Max Observance excluded. WC: 1 per shift/ NO SHARING ** HIGH Security ** Visitors must be let in by Clerk is clerk has been shared it jeopardizes the safety of the unit."</p>
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<p>205134 8 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. It is important to note that when, based on census, the staffing plan calls for two RNs, a given RN is never alone on the unit; another team member is always present to assist or call for assistance in an emergency. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no</p>	<p>"1- The committee proposes our Original proposal of 3 nurses per shift a. There should never be only 2 RN on the unit. i. Appropriate break coverage is not possible with only two RNs ii. CNA cannot cover the Tele Breaks iii. In case of a CAT or RRT when RNs are on break will create an unsafe situation. b. Safety and Maximum observations numbers to be excluded from the CNA numbers above. *** The staffing plan numbers must be met on a daily basis."</p>
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<p>205128 6 NORTH ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 31-48 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>	<p>**** DEDICATED CHEMO RN *** Keep Chemo patients in the same geographical location 1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis. a. RN ratio 5:1 2- The committee proposes the original ask of 6 CNAs per shifts. a. Safety &amp; Max observations to be excluded from the above CNA numbers.the above CNA numbers."</p>
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## RN NIGHT SHIFT STAFFING

<b>Name of Clinical Unit:</b>	<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>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)</b>
Endoscopy	205350 ENDO	0	0	0
Other	205154 ASU Recovery	0	0	0
Ambulatory Surgery	205151 ASU Holding	0	0	0
Other	205152 OR Holding	0	0	0
Other	205325 PACU 1 W	3	4	4
Other	205320/205335 OR	1	8	1
Neonatal	205445 LEVEL III NEONATAL	4	4	7.91
Infusion Services	205446 OP INFUSION UNIT	0	0	0
Pediatric	206912 PEDIATRIC ASTHMA CENTER	0	0	0
Pediatric	206911 PEDIATRIC CLINIC	0	0	0
Cardiac Catheterization/EP	206104 ELECTROPHYSIOLOGY	0	0	0
Cardiac Catheterization/EP	206101 CARDIAC CATHETERIZATION	1.2	5	0.22
Infusion Services	206915 THERAPEUTIC MEDICINE CENTER	0	0	0
Nuclear Medicine/Radiology	206260 NUCLEAR MEDICINE	0	0	0
Nuclear Medicine/Radiology	206565 NON INVASIVE CARDIOLOGY	0	0	0
Nuclear Medicine/Radiology	206211 RADIOLOGY	0	0	0
Oncology	206246 RADIATION ONCOLOGY	0	0	0
Dialysis O/P	205720 Hemodialysis	0	0	0

Emergency Department	205485 EMERGENCY ROOM	16	2.16	55.52
Critical Care	205420 MEDICAL INTENSIVE CARE UNIT	7	4	14
Medical/Surgical	205136 8 WEST MEDICAL-SURGICAL	2	3	6.8
Obstetrics/Gynecology	205250 DELIVERY ROOM	8	8.15	7.36
Pediatric	205210 PEDIATRICS	2	4	4.75
Stepdown	205328 PEDS INTERMEDIATE CARE	1	5	1.55
Medical/Surgical	205123 5 NORTH MEDICAL-SURGICAL	9	2	47
Medical/Surgical	205115 5 WEST NEURO	8	2	38.01
Medical/Surgical	205132 4 WEST ORTHO	7	2	35.92
Medical/Surgical	205133 3 NORTH MEDICAL-SURGICAL	10	2	53.08
Medical/Surgical	205117 3 SOUTH MEDICAL-SURGICAL	4	2	19.36
Medical/Surgical	205111 2 NORTH CARDIAC	7	2	33.12
Critical Care	205326 CARDIO RECOVERY UNIT	5	5	9
Critical Care	205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	4	4	8
Obstetrics/Gynecology	205220 OBSTETRICS/POST PART	6	2	33.3
Medical/Surgical	205134 8 SOUTH MEDICAL-SURGICAL	2	2	13.77
Medical/Surgical	205128 6 NORTH ONCOLOGY	9	2	47.08
Other	205325 PACU 1 W	3	4	4
Other	205320/205335 OR	1	8	1
Infusion Services	205446 OP INFUSION UNIT	0	0	0
Pediatric	206912 PEDIATRIC ASTHMA CENTER	0	0	0
Pediatric	206911 PEDIATRIC CLINIC	0	0	0
Cardiac Catheterization/EP	206104 ELECTROPHYSIOLOGY	0	0	0

Cardiac Catheterization/EP	206101 CARDIAC CATHETERIZATION	1.2	5	0.22
Infusion Services	206915 THERAPEUTIC MEDICINE CENTER	0	0	0
Nuclear Medicine/Radiology	206260 NUCLEAR MEDICINE	0	0	0
Nuclear Medicine/Radiology	206565 NON INVASIVE CARDIOLOGY	0	0	0
Nuclear Medicine/Radiology	206211 RADIOLOGY	0	0	0
Oncology	206246 RADIATION ONCOLOGY	0	0	0
Dialysis O/P	205720 Hemodialysis	0	0	0
Emergency Department	205485 EMERGENCY ROOM	16	2.16	55.52
Critical Care	205420 MEDICAL INTENSIVE CARE UNIT	7	4	14
Medical/Surgical	205136 8 WEST MEDICAL-SURGICAL	2	3	6.8
Obstetrics/Gynecology	205250 DELIVERY ROOM	8	8.15	7.36
Pediatric	205210 PEDIATRICS	2	4	4.75
Stepdown	205328 PEDS INTERMEDIATE CARE	1	5	1.55
Medical/Surgical	205123 5 NORTH MEDICAL-SURGICAL	9	2	47
Medical/Surgical	205115 5 WEST NEURO	8	2	38.01
Medical/Surgical	205132 4 WEST ORTHO	7	2	35.92
Medical/Surgical	205133 3 NORTH MEDICAL-SURGICAL	10	2	53.08
Medical/Surgical	205117 3 SOUTH MEDICAL-SURGICAL	4	2	19.36
Medical/Surgical	205111 2 NORTH CARDIAC	7	2	33.12
Critical Care	205326 CARDIO RECOVERY UNIT	5	5	9
Critical Care	205430 SURGERY ICU 7W (SICU/SISD)	4	4	8
Obstetrics/Gynecology	205220 OBSTETRICS/POST PART	6	2	33.3

Medical/Surgical	205134 8 SOUTH MEDICAL-SURGICAL	2	2	13.77
Medical/Surgical	205128 6 NORTH ONCOLOGY	9	2	47.08

LPN NIGHT SHIFT STAFFING

<b>Name of Clinical Unit:</b>	<b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Endoscopy	0	0
Other	0	0
Ambulatory Surgery	0	0
Other	0	0
Other	2	0
Other	1	0
Neonatal	1.98	0
Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	1.5	0
Infusion Services	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0

Emergency Department	6	0
Critical Care	2	0
Medical/Surgical	3.4	0
Obstetrics/Gynecology	0.92	0
Pediatric	2.38	0
Stepdown	1.55	0
Medical/Surgical	5.22	0
Medical/Surgical	4.75	0
Medical/Surgical	5.13	0
Medical/Surgical	5.31	0
Medical/Surgical	4.84	0
Medical/Surgical	4.73	0
Critical Care	1.8	0
Critical Care	2	0
Obstetrics/Gynecology	5.55	0
Medical/Surgical	6.89	0
Medical/Surgical	5.23	0
Other	2	0
Other	1	0
Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	1.5	0
Infusion Services	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0
Emergency Department	6	0
Critical Care	2	0
Medical/Surgical	3.4	0
Obstetrics/Gynecology	0.92	0
Pediatric	2.38	0

Stepdown	1.55	0
Medical/Surgical	5.22	0
Medical/Surgical	4.75	0
Medical/Surgical	5.13	0
Medical/Surgical	5.31	0
Medical/Surgical	4.84	0
Medical/Surgical	4.73	0
Critical Care	1.8	0
Critical Care	2	0
Obstetrics/Gynecology	5.55	0
Medical/Surgical	6.89	0
Medical/Surgical	5.23	0

NIGHT SHIFT ANCILLARY STAFF

<b>Name of Clinical Unit:</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Endoscopy	0	0
Other	0	0
Ambulatory Surgery	0	0
Other	0	0
Other	0	0
Other	0	0
Neonatal	0	0
Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Infusion Services	0	0

Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0
Emergency Department	0	0
Critical Care	0	0
Medical/Surgical	0	0
Obstetrics/Gynecology	0	0
Pediatric	0	0
Stepdown	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Critical Care	0	0
Critical Care	0	0
Obstetrics/Gynecology	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Other	0	0
Other	0	0
Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Infusion Services	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0

Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0
Emergency Department	0	0
Critical Care	0	0
Medical/Surgical	0	0
Obstetrics/Gynecology	0	0
Pediatric	0	0
Stepdown	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0
Critical Care	0	0
Critical Care	0	0
Obstetrics/Gynecology	0	0
Medical/Surgical	0	0
Medical/Surgical	0	0

**NIGHT SHIFT UNLICENSED STAFFING**

<b>Name of Clinical Unit:</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Endoscopy	0	0
Other	0	0
Ambulatory Surgery	0	0
Other	0	0
Other	0	0
Other	0	1
Neonatal	0	0



Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0
Cardiac Catheterization/EP	0	0
Infusion Services	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0
Emergency Department	0	8
Critical Care	0	0
Medical/Surgical	0	0
Obstetrics/Gynecology	0	0.71
Pediatric	0	0
Stepdown	0	1
Medical/Surgical	0	4
Medical/Surgical	0	4
Medical/Surgical	0	4
Medical/Surgical	0	6
Medical/Surgical	0	2
Medical/Surgical	0	3
Critical Care	0	0
Critical Care	0	0
Obstetrics/Gynecology	0	1
Medical/Surgical	0	1
Medical/Surgical	0	4
Other	0	0
Other	0	1
Infusion Services	0	0
Pediatric	0	0
Pediatric	0	0
Cardiac Catheterization/EP	0	0

Cardiac Catheterization/EP	0	0
Infusion Services	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Nuclear Medicine/Radiology	0	0
Oncology	0	0
Dialysis O/P	0	0
Emergency Department	0	8
Critical Care	0	0
Medical/Surgical	0	0
Obstetrics/Gynecology	0	0.71
Pediatric	0	0
Stepdown	0	1
Medical/Surgical	0	4
Medical/Surgical	0	4
Medical/Surgical	0	4
Medical/Surgical	0	6
Medical/Surgical	0	2
Medical/Surgical	0	3
Critical Care	0	0
Critical Care	0	0
Obstetrics/Gynecology	0	1
Medical/Surgical	0	1
Medical/Surgical	0	4

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)
Endoscopy	0
Other	0
Ambulatory Surgery	0
Other	0
Other	0
Other	8
Neonatal	0
Infusion Services	0
Pediatric	0
Pediatric	0
Cardiac Catheterization/EP	0
Cardiac Catheterization/EP	0
Infusion Services	0
Nuclear Medicine/Radiology	0
Nuclear Medicine/Radiology	0
Nuclear Medicine/Radiology	0
Oncology	0
Dialysis O/P	0
Emergency Department	1.08
Critical Care	0
Medical/Surgical	0
Obstetrics/Gynecology	1
Pediatric	0
Stepdown	5

Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1
Critical Care	0
Critical Care	0
Obstetrics/Gynecology	1
Medical/Surgical	1
Medical/Surgical	1
Other	0
Other	8
Infusion Services	0
Pediatric	0
Pediatric	0
Cardiac Catheterization/EP	0
Cardiac Catheterization/EP	0
Infusion Services	0
Nuclear Medicine/Radiology	0
Nuclear Medicine/Radiology	0
Nuclear Medicine/Radiology	0
Oncology	0
Dialysis O/P	0
Emergency Department	1.08
Critical Care	0
Medical/Surgical	0
Obstetrics/Gynecology	1
Pediatric	0
Stepdown	5
Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1
Medical/Surgical	1

Medical/Surgical	1
Critical Care	0
Critical Care	0
Obstetrics/Gynecology	1
Medical/Surgical	1
Medical/Surgical	1

**NIGHT SHIFT CONSENSUS INFORMATION**

<b>Name of Clinical Unit:</b>	<b>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>
Endoscopy	Unit closed overnight.	Yes		
Other	Unit closed overnight.	Yes		
Ambulatory Surgery	Unit closed overnight.	Yes		
Other	Unit closed overnight.	Yes		

Other	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>	Yes		
Other	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>	Yes		
Neonatal	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, respiratory therapists, phlebotomists, and the IV team.</p>	Yes		

<p>Infusion Services</p>	<p>Unit is closed overnight.</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The Hospital believes patient volume does not support scheduling 4 RNs in this department on a daily basis. 3 RNs are consistently scheduled to work on the unit and while there may be a 4th RN scheduled to work in this department, that is not typical. The 4th RN is brought in based on patient need and volume surge. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>
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Pediatric	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Pediatric	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Cardiac Catheterization/EP	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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<p>Cardiac Catheterization/EP</p>	<p>Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital does not agree that CSC lacked necessary information to provide a substantive response because they were provided the same data (i.e., staffing grid) that was provided for the other outpatient areas.</p>
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Infusion Services	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Nuclear Medicine/Radiology	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Nuclear Medicine/Radiology	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Nuclear Medicine/Radiology	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Oncology	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Dialysis O/P	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Emergency Department	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>committee reached consensus on midshift nurse staffing in the. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Emergency Department's typical volume. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing during times of surge. In addition to the staff float pools available to supplement unit staffing, nurses are assisted by respiratory therapists, phlebotomists, pharmacy</p>
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<p>Critical Care</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at all census points and Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse</p>
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<p>Obstetrics/Gynecology</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on OR/OB Tech staffing Monday - Friday on all shifts and on Saturday's day shift. Additionally, the staffing committee reached consensus on Monday - Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Labor and Delivery unit's typical volume and acuity. The Hospital believes that for overnight shifts, there is cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient.age of units where an individual Unit Clerks may not be present. During these</p>
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<p>Pediatric</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, respiratory therapists, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport</p>
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<p>Stepdown</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, respiratory therapists, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse and Unit Clerk staffing at all census points and shifts, and Nursing Attendant staffing at census points 1-3. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists,</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 31-40, Nursing Attendant staffing at census points 31-36, and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-18 and 31-54 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-21 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-12 and 31-36 and Nursing Attendant staffing at census points 13-24. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for</p>
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<p>Critical Care</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit is contiguous with</p>
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<p>Critical Care</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-10 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>
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<p>Obstetrics/Gynecology</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 9-62 and Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate, including 24/7 Unit Clerk coverage for infant security. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. It is important to note that when, based on census, the staffing plan calls for two RNs, a given RN is never alone on the unit; another team member is always present to assist or call for assistance in an emergency. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 31-48 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>
<p>Other</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well. "</p>	<p>Yes</p>		

Other	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well."	Yes		
Infusion Services	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The Hospital believes patient volume does not support scheduling 4 RNs in this department on a daily basis. 3 RNs are consistently scheduled to work on the unit and while there may be a 4th RN scheduled to work in this department, that is not typical. The 4th RN is brought in based on patient need and volume surge. The Hospital will continuously monitor volume and staffing to adjust staffing when needed with per diem, agency, and overtime.</p>

Pediatric	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Pediatric	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Cardiac Catheterization/EP	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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<p>Cardiac Catheterization/EP</p>	<p>Other support personnel that aid nursing services include a respiratory technologist, a pharmacy technician, housekeepers, a cardiovascular technologist, nurse assistants, a unit clerk, physician assistants, nurse practitioners, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>The Hospital believes the adopted staffing and support are appropriate based upon unit volume and acuity. The hospital does not agree that CSC lacked necessary information to provide a substantive response because they were provided the same data (i.e., staffing grid) that was provided for the other outpatient areas.</p>
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Infusion Services	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Nuclear Medicine/Radiology	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Nuclear Medicine/Radiology	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Nuclear Medicine/Radiology	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Oncology	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Dialysis O/P	Unit is closed overnight.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	N/A
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Emergency Department	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>committee reached consensus on midshift nurse staffing in the. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Emergency Departments typical volume. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing during times of surge. In addition to the staff float pools available to supplement unit staffing, nurses are assisted by respiratory therapists, phlebotomists, pharmacy</p>
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<p>Critical Care</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at all census points and Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse</p>
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<p>Obstetrics/Gynecology</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on OR/OB Tech staffing Monday - Friday on all shifts and on Saturdays day shift. Additionally, the staffing committee reached consensus on Monday - Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Labor and Delivery unit's typical volume and acuity. The Hospital believes that for overnight shifts, there is cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient.age of units where an individual Unit Clerks may not be present. During these</p>
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<p>Pediatric</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, respiratory therapists, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport</p>
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Stepdown	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, respiratory therapists, phlebotomists, transporters, and the IV team.	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse and Unit Clerk staffing at all census points and shifts, and Nursing Attendant staffing at census points 1-3. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists,</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 31-40, Nursing Attendant staffing at census points 31-36, and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-18 and 31-54 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 13-21 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-12 and 31-36 and Nursing Attendant staffing at census points 13-24. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for</p>
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<p>Critical Care</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit is contiguous with</p>
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<p>Critical Care</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 7-10 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>
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<p>Obstetrics/Gynecology</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 9-62 and Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate, including 24/7 Unit Clerk coverage for infant security. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. It is important to note that when, based on census, the staffing plan calls for two RNs, a given RN is never alone on the unit; another team member is always present to assist or call for assistance in an emergency. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no</p>
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<p>Medical/Surgical</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year, Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were</p>	<p>reached consensus on nurse staffing at census points 31-48 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPO</p>
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CBA INFORMATION

<p><b>We have one or more collective bargaining agreements:</b></p>	<p>Yes</p>
<p><b>If yes, then:</b></p> <p><b>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</b></p> <p><b>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.)</b></p>	<p>SEIU 1199</p>
<p><b>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</b></p>	<p>09/30/20 24 12:00 AM</p>

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

1738