

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	MOUNT SINAI HEALTH SYSTEM
Reporting Organization	Mount Sinai Hospital
Reporting Organization Id	1456
Reporting Organization Type	Hospital (pfi)
Data Entity	Mount Sinai Hospital

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
P4S Pediatric Stepdown	3	3.16	7.6	2.53
KP 4 Gynecological Surgery Intermediate Care	3	4.9	4.9	1.63
KP 6 Palliative Care	4	2.88	11.1	2.78
P2 Pediatric Oncology	3	3.93	6.1	2.03
Pediatric Cardio ICU	5	7.84	5.1	1.02
Pediatric ICU	8	5.52	11.6	1.45
Surgical and Transplant ICU	20	6.61	24.2	1.21
GP 5W Medical ICU	7	5.23	10.7	1.53
GP 9C Transplant	11	2.9	30.3	2.75
GP 10C Oncology Intermediate Care	9	2.38	30.3	3.37
KCC 4/5S Split Unit (split unit 2 floors) Medicine	7	1.95	28.7	4.1
GP 10W Med surg	9	2.22	32.5	3.61
KCC 3S Rehab	4	1.61	19.9	4.98
KCC 2 Restorative Rehab	5	1.91	20.9	4.18
GP 11W Nursing - Telemetry Med Surg	4	1.86	17.2	4.3
GP 8C Med Surg	8	1.89	33.9	4.24
GP 8 East Intermediate Care	8	1.99	32.2	4.03
GP 9W - Intermediate Care	12	3.1	31	2.58

GP 8W Intermediate Care	10	2.69	29.7	2.97
GP 10 E	12	2.92	32.9	2.74
Labor and Delivery	24	14.22	13.5	0.56
Gp 6W Intermediate Care	10	2.51	31.9	3.19
KP5 Antepartum	5	6.78	5.9	1.18
GP 5C/5E Cardiac ICU	14	4.91	22.8	1.63
KCC 6N/6S CICU CDSU stepdown	9	4	18	2
GP 7 West Intermediate Care	10	2.7	29.6	2.96
GP 7E Cardiac Intermediate Care	9	2.59	27.8	3.09
GP 7C Cardiac Intermediate	10	2.42	33.1	3.31
KP 8 Post/Ante Partum	6	3.31	14.5	2.42
KP 7 Post/Ante Partum	6	3.31	14.5	2.42
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	20	3.67	43.6	2.18
P5 Pediatric Medsurg	6	2.71	17.7	2.95
KCC 9 Neuro Surgery ICU	10	4.97	16.1	1.61
GP 11E Oncology Intermediate Care	10	2.88	27.8	2.78
GP 11C Oncology Intermediate Care	8	2.74	23.4	2.93
GP 9 East Medsurg	7	1.72	32.5	4.64
Madison 5 Adult Psych	5	1.8	22.2	4.44
KCC 7s Adult Psych	4	1.96	16.3	4.08
KCC 5N Medsurg	5	1.75	22.9	4.58

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU	0	0
GP 5W Medical ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0
KCC 4/5S Split Unit (split unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 11W Nursing - Telemetry Med Surg	0	0
GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W - Intermediate Care	0	0

GP 8W Intermediate Care	0	0
GP 10 E	0	0
Labor and Delivery	0	0
Gp 6W Intermediate Care	0	0
KP5 Antepartum	0	0
GP 5C/5E Cardiac ICU	0	0
KCC 6N/6S CICU CDSU stepdown	0	0
GP 7 West Intermediate Care	0	0
GP 7E Cardiac Intermediate Care	0	0
GP 7C Cardiac Intermediate	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	0	0
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology Intermediate Care	0	0
GP 11C Oncology Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU	0	0
GP 5W Medical ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0
KCC 4/5S Split Unit (split unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 11W Nursing - Telemetry Med Surg	0	0
GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W - Intermediate Care	0	0
GP 8W Intermediate Care	0	0
GP 10 E	0	0
Labor and Delivery	0	0

Gp 6W Intermediate Care	0	0
KP5 Antepartum	0	0
GP 5C/5E Cardiac ICU	0	0
KCC 6N/6S CICU CDSU stepdown	0	0
GP 7 West Intermediate Care	0	0
GP 7E Cardiac Intermediate Care	0	0
GP 7C Cardiac Intermediate	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	0	0
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology Intermediate Care	0	0
GP 11C Oncology Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0

DAY SHIFT UNLICENSED STAFFING

<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>Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</p>	<p>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)</p>
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P4S Pediatric Stepdown	2	2.11
KP 4 Gynecological Surgery Intermediate Care	1	1.63
KP 6 Palliative Care	2	1.44
P2 Pediatric Oncology	2	2.62
Pediatric Cardio ICU	1	1.57
Pediatric ICU	3	2.07
Surgical and Transplant ICU	2	0.66
GP 5W Medical ICU	2	1.5
GP 9C Transplant	5	1.32
GP 10C Oncology Intermediate Care	5	1.32
KCC 4/5S Split Unit (split unit 2 floors) Medicine	5	1.39
GP 10W Med surg	4	0.98
KCC 3S Rehab	5	2.01
KCC 2 Restorative Rehab	5	1.91
GP 11W Nursing - Telemetry Med Surg	3	1.4
GP 8C Med Surg	4	0.94
GP 8 East Intermediate Care	0.4	0.99
GP 9W - Intermediate Care	4	1.03
GP 8W Intermediate Care	5	1.35
GP 10 E	5	1.22
Labor and Delivery	5	2.96
Gp 6W Intermediate Care	4	1
KP5 Antepartum	2	2.71
GP 5C/5E Cardiac ICU	4	1.4
KCC 6N/6S CICU CDSU stepdown	2	0.89
GP 7 West Intermediate Care	3	0.81
GP 7E Cardiac Intermediate Care	3	0.86
GP 7C Cardiac Intermediate	3	0.73

KP 8 Post/Ante Partum	2	1.1
KP 7 Post/Ante Partum	2	1.1
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	3	0.55
P5 Pediatric Medsurg	3	1.36
KCC 9 Neuro Surgery ICU	2	0.99
GP 11E Oncology Intermediate Care	3	0.86
GP 11C Oncology Intermediate Care	3	1.03
GP 9 East Medsurg	4	0.98
Madison 5 Adult Psych	5	1.8
KCC 7s Adult Psych	4	1.96
KCC 5N Medsurg	3	1.05

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
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P4S Pediatric Stepdown	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KP 4 Gynecological Surgery Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KP 6 Palliative Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

P2 Pediatric Oncology	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Pediatric Cardio ICU	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Pediatric ICU	1 Transport Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

Surgical and Transplant ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 5W Medical ICU	1 Charge Nurse without an assignment, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 9C Transplant	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

<p>GP 10C Oncology Intermediate Care</p>	<p>1 Business Associate, 1 Senior Clinical Nurse. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
<p>KCC 4/5S Split Unit (split unit 2 floors) Medicine</p>	<p>2 Business Associates (1 for floor 4, 1 for floor 5). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
<p>GP 10W Med surg</p>	<p>1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>

KCC 3S Rehab	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 2 Restorative Rehab	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11W Nursing - Telemetry Med Surg	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 8C Med Surg	1 Senior Clinical Nurse, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 8 East Intermediate Care	1 Senior Clinical Nurse, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 9W - Intermediate Care	Charge Nurse without an assignment, 1 Senior Clinical Nurse, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 8W Intermediate Care	Charge Nurse without an assignment, Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 10 E	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Labor and Delivery	1 Charge Nurse Without an Assignment, 2 Triage Nurses, 4 Business Associates, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

Gp 6W Intermediate Care	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KP5 Antepartum	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 5C/5E Cardiac ICU	2 Business Associate (2 areas), Charge Nurse Without Assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KCC 6N/6S CICU CDSU stepdown	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 7 West Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 7E Cardiac Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 7C Cardiac Intermediate	<p>1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
KP 8 Post/Ante Partum	<p>1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
KP 7 Post/Ante Partum	<p>1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>

<p>Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care</p>	<p>1 Senior Clinical Nurse, 1 Resource Nurse, 1 Charge Nurse without an assignment, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...). As per the MSH operating license the NICU is comprised of 26 ICU beds, 10 intermediate beds, and 10 continuing care beds all staffed from the same cohort of nurses with the highest level of training and care.</p>
<p>P5 Pediatric Medsurg</p>	<p>1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>

KCC 9 Neuro Surgery ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11E Oncology Intermediate Care	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 9 East Medsurg	1 Charge Nurse Without a Nurse, 1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Madison 5 Adult Psych	1 Business Associate, Security support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 7s Adult Psych	1 Business Associate, Security support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KCC 5N Medsurg	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
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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):
P4S Pediatric Stepdown	Yes			
KP 4 Gynecological Surgery Intermediate Care	Yes			
KP 6 Palliative Care	Yes			
P2 Pediatric Oncology	Yes			
Pediatric Cardio ICU	Yes			
Pediatric ICU	Yes			
Surgical and Transplant ICU	Yes			
GP 5W Medical ICU	Yes			
GP 9C Transplant	Yes			
GP 10C Oncology Intermediate Care	Yes			
KCC 4/5S Split Unit (split unit 2 floors) Medicine	Yes			
GP 10W Med surg	Yes			
KCC 3S Rehab	Yes			

KCC 2 Restorative Rehab	Yes			
GP 11W Nursing - Telemetry Med Surg	Yes			
GP 8C Med Surg	Yes			
GP 8 East Intermediate Care	Yes			
GP 9W - Intermediate Care	Yes			
GP 8W Intermediate Care	Yes			
GP 10 E	Yes			
Labor and Delivery	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.

Gp 6W Intermediate Care	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
KP5 Antepartum	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>

GP 5C/5E Cardiac ICU	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.
KCC 6N/6S CICU CDSU stepdown	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.

<p>GP 7 West Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
<p>GP 7E Cardiac Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>

GP 7C Cardiac Intermediate	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.
KP 8 Post/Ante Partum	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.

<p>KP 7 Post/Ante Partum</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
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<p>Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care</p>	<p>No</p>	<p>reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. The space that is currently referred to as the "NICU" consists of 46 beds which, as per The Mount Sinai Hospital operating license, consists of 26 intensive care beds, 10 intermediate care beds, and 10 continuing care beds. Given that, the areas that neonatal care is being provided is staffed at/above appropriate levels of care for these patient populations.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. The space that is currently referred to as the "NICU" consists of 46 beds which, as per The Mount Sinai Hospital operating license, consists of 26 intensive care beds, 10 intermediate care beds, and 10 continuing care beds. Given that, the areas that neonatal care is being provided is staffed at/above appropriate levels of care for these patient populations.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
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P5 Pediatric Medsurg	No	: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.
KCC 9 Neuro Surgery ICU	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.

<p>GP 11E Oncology Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
<p>GP 11C Oncology Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>

GP 9 East Medsurg	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
Madison 5 Adult Psych	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>

KCC 7s Adult Psych	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.
KCC 5N Medsurg	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
P4S Pediatric Stepdown	3	3.16	7.6	2.53
KP 4 Gynecological Surgery Intermediate Care	3	4.9	4.9	1.63
KP 6 Palliative Care	4	2.88	11.1	2.78
P2 Pediatric Oncology	3	3.93	6.1	2.03
Pediatric Cardio ICU	5	7.84	5.1	1.02
Pediatric ICU	8	5.52	11.6	1.45
Surgical and Transplant ICU	20	6.61	24.2	1.21
GP 5W Medical ICU	7	5.23	10.7	1.53
GP 9C Transplant	11	2.9	30.3	2.75
GP 10C Oncology Intermediate Care	9	2.38	30.3	3.37
KCC 4/5S Split Unit (split unit 2 floors) Medicine	7	1.95	28.7	4.1
GP 10W Med surg	9	2.22	32.5	3.61
KCC 3S Rehab	4	1.61	19.9	4.98
KCC 2 Restorative Rehab	5	1.91	20.9	4.18
GP 11W Nursing - Telemetry Med Surg	4	1.86	17.2	4.3
GP 8C Med Surg	8	1.89	33.9	4.24
GP 8 East Intermediate Care	8	1.99	32.2	4.03
GP 9W Intermediate Care	12	3.1	31	2.58
GP 8W Intermediate Care	10	2.69	29.7	2.97

GP 10 E	12	2.92	32.9	2.74
Labor and Delivery	22.5	13.33	13.5	0.6
Gp 6W Intermediate Care	10	2.51	31.9	3.19
Kp5 Antepartum	5	6.78	5.9	1.18
GP 5C/5E Cardiac ICU	14	4.91	22.8	1.63
KCC 6N/6S CICU CDSU stepdown	9	4	18	2
GP 7 West Intermediate Care	10	2.7	29.6	2.96
GP 7E Cardiac Intermediate Care	9	2.59	27.8	3.09
GP 7C Cardiac Intermediate	10	2.42	33.1	3.31
KP 8 Post/Ante Partum	6	3.31	14.5	2.42
KP 7 Post/Ante Partum	6	3.31	14.5	2.42
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	20	3.67	43.6	2.18
P5 Pediatric Medsurg	6	2.71	17.7	2.95
KCC 9 Neuro Surgery ICU	10	4.97	16.1	1.61
GP 11E Oncology Intermediate Care	10	2.88	27.8	2.78
GP 11C Oncology Intermediate Care	8	2.74	23.4	2.93
GP 9 East Medsurg	7	1.72	32.5	4.64
Madison 5 Adult Psych	5	1.8	22.2	4.44
KCC 7s Adult Psych	4	1.96	16.3	4.08
KCC 5N Medsurg	5	1.75	22.9	4.58

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU	0	0
GP 5W Medical ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0
KCC 4/5S Split Unit (split unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 11W Nursing - Telemetry Med Surg	0	0
GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W Intermediate Care	0	0
GP 8W Intermediate Care	0	0
GP 10 E	0	0
Labor and Delivery	0	0
Gp 6W Intermediate Care	0	0
Kp5 Antepartum	0	0

GP 5C/5E Cardiac ICU	0	0
KCC 6N/6S CICU CDSU stepdown	0	0
GP 7 West Intermediate Care	0	0
GP 7E Cardiac Intermediate Care	0	0
GP 7C Cardiac Intermediate	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	0	0
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology Intermediate Care	0	0
GP 11C Oncology Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0

KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU	0	0
GP 5W Medical ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0
KCC 4/5S Split Unit (split unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 11W Nursing - Telemetry Med Surg	0	0
GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W Intermediate Care	0	0
GP 8W Intermediate Care	0	0
GP 10 E	0	0
Labor and Delivery	0	0
Gp 6W Intermediate Care	0	0
Kp5 Antepartum	0	0
GP 5C/5E Cardiac ICU	0	0
KCC 6N/6S CICU CDSU stepdown	0	0
GP 7 West Intermediate Care	0	0
GP 7E Cardiac Intermediate Care	0	0
GP 7C Cardiac Intermediate	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	0	0

Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology Intermediate Care	0	0
GP 11C Oncology Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	2	2.11
KP 4 Gynecological Surgery Intermediate Care	1	1.63
KP 6 Palliative Care	2	1.44
P2 Pediatric Oncology	1	1.31
Pediatric Cardio ICU	1	1.57
Pediatric ICU	3	2.07
Surgical and Transplant ICU	2	0.66
GP 5W Medical ICU	2	1.5
GP 9C Transplant	5	1.32
GP 10C Oncology Intermediate Care	5	1.32

KCC 4/5S Split Unit (split unit 2 floors) Medicine	5	1.39
GP 10W Med surg	4	0.98
KCC 3S Rehab	5	2.01
KCC 2 Restorative Rehab	5	1.91
GP 11W Nursing - Telemetry Med Surg	3	1.4
GP 8C Med Surg	4	0.94
GP 8 East Intermediate Care	4	0.99
GP 9W Intermediate Care	4	1.03
GP 8W Intermediate Care	5	1.35
GP 10 E	5	1.22
Labor and Delivery	3	1.78
Gp 6W Intermediate Care	4	1
Kp5 Antepartum	2	2.71
GP 5C/5E Cardiac ICU	4	1.4
KCC 6N/6S CICU CDSU stepdown	2	0.89
GP 7 West Intermediate Care	3	0.81
GP 7E Cardiac Intermediate Care	3	0.86
GP 7C Cardiac Intermediate	3	0.73
KP 8 Post/Ante Partum	2	1.1
KP 7 Post/Ante Partum	2	1.1
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	3	0.55
P5 Pediatric Medsurg	2	0.9
KCC 9 Neuro Surgery ICU	2	0.99
GP 11E Oncology Intermediate Care	3	0.86
GP 11C Oncology Intermediate Care	3	1.03
GP 9 East Medsurg	4	0.98
Madison 5 Adult Psych	5	1.8
KCC 7s Adult Psych	4	1.96

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>
P4S Pediatric Stepdown	<p>1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
KP 4 Gynecological Surgery Intermediate Care	<p>1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>

<p>KP 6 Palliative Care</p>	<p>1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
<p>P2 Pediatric Oncology</p>	<p>1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
<p>Pediatric Cardio ICU</p>	<p>1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>

Pediatric ICU	1 Transport Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Surgical and Transplant ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 5W Medical ICU	1 Charge Nurse without an assignment, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 9C Transplant	1 Senior Clinical Nurse (1/2 the shift) 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 10C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 4/5S Split Unit (split unit 2 floors) Medicine	2 Business Associates (1 for floor 4, 1 for floor 5), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 10W Med surg	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 3S Rehab	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 2 Restorative Rehab	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 11W Nursing - Telemetry Med Surg	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 8C Med Surg	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 8 East Intermediate Care	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 9W Intermediate Care	1 Charge Nurse without an assignment, 1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 8W Intermediate Care	Charge Nurse without an assignment, Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 10 E	1 Senior Clinical Nurse starting at 730 pm

Labor and Delivery	1 Charge Nurse Without an Assignment, 2 Triage Nurses, 4 Business Associates, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Gp 6W Intermediate Care	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Kp5 Antepartum	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 5C/5E Cardiac ICU	2 Business Associate (2 areas), 2 Charge Nurses Without Assignment (1 on 5C 1 on 5E). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 6N/6S CICU CDSU stepdown	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 7 West Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 7E Cardiac Intermediate Care	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 7C Cardiac Intermediate	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KP 8 Post/Ante Partum	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KP 7 Post/Ante Partum	<p>1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	<p>1 Senior Clinical Nurse (1/2 shift), 1 Resource Nurse, 1 Charge Nurse without an assignment, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...). As per the MSH operating license this unit contains 26 ICU level beds, 10 intermediate, and 10 continuing care beds all staffed by the same cohort of nurses with the highest level of care.</p>

P5 Pediatric Medsurg	1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 9 Neuro Surgery ICU	1 Charge Nurse without an assignment, 2 Business Associates (split unit), There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11E Oncology Intermediate Care	1 Senior Clinical Nurse (half the shift), 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 11C Oncology Intermediate Care	1 Business Associate, 1 Senior Clinical Nurse for half the shift, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 9 East Medsurg	1 Charge Nurse Without a Nurse, 1 Senior Clinical Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Madison 5 Adult Psych	1 Business Associate, Security support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KCC 7s Adult Psych	1 Business Associate, Security support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 5N Medsurg	1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

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):	
P4S Pediatric Stepdown	Yes			
KP 4 Gynecological Surgery Intermediate Care	Yes			
KP 6 Palliative Care	Yes			
P2 Pediatric Oncology	Yes			
Pediatric Cardio ICU	Yes			
Pediatric ICU	Yes			
Surgical and Transplant ICU	Yes			

GP 5W Medical ICU	Yes			
GP 9C Transplant	Yes			
GP 10C Oncology Intermediate Care	Yes			
KCC 4/5S Split Unit (split unit 2 floors) Medicine	Yes			
GP 10W Med surg	Yes			
KCC 3S Rehab	Yes			
KCC 2 Restorative Rehab	Yes			
GP 11W Nursing - Telemetry Med Surg	Yes			
GP 8C Med Surg	Yes			
GP 8 East Intermediate Care	Yes			
GP 9W Intermediate Care	Yes			
GP 8W Intermediate Care	Yes			
GP 10 E	Yes			
Labor and Delivery	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	

Gp 6W Intermediate Care	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	
Kp5 Antepartum	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	

GP 5C/5E Cardiac ICU	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	
KCC 6N/6S CICU CDSU stepdown	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	

<p>GP 7 West Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	
<p>GP 7E Cardiac Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	

GP 7C Cardiac Intermediate	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	
KP 8 Post/Ante Partum	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	

KP 7 Post/Ante Partum	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	
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<p>Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care</p>	<p>No</p>	<p>reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. The space that is currently referred to as the "NICU" consists of 46 beds which, as per The Mount Sinai Hospital operating license, consists of 26 intensive care beds, 10 intermediate care beds, and 10 continuing care beds. Given that, the areas that neonatal care is being provided is staffed at/above appropriate levels of care for these patient populations.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. The space that is currently referred to as the "NICU" consists of 46 beds which, as per The Mount Sinai Hospital operating license, consists of 26 intensive care beds, 10 intermediate care beds, and 10 continuing care beds. Given that, the areas that neonatal care is being provided is staffed at/above appropriate levels of care for these patient populations.</p>	
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P5 Pediatric Medsurg	No	<p>: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	
KCC 9 Neuro Surgery ICU	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	

<p>GP 11E Oncology Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	
<p>GP 11C Oncology Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	

GP 9 East Medsurg	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	
Madison 5 Adult Psych	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	

KCC 7s Adult Psych	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	
KCC 5N Medsurg	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	

RN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
P4S Pediatric Stepdown	3	3.16	7.6	2.53
KP 4 Gynecological Surgery Intermediate Care	3	4.9	4.9	1.63
KP 6 Palliative Care	4	2.88	11.1	2.78
P2 Pediatric Oncology	3	3.93	6.1	2.03
Pediatric Cardio ICU	5	7.84	5.1	1.02
Pediatric ICU	8	5.52	11.6	1.45
Surgical and Transplant ICU	20	6.61	24.2	1.21
GP 5W Medical ICU	7	5.23	10.7	1.53
GP 9C Transplant	11	2.9	30.3	2.75
GP 10C Oncology Intermediate Care	9	2.38	30.3	3.37
KCC 4/5S Split Unit (split unit 2 floors) Medicine	7	1.95	28.7	4.1
GP 10W Med surg	9	2.22	32.5	3.61
KCC 3S Rehab	4	1.61	19.9	4.98
KCC 2 Restorative Rehab	5	1.91	20.9	4.18
GP 11W Nursing - Telemetry Med Surg	4	1.86	17.2	4.3
GP 8C Med Surg	8	1.89	33.9	4.24
GP 8 East Intermediate Care	8	1.99	32.2	4.03
GP 9W Intermediate Care	12	3.1	31	2.58
GP 8W Intermediate Care	10	2.69	29.7	2.97
GP 10 E	12	2.92	32.9	2.74
Labor and Delivery	21	12.44	13.5	0.64

Gp 6W Intermediate Care	10	2.51	31.9	3.19
Kp5 Antepartum	5	6.78	5.9	1.18
GP 5C/5E Cardiac ICU	14	4.91	22.8	1.63
KCC 6N/6S CICU CDSU stepdown	9	4	18	2
GP 7 West Intermediate Care	10	2.7	29.6	2.96
GP 7E Cardiac Intermediate Care	9	2.59	27.8	3.09
GP 7C Cardiac Intermediate	10	2.42	33.1	3.31
KP 8 Post/Ante Partum	6	3.31	14.5	2.42
KP 7 Post/Ante Partum	6	3.31	14.5	2.42
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	20	3.67	43.6	2.18
P5 Pediatric Medsurg	6	2.71	17.7	2.95
KCC 9 Neuro Surgery ICU	10	4.97	16.1	1.61
GP 11E Oncology Intermediate Care	10	2.88	27.8	2.78
GP 11C Oncology Intermediate Care	8	2.74	23.4	2.93
GP 9 East Medsurg	7	1.72	32.5	4.64
Madison 5 Adult Psych	5	1.8	22.2	4.44
KCC 7s Adult Psych	4	1.96	16.3	4.08
KCC 5N Medsurg	5	1.75	22.9	4.58

LPN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0

KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU	0	0
GP 5W Medical ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0
KCC 4/5S Split Unit (split unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 11W Nursing - Telemetry Med Surg	0	0
GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W Intermediate Care	0	0
GP 8W Intermediate Care	0	0
GP 10 E	0	0
Labor and Delivery	0	0
Gp 6W Intermediate Care	0	0
Kp5 Antepartum	0	0
GP 5C/5E Cardiac ICU	0	0
KCC 6N/6S CICU CDSU stepdown	0	0
GP 7 West Intermediate Care	0	0
GP 7E Cardiac Intermediate Care	0	0
GP 7C Cardiac Intermediate	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	0	0

Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology Intermediate Care	0	0
GP 11C Oncology Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0
KCC 5N Medsurg	0	0

NIGHT SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	0	0
KP 4 Gynecological Surgery Intermediate Care	0	0
KP 6 Palliative Care	0	0
P2 Pediatric Oncology	0	0
Pediatric Cardio ICU	0	0
Pediatric ICU	0	0
Surgical and Transplant ICU	0	0
GP 5W Medical ICU	0	0
GP 9C Transplant	0	0
GP 10C Oncology Intermediate Care	0	0

KCC 4/5S Split Unit (split unit 2 floors) Medicine	0	0
GP 10W Med surg	0	0
KCC 3S Rehab	0	0
KCC 2 Restorative Rehab	0	0
GP 11W Nursing - Telemetry Med Surg	0	0
GP 8C Med Surg	0	0
GP 8 East Intermediate Care	0	0
GP 9W Intermediate Care	0	0
GP 8W Intermediate Care	0	0
GP 10 E	0	0
Labor and Delivery	0	0
Gp 6W Intermediate Care	0	0
Kp5 Antepartum	0	0
GP 5C/5E Cardiac ICU	0	0
KCC 6N/6S CICU CDSU stepdown	0	0
GP 7 West Intermediate Care	0	0
GP 7E Cardiac Intermediate Care	0	0
GP 7C Cardiac Intermediate	0	0
KP 8 Post/Ante Partum	0	0
KP 7 Post/Ante Partum	0	0
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	0	0
P5 Pediatric Medsurg	0	0
KCC 9 Neuro Surgery ICU	0	0
GP 11E Oncology Intermediate Care	0	0
GP 11C Oncology Intermediate Care	0	0
GP 9 East Medsurg	0	0
Madison 5 Adult Psych	0	0
KCC 7s Adult Psych	0	0

KCC 5N Medsurg	0	0
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NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
P4S Pediatric Stepdown	1	1.05
KP 4 Gynecological Surgery Intermediate Care	1	1.63
KP 6 Palliative Care	2	1.44
P2 Pediatric Oncology	1	1.31
Pediatric Cardio ICU	1	1.57
Pediatric ICU	2	1.38
Surgical and Transplant ICU	2	0.66
GP 5W Medical ICU	2	1.5
GP 9C Transplant	4	1.06
GP 10C Oncology Intermediate Care	5	1.32
KCC 4/5S Split Unit (split unit 2 floors) Medicine	5	1.39
GP 10W Med surg	4	0.98
KCC 3S Rehab	5	2.01
KCC 2 Restorative Rehab	5	1.91
GP 11W Nursing - Telemetry Med Surg	3	1.4
GP 8C Med Surg	4	0.94
GP 8 East Intermediate Care	4	0.99
GP 9W Intermediate Care	4	1.03
GP 8W Intermediate Care	5	1.35
GP 10 E	4	0.97

Labor and Delivery	3	1.78
Gp 6W Intermediate Care	4	1
Kp5 Antepartum	2	2.71
GP 5C/5E Cardiac ICU	4	1.4
KCC 6N/6S CICU CDSU stepdown	2	0.89
GP 7 West Intermediate Care	2	0.54
GP 7E Cardiac Intermediate Care	3	0.86
GP 7C Cardiac Intermediate	3	0.73
KP 8 Post/Ante Partum	2	1.1
KP 7 Post/Ante Partum	2	1.1
Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	2	0.37
P5 Pediatric Medsurg	2	0.9
KCC 9 Neuro Surgery ICU	2	0.99
GP 11E Oncology Intermediate Care	3	0.86
GP 11C Oncology Intermediate Care	3	1.03
GP 9 East Medsurg	4	0.98
Madison 5 Adult Psych	5	1.8
KCC 7s Adult Psych	4	1.96
KCC 5N Medsurg	3	1.05

NIGHT SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>P4S Pediatric Stepdown</p>	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>
<p>KP 4 Gynecological Surgery Intermediate Care</p>	<p>There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).</p>

KP 6 Palliative Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
P2 Pediatric Oncology	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Pediatric Cardio ICU	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Pediatric ICU	1 Transport Nurse, 1 Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

Surgical and Transplant ICU	1 Charge Nurse without an assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 5W Medical ICU	1 Charge Nurse without an assignment, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 9C Transplant	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 10C Oncology Intermediate Care	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 4/5S Split Unit (split unit 2 floors) Medicine	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 10W Med surg	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 3S Rehab	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

KCC 2 Restorative Rehab	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11W Nursing - Telemetry Med Surg	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 8C Med Surg	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 8 East Intermediate Care	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 9W Intermediate Care	1 Charge Nurse without an assignment, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 8W Intermediate Care	Charge Nurse without an assignment, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 10 E	1 Senior Clinical Nurse, Business Associate, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

Labor and Delivery	1 Charge Nurse Without an Assignment, 2 Triage Nurses, 3 Business Associates, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Gp 6W Intermediate Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
Kp5 Antepartum	1 Business Associate There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 5C/5E Cardiac ICU	2 Business Associate (2 areas), 2 Charge Nurses Without Assignment (1 on 5C 1 on 5E). There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 6N/6S CICU CDSU stepdown	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 7 West Intermediate Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 7E Cardiac Intermediate Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 7C Cardiac Intermediate	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KP 8 Post/Ante Partum	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KP 7 Post/Ante Partum	1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care	1 Resource Nurse, 1 Charge Nurse without an assignment, 1 Business Associate. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
P5 Pediatric Medsurg	1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 9 Neuro Surgery ICU	1 Charge Nurse without an assignment. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

GP 11E Oncology Intermediate Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 11C Oncology Intermediate Care	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
GP 9 East Medsurg	1 Charge Nurse Without a Nurse, 1 Senior Clinical Nurse, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

Madison 5 Adult Psych	Security Support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 7s Adult Psych	Security Support, There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).
KCC 5N Medsurg	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc...).

NIGHT SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
P4S Pediatric Stepdown	Yes			
KP 4 Gynecological Surgery Intermediate Care	Yes			
KP 6 Palliative Care	Yes			
P2 Pediatric Oncology	Yes			
Pediatric Cardio ICU	Yes			
Pediatric ICU	Yes			
Surgical and Transplant ICU	Yes			
GP 5W Medical ICU	Yes			
GP 9C Transplant	Yes			
GP 10C Oncology Intermediate Care	Yes			
KCC 4/5S Split Unit (split unit 2 floors) Medicine	Yes			
GP 10W Med surg	Yes			
KCC 3S Rehab	Yes			
KCC 2 Restorative Rehab	Yes			
GP 11W Nursing - Telemetry Med Surg	Yes			
GP 8C Med Surg	Yes			
GP 8 East Intermediate Care	Yes			
GP 9W Intermediate Care	Yes			
GP 8W Intermediate Care	Yes			
GP 10 E	Yes			

Labor and Delivery	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.
Gp 6W Intermediate Care	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.

Kp5 Antepartum	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
GP 5C/5E Cardiac ICU	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>: Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>

<p>KCC 6N/6S CICU CDSU stepdown</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
<p>GP 7 West Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>

GP 7E Cardiac Intermediate Care	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.
GP 7C Cardiac Intermediate	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.

<p>KP 8 Post/Ante Partum</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
<p>KP 7 Post/Ante Partum</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>

<p>Neonatal ICU / Neonatal Intermediate Care / Neonatal Progressive Care</p>	<p>No</p>	<p>reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility. The space that is currently referred to as the "NICU" consists of 46 beds which, as per The Mount Sinai Hospital operating license, consists of 26 intensive care beds, 10 intermediate care beds, and 10 continuing care beds. Given that, the areas that neonatal care is being provided is staffed at/above appropriate levels of care for these patient populations.</p>	<p>Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization. As per our operating license the nicu is comprised of 26 icu beds, 10 intermediate beds, and 10 continuing care beds all staffed by the same cohort of nurses with the highest level of care. The space that is currently referred to as the "NICU" consists of 46 beds which, as per The Mount Sinai Hospital operating license, consists of 26 intensive care beds, 10 intermediate care beds, and 10 continuing care beds. Given that, the</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
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P5 Pediatric Medsurg	No	: Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.
KCC 9 Neuro Surgery ICU	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.

<p>GP 11E Oncology Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
<p>GP 11C Oncology Intermediate Care</p>	<p>No</p>	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>

GP 9 East Medsurg	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>
Madison 5 Adult Psych	No	<p>Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.</p>	<p>Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.</p>	<p>Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.</p>

KCC 7s Adult Psych	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.
KCC 5N Medsurg	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient assignment.

CBA INFORMATION

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

<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>12/31/20 25 12:00 AM</p>
<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>3103</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/20 24 12:00 AM</p>

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

1232