HERDS: 2805-t General Hospital Clinical Staffing Plan

Activity :	**General Hospital Clinical Staffing Plan Supplement**	Name :	**Arnot Ogden Medical Center (0116)**
Organization :	**Arnot Ogden Medical Center**	Address 1 :	**600 ROE AVENUE**
Form :	**2805-t General Hospital Clinical Staffing Plan**	Address 2 :	
Data Entity		City :	**ELMIRA**
Type :	**Hospital (pfi)**	State & Zip :	**NY-14905**
Name :	**Arnot Ogden Medical Center**	County :	**Chemung (015)**
Time Period :	**08/15/2023 12:00 AM**	Region :	**Western Regional Office**
		Phone & Fax:	

The New York State Department of Health is implementing Section 2805-t of the Public Health Law, entitled "Clinical staffing committees and disclosure of nursing quality indicators." Every licensed general hospital is required to submit its clinical staffing plan by July 1, 2022, and then annually July 1 thereafter. The Department directs that the general hospital clinical staffing plan be submitted by the Chief Executive Officer of the facility or their designee.

Attestation

The following is an updated clinical staffing plan submitted to the New York State Department of Health in accordance with Public Health Law (PHL) Section 2805-t (Clinical staffing committees and disclosure of nursing quality indicators). I, the undersigned, with responsibility for this general hospital, attest that the general hospital clinical staffing plan was developed in accordance, and complies, with PHL Section 2805-t, and includes all clinical patient care units of our general hospital license under Public Health Law Article 28.

First Name of person completing:*	Rachel
Last Name of person completing: *	Eckman-Knapp
Role at Facility: *	Director of Nursing Services
Phone Number:*	6072713759
Email:*	rachel.eckmanknapp@arnothealth
I am:*	[CEO's designee]
Description of the general hospital. Please include the general hospital's name and the titles of all the patient care units within the hospital: *	Acute Care Teaching Hospital

Directions for Additional information regarding Clinical Staffing Plan for units of the general hospital:

Please document the unit's name and provide the information requested for each patient care unit within the general hospital as defined in its operating certificate (for example, Intensive Care Unit, Critical Care Unit, Maternity Unit, Pediatric Unit, Psychiatric Unit, Medical Surgical Unit) in the section of the document for Day Shift, Evening Shift and Night Shift. There should be separate documentation submitted for each patient care unit and each shift within the general hospital.

When reporting the number of registered nurses, licensed practical nurses, and ancillary members of the frontline team, and number of patients, general hospitals should report the average number of each a unit has per shift.

Day Shift (for example, 7 am-3 pm) **

14. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Other]
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. *	Operating Room (OR)
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	15
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	12
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	0
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	2
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	16
Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	15
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0

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Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Unit Director, Coordinator, Educator
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

13. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Other]
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. *	PACU
Planned average number of Registered Nurses (RN) on	6

the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	0
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	8
Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	0

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Director, Coord
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

12. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Obstetrics/Gynecology]
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. *	L&D
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	6
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of patients on the unit per day	0

on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)

*

What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*

0

1

Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)

*

Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
*

0

Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

1

Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
*

8

Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

0

Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
*

0

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Director, Coord, Educator, Case Mgr
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

11. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Emergency Department]
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. *	Emergency Department
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	9
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	0
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5	3

digits. Ex: 101.50)

*

Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *

0

Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

1

Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *

8

Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

6

Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *

0

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Description of additional resources available to support unit level patient care on the Day Shift. These resources

Unit Director, Asst Director, Coord, Case Manager

include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff. *	
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

10. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Other]
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. *	Same Day Surgery
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	5
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	0
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1

Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
*

8

Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

1

Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
*

0

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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. *

Unit Director Clinical Coordinator

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *

[Yes]

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):	

9. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Medical/Surgical]
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. *	3C Med/Surg/Tele
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	2
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	2.2
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	7
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	3.5
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on	1.1

the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
*

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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. *	Director, Coordinator, Discharge Nurse, Case Manager
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

8. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Obstetrics/Gynecology]
Provide a description of Clinical Unit, including a description of typical patient services provided on the	Obstetrics

unit and the unit's location in the hospital. *	
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	4
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.7
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	18
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	4.5
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	.4
Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	2
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	.89

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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. *	Unit Director, Clinical Coordinator, Lactation Consultant, Educator
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

7. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Pediatric]
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. *	4C Pediatrics
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	1
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	4

Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	2
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	2
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	.2
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	1.6
Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	4

* Shift means a 24-hour period of time as a whole or divided into parts as appropriate to the reporting facility. This template has 3 eight-hour shifts (a Day Shift, approximately 7am to 3pm; an Evening Shift, approximately 3pm to 11pm; and a Night Shift, approximately 11pm to 7am).

There are multiple different shifts that could be worked, for example, 8-hour shifts, 12-hour shifts, or split shifts. For each category that is being identified (registered nurses, licensed practical nurses, ancillary members of the frontline team), please attribute the components of their time to the appropriate eight-hour shift as outlined in this template (Day Shift, Evening Shift, or Night Shift).

Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or

Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Admission/Discharge Nurse, Clinical Coordinator, Educator, Unit Director
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

6. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Neonatal]
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. *	Neonatal Intensive Care Unit
	6
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	4.8
	10
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	1.6
	0

Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	8
Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	.8

* Shift means a 24-hour period of time as a whole or divided into parts as appropriate to the reporting facility. This template has 3 eight-hour shifts (a Day Shift, approximately 7am to 3pm; an Evening Shift, approximately 3pm to 11pm; and a Night Shift, approximately 11pm to 7am).

There are multiple different shifts that could be worked, for example, 8-hour shifts, 12-hour shifts, or split shifts. For each category that is being identified (registered nurses, licensed practical nurses, ancillary members of the frontline team), please attribute the components of their time to the appropriate eight-hour shift as outlined in this template (Day Shift, Evening Shift, or Night Shift).

Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Clinical Coordinator Educator, Unit Director, Lactation COnsultant
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

5. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Medical/Surgical]
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. *	Med/Surge Tele
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	3
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	2
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	12
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	4
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift?	1

(Please provide a number with up to 5 digits. Ex: 101.50)*

Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *

8

Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

2

Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *

1.3

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *

Admission/Discharge Nurse, Clinical Coordinator, Unit Director, Case manager

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *

[Yes]

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):	

4. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Medical/Surgical]
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. *	Med/Surg/Tele
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	4
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.9
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	14
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	4.25
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3

Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *

1.4

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *

Admission/Discharge Nurse, Clinical Coordinator

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *

[Yes]

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):

3. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *

[Medical/Surgical]

HERDS: 2805-t General Hospital Clinical Staffing Plan

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. *	4D Medical Surgical Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	5
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.8
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	22
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	4.4
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	8
Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	1.1

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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. *	Admission/Discharge Nurse, Clinical Coordinator, Unit Director
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

2. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Intensive Care]
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. *	Intensive Care Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	7
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day	4

Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	14
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?*	2
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	0
Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	8
Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) *	1.7

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Admission/Discharge Nurse, Charge Nurse, Clinical Coordinator, Unit Director
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

1. Day Shift (for example, 7 am-3 pm)

The measurements provided in this section should only reflect measurements for the day shift.

Name of Clinical Unit: *	[Stepdown]
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. *	5D Medical Surgical and Step Down Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	5
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.6
Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	24
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	4.8

up to 5 digits. Ex: 101.50) ?*

1

Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)

*

Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
*

.3

Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

1

Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
*

8

Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

4

Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
*

1.3

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day

Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Admission/Discharge Nurse, Clinical Coordinator
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

Day Shift Extension (for example, 7 am-3 pm)**

Evening Shift (for example, 3 pm-11pm)**

14. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Other]
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. *	OR
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	15
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	12
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	0
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	2

Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	16
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	15
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0

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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. *	Director, Coordinator, Educator
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

13. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Other]
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. *	PACU
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	4
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	0
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0

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There are multiple different shifts that could be worked, for example, 8-hour shifts, 12-hour shifts, or split shifts. For each category that is being identified (registered nurses, licensed practical nurses, ancillary members of the frontline team), please attribute the components of their time to the appropriate eight-hour shift as outlined

in this template (Day Shift, Evening Shift, or Night Shift).

Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Unit Clerk
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

12. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Obstetrics/Gynecology]
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. *	L&D
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	6
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	0
Planned average number of Licensed Practical Nurses	1

(LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0

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There are multiple different shifts that could be worked, for example, 8-hour shifts, 12-hour shifts, or split shifts. For each category that is being identified (registered nurses, licensed practical nurses, ancillary members of the frontline team), please attribute the components of their time to the appropriate eight-hour shift as outlined in this template (Day Shift, Evening Shift, or Night Shift).

Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Unit Clerk
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]

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):

11. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *   [Emergency Department]

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. *

ED

Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)

*

9

Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*

0

Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

0

What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*

0

Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

3

Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*

0

Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

1

Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*

8

Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

6

Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*

0

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divided into parts as appropriate to the reporting facility. This template has 3 eight-hour shifts (a Day Shift, approximately 7am to 3pm; an Evening Shift, approximately 3pm to 11pm; and a Night Shift, approximately 11pm to 7am).

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Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Coord
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

10. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Other]
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. *	SDS
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	4

Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	0
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0

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employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Unit Clerk
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

9. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Medical/Surgical]
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. *	3C
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	2
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	2.2
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	7
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	3.5
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5	8

digits. Ex: 101.50)*	
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.1

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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. *	Clinical Coordinator, Admission/Discharge Nurse
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

8. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Obstetrics/Gynecology]
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. *	Obstetrics
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	3
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	3.4
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	7
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	2.3
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.1

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Unit Secretary
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

7. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Pediatric]
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. *	4C Pediatrics
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	1
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	4
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	2
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	2
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	0

to 5 digits. Ex: 101.50)*	
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	.2
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.6
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	4

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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. *	Unit Secretary
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

6. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Neonatal]
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. *	Neonatal Intensive Care Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	6
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	4.8
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	10
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	1.6
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0

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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. *	Unit Secretary
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

5. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Medical/Surgical]
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. *	3B med/surge/tele
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	2
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the	1.3

Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	12
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	6
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	2
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.3

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part of the Evening Shift (3 PM - 7 PM).

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. *	Admission/Discharge Nurse
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

4. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Medical/Surgical]
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. *	4B Medical Surgical Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	4
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.9
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	17
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	4.25
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8

Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.4

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Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Admission/Discharge Nurse
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

3. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Medical/Surgical]

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. *	4D Medical Surgical Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	4.5
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.6
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	22
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	4.8
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.1

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Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Admission/Discharge Nurse
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

2. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Intensive Care]
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. *	Intensive Care Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	7
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	4
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	14
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	2
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0

Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	2
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.1

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Split shifts or shorter than eight-hour shifts would be recorded in the appropriate Day Shift, Evening Shift, or Night Shift.

If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Charge Nurse, Admission/Discharge Nurse
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

1. Evening Shift (for example, 3 pm-11pm)

The measurements provided in this section should only reflect measurements for the evening shift.

Name of Clinical Unit: *	[Stepdown]
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. *	5D Medical Surgical and Step Down Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) *	4.5
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.5
Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	24
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	5.3
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	.3
Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1

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approximately 11pm to 7am).

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Admission/Discharge Nurse
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: *	[Yes]
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):	

Evening Shift Extension (for example, 7 am-3 pm)**

Night Shift (for example, 11 pm-7 am)**

11. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*	[Obstetrics/Gynecology]
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.*	L&D
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	4
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits.	0

Ex: 101.50)*	
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	0
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Unit Clerk
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

10. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.	
Name of Clinical Unit:*	[Emergency Department]
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.*	ED
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	6
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	0
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3

Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0

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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. *	Unit Clerk/Processor
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

9. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*	[Medical/Surgical]
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.*	3C

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Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.1
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	7
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	7
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	.2
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.6
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.1

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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. *	Unit Clerk
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

8. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*	[Obstetrics/Gynecology]
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.*	Obstetrics
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	3.4
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	7
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	2.3
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of ancillary members of the frontline	0

team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.1

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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. *	Unit Secretary
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

7. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*	[Pediatric]
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.*	4C Pediatrics
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	4
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	2
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	2
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	.2
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.6
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	4

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Unit Secretary
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

6. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*	[Neonatal]
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.*	Neonatal Intensive Care Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	6
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	4.8
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	10
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	1.6
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift	0

(Please provide a number with up to 5 digits. Ex: 101.50)*	
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0

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If a 12-hour shift is scheduled, the total number of hours for the first part of the shift would be recorded in the appropriate category (Day Shift, Evening Shift, or Night Shift), and then the second part of the shift would be reported in the next appropriate shift. For example, the employee could have eight hours recorded in the Day Shift (7 AM - 3 PM), and four hours recorded in the first part of the Evening Shift (3 PM - 7 PM).

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. *	Unit Secretary
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

5. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*	[Medical/Surgical]
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.*	3B
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	2
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.3
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	12
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	6
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	.2
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.6
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	.7

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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. *	Unit Secretary
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

4. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*	[Medical/Surgical]
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.*	4B Medical Surgical Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.4
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	17
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	5.6

up to 5 digits. Ex: 101.50)?*	
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	.2
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.6
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	2
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	.9

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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. *	Unit Secretary

Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

3. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*	[Medical/Surgical]
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.*	4D Medical Surgical Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	4
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.5
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	22
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	5.5
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	.2
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.6
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.1

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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. *	Unit Secretary
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

2. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*	[Intensive Care]
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.*	Intensive Care Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	7
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits.	4

Ex: 101.50)*	
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	14
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	2
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	0
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	8
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	2
Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.1

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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. *	Charge Nurse
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

1. Night Shift (for example, 11 pm-7 am)

The measurements provided in this section should only reflect measurements for the night shift.

Name of Clinical Unit:*	[Stepdown]
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.*	5D Medical Surgical and Step Down Unit
Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	4
Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.3
Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	24
What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?*	6
Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	1
Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	.3
Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	.2
Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1.6
Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*	3

Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)*	1

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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. *	Clinical Coord
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:*	[Yes]
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):	

Night Shift Extension (for example, 7 am-3 pm)**

Details Regarding the Plan

This facility's clinical staffing committee was established on this date:*	12/16/2021
The facility's clinical staffing committee was a: *	[New committee]

We have one or more collective bargaining agreements:* [Yes]

[Communications Workers of America]

If yes, then:

Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):

**Please select association and identify staff (e.g. nurses, ancillary staff, etc.) represented.

Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:	
The number of hospital employees represented by New York State Nurses Association is:	
Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	
The number of hospital employees represented by SEIU 1199 is:	
Our general hospital's collective bargaining agreement with Communications Workers of America expires on the following date:	07/23/2024
The number of hospital employees represented by Communication Workers of America is:	297
Our general hospital's collective bargaining agreement with CSEA expires on the following date:	
The number of hospital employees represented by CSEA is:	
Our general hospital's collective bargaining agreement with DC 37 expires on the following date:	
The number of hospital employees represented by DC37 is:	
Please provide the name of the union:	
Our general hospital's collective bargaining agreement expires on the following date:	
The number of hospital employees represented by the union(s) above is:	

[Yes]

Do the collective bargaining agreements of the registered nurses, licensed practical nurses, and/or the ancillary members of the frontline team govern how members of the clinical staffing committee are chosen?

*

If yes, what provision of the respective bargaining agreements determine how the members of the clinical staffing committee are chosen?	Members Chosen by CWA
If no, what is the method by which the members who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are selected by their peers?	
When was the first meeting of the clinical staffing committee?*	06/23/2022
Since the last submission of the clinical staffing plan, on	8/29/2029, 10/21/2022, 12/29/2022, 1/20/2023, 2/3/2023, 3/3/2023, 3/17/2023, 3/31/2023, 4/14/2023, 5/26/2023, 6/23/2023

which dates has the clinical staffing committee met?

*

Clinical Staffing Committee Members

7. Hospital Administration Committee Members

The members of the clinical staffing committee selected
by the general hospital administration are:

First Name:*   Carrie

Last Name:*   Locke

Title:*   [Patient Care Unit Directors]

Please describe the title in greater detail:

6. Hospital Administration Committee Members

The members of the clinical staffing committee selected
by the general hospital administration are:

First Name:*   Maria

Last Name:*   Caraballo

Title:*   [Patient Care Unit Directors]

Please describe the title in greater detail:

5. Hospital Administration Committee Members

The members of the clinical staffing committee selected
by the general hospital administration are:

First Name:*   Laura

Last Name:*   Frank

Title:*   [Patient Care Unit Directors]

Please describe the title in greater detail:

4. Hospital Administration Committee Members

The members of the clinical staffing committee selected
by the general hospital administration are:

First Name:*   Shelly

Last Name:*   Derr

Title:*   [Patient Care Unit Directors]

Please describe the title in greater detail:

3. Hospital Administration Committee Members

The members of the clinical staffing committee selected
by the general hospital administration are:

First Name:*   Rachel

Last Name:*   Eckman-Knapp

Title:* [Manager]

Please describe the title in greater detail: [   ]

2. Hospital Administration Committee Members

The members of the clinical staffing committee selected by the general hospital administration are:

First Name:* Steven

Last Name:* Kenny

Title:* [Chief Financial Officer]

Please describe the title in greater detail: [   ]

1. Hospital Administration Committee Members

The members of the clinical staffing committee selected by the general hospital administration are:

First Name:* Gloria

Last Name:* Santos

Title:* [Chief Nursing Officer]

Please describe the title in greater detail: [   ]

9. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:* Kimberly

Last Name:* Bennet

Title:* [Ancillary Frontline Staff Member]

Please describe the title in greater detail: [   ]

8. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:* Terrah

Last Name:* Wheeler

Title:* [Registered Nurse]

Please describe the title in greater detail: [   ]

7. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:* Kathleen

Last Name:* Adams

Title:* [Registered Nurse]

Please describe the title in greater detail: [   ]

6. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Kelsey
Last Name:*	Vough
Title:*	[Registered Nurse]
Please describe the title in greater detail:	

5. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Samantha
Last Name:*	Curren
Title:*	[Registered Nurse]
Please describe the title in greater detail:	

4. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Christine
Last Name:*	Shope
Title:*	[Registered Nurse]
Please describe the title in greater detail:	

3. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Ashlea
Last Name:*	Howe
Title:*	[Registered Nurse]
Please describe the title in greater detail:	

2. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Kelly
Last Name:*	Swan
Title:*	[Ancillary Frontline Staff Member]
Please describe the title in greater detail:	

1. Frontline Staff Committee Members

The members of the clinical staffing committee who are registered nurses, licensed practical nurses, and ancillary members of the frontline team are:

First Name:*	Donald
Last Name:*	Paul
Title:*	[Ancillary Frontline Staff Member]
Please describe the title in greater detail:	

The clinical staffing committee considered all the factors in Public Health Law Section 2805-t(4)(b)(i) through (xvi) in development of the clinical staffing plan: *   [Yes]

*Required Fields. ** Repeatable Sections.*

Form Rules: