

HOSPITAL INFORMATION

Region	Central Regional Office
County	Cayuga
Council	Central New York
Network	INDEPENDENT
Reporting Organization	Auburn Community Hospital
Reporting Organization Id	0085
Reporting Organization Type	Hospital (pfi)
Data Entity	Auburn Community Hospital

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
CCU	4	4	7.4	2
BHU	3	4	9.6	4
OB	3	3	7.2	3
3M (Inpatient Med/Surg)	5	1.7	22	5
4C (Inpatient Med/Surg unit)	5	1.7	22	5
2M (inpatient Med/Surg)	2	1.3	5	3

LPN DAY SHIFT STAFFING

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

OB	0	0
3M (Inpatient Med/Surg)	0	0
4C (Inpatient Med/Surg unit)	0	0
2M (inpatient Med/Surg)	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	1	0
BHU	1	0
OB	1	0
3M (Inpatient Med/Surg)	3	0
4C (Inpatient Med/Surg unit)	3	0
2M (inpatient Med/Surg)	1	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	1	1

BHU	1	0.78
OB	1	1
3M (Inpatient Med/Surg)	3	1
4C (Inpatient Med/Surg unit)	3	1
2M (inpatient Med/Surg)	1	1.5

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
CCU	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)

BHU	Unit Secretary. additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
OB	unit secretary and depending on acuity and patient volume additional resources will be assessed and utilized. (exploring the options of utilizing LPN's in our care team.)
3M (Inpatient Med/Surg)	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
4C (Inpatient Med/Surg unit)	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
2M (inpatient Med/Surg)	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)

DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
CCU	Yes			
BHU	Yes			
OB	Yes			

<p>3M (Inpatient Med/Surg)</p>	<p>No</p>	<p>of the CSC proposed to use a ratio of 4:1. First, the staffing reflected in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent</p>	<p>in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent circumstances. At times, we staff above the levels set</p>	<p>employee representatives of the CSC proposed to use a ratio of 4:1.</p>
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<p>4C (Inpatient Med/Surg unit)</p>	<p>No</p>	<p>of the CSC proposed to use a ratio of 5:1. First, the staffing reflected in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent</p>	<p>in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent circumstances. At times, we staff above the levels set</p>	<p>Employee representatives of the CSC proposed the use of a ratio of 5:1.</p>
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<p>2M (inpatient Med/Surg)</p>	<p>No</p>	<p>of the CSC proposed to use a ratio of 5:1. First, the staffing reflected in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent</p>	<p>in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent circumstances. At times, we staff above the levels set</p>	<p>employee representatives of the CSC proposed to use a ratio of 5:1.</p>
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RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
CCU	4	4	7.4	2
BHU	3	2.4	9.3	4
OB	3	4	5.7	2
3M	4	1.5	20.3	5
4C	4	1.4	21.4	5
2M	2	1.3	5	2.5

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	0	0
BHU	0	0
OB	0	0
3M	0	0
4C	0	0
2M	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	1	0
BHU	1	0
OB	1	0
3M	3	0
4C	3	0
2M	1	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	1	1
BHU	1	1.24
OB	1	1.3
3M	3	1.1
4C	3	1.05
2M	1	0.66

EVENING SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>CCU</p>	<p>unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)</p>
<p>BHU</p>	<p>additional resources are assessed and utilized dependent upon patient acuity and unit volume. (We are exploring the options of LPN's in our care team)</p>
<p>OB</p>	<p>unit secretary and depending on acuity and patient volume additional resources will be assessed and utilized. (exploring the options of utilizing LPN's in our care team.)</p>

3M	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
4C	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
2M	unit secretary, additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)

EVENING SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	
CCU	Yes			
BHU	Yes			
OB	Yes			

<p>3M</p>	<p>No</p>	<p>of the CSC proposed to use a ratio of 4:1. First, the staffing reflected in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent</p>	<p>in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent circumstances. At times, we staff above the levels set</p>	
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4C	No	<p>of the CSC proposed to use a ratio of 5:1. First, the staffing reflected in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent</p>	<p>in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent circumstances. At times, we staff above the levels set</p>	
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<p>2M</p>	<p>No</p>	<p>of the CSC proposed to use a ratio of 5:1. First, the staffing reflected in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent</p>	<p>in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent circumstances. At times, we staff above the levels set</p>	
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RN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
CCU	4	4.6	7	2.3
BHU	2	1.7	9.4	4
OB	2	2.6	6	3
3M	3	1	21	7
4C	3	1.1	22	7
2m	2	3.2	5	3

LPN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	0	0
BHU	0	0
OB	0	0
3M	0	0
4C	0	0
2m	0	0

NIGHT SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	1	0
BHU	1	0
OB	1	0
3M	3	0
4C	3	0
2m	1	0

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
CCU	1	1.1
BHU	1	0.85
OB	1	1.3
3M	3	1.1
4C	3	1.1
2m	1	1.6

NIGHT SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>CCU</p>	<p>additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)</p>
<p>BHU</p>	<p>additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)</p>
<p>OB</p>	<p>additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)</p>

3M	additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
4C	additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)
2m	additional resources are assessed and utilized based upon the patient acuity and patient volume (We are exploring the options to utilize LPN's as part of our care team)

NIGHT SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
CCU	Yes			
BHU	Yes			
OB	Yes			

<p>3M</p>	<p>No</p>	<p>of the CSC proposed to use a ratio of 4:1. First, the staffing reflected in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due</p>	<p>in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent circumstances. At times, we staff above the levels set</p>	<p>employee representatives of the CSC proposed to use a ratio of 4:1.</p>
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4C	No	<p>of the CSC proposed to use a ratio of 5:1. First, the staffing reflected in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent</p>	<p>in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent circumstances. At times, we staff above the levels set</p>	<p>Employee representatives of the CSC proposed the use of a ratio of 5:1.</p>
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2m	No	<p>of the CSC proposed to use a ratio of 5:1. First, the staffing reflected in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent</p>	<p>in the CSP set forth above reflects current Hospital staffing of the units. These levels have been put in place by our providers and our clinical staff as levels with which we can achieve quality care and operate a financially viable Hospital in a safe manner. Second, these staffing levels are consistent with the negotiated levels in the collective bargaining agreements between the Hospital and 1199SEIU and the Hospital and AFSCME Local 3124. Third, these levels are consistent with recognized national standards and staffing in our region of New York State. Fourth, we deviate from the staffing set forth in this CSP when needed due to acuity and emergent circumstances. At times, we staff above the levels set</p>	<p>employee representatives of the CSC proposed to use a ratio of 5:1.</p>
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CBA INFORMATION

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

Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:

07/31/20
23 12:00
AM

The number of hospital employees represented by SEIU 1199 is:

135

Please provide the name of the union:

1199
SEIU