

HERDS: 2805-t General Hospital Clinical Staffing Plan

New York State Dept. of Health

Activity :	General Hospital Clinical Staffing Plan Supplement	Name :	St Luke's Cornwall Hospital Newburgh (0694)
Organization :	St Luke's Cornwall Hospital Newburgh	Address 1 :	70 DUBOIS STREET
Form :	2805-t General Hospital Clinical Staffing Plan	Address 2 :	
Data Entity		City :	NEWBURGH
Type :	Hospital (pfi)	State & Zip :	NY-12550
Name :	St Luke's Cornwall Hospital Newburgh	County :	County : Orange (071)
Time Period :	Fri Jun 28 00:00:00 EDT 2024	Region :	Region : Metropolitan Area 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:*

Margaret

Last Name of person completing: *

Allers

Role at Facility: *

SVP/COO/CNO

Phone Number:*

8455682205

Email:*

mallers@montefioreslc.org

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 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) **

17. 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: *

[Infusion Services]

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. *

Outpatient Infusion Services

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)*

1.06

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)

23

*

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) ?*

7.67

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)*

0

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) *

0

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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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. *

Business Coordinator, AVP and Director, Pharmacist

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):

16. 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: *

[Cardiac Catheterization/EP]

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. *

Cardiac Cath/IR Pre and Postprocedural Areas

Planned average number of Registered Nurses (RN) on

2

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)*

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)

*

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)

*

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)*

4

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)

*

30

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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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, Environmental Services

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):

15. 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: *

[Cardiac Catheterization/EP]

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. *

Cardiac Cath/Interventional Radiology Procedure Rooms

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

2.63

Planned average number of patients on the unit per day

20

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) ?*

2.86

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)*

3

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)

*

22.5

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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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, Environmental Services, Data base Coordinator, 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):

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. *

Pain/Minor Procedures

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)*

1

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)

5.4

*

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) ?*

5.4

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

0

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)

*

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

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

*

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

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

*

	0
	0
	0
	0
	0

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

Department Secretary, Clinical Nurse Manager, Environmental Services
--

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:

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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: *

[Ambulatory Surgery]

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. *

Ambulatory Surgery Pre and Post procedural Care

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)

10

*

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)*

2.68

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)

28

*

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

0

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)
*

.27

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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. *

Department Secretary, Clinical Nurse Manager, Director of Periop Services, Environmental Services

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: *

[Endoscopy]

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. *

Endoscopy Pre and Post Procedure

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)

2.5

*

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)*

3.37

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)

8.9

*

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

0

*

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

0

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. *

Department Secretary, Clinical Nurse Manager, Environmental Services, Director of Periop Services

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: *

[Endoscopy]

Provide a description of Clinical Unit, including a description of typical patient services provided on the

Endoscopy Procedure Room

unit and the unit's location in the hospital. *

	1
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)*	1.19
	8.9
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)	
*	
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) ?*	8.9
	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)*	0
	0
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)	
*	
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
	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)	
*	

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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. *

Central Sterile Processing Technician, Environmental Services,

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. *

PACU

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)*

1.5

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)*

0

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)

0

*

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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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 Nurse Manager, Business Coordinator, Environmental Services, OR Assistants

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: *

[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

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)*

2.5

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) ?*

3.5

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)*

8

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)

*

60

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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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. *

Department secretary, scheduler, Business Coordinator, OR assistants, Environmental services, Clinical Nurse Manager, Director of Periop Services

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: *

[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. *

7North

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)

2.0

*

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)*

1.25

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) ?*

6

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?

2

(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)
*

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)*

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

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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. *

Clinical Nurse Manager/Navigator, EVS Personnel, Unit Secretary, Shared Wound Care RN

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:

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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: *

[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 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)*

3.2

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)

5

*

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) ?*

2.5

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)*

.53

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) *

4.24

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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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 Nurse Manager/Director, Lactation Specialist, Neonatologist, Addiction Navigator, EVS Personnel

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: *

[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. *

6N Birthing Center

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

3.43

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)

16

*

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) ?*

2.33

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)*

.63

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)

5.04

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)

1.06

*

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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. *

PCA/Unit Secretary, Clinical Nurse Manager and Director, OB Navigator, Lactation Specialist, Shared Wound Care RN, EVS Personnel

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:

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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: *

[Telemetry]

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. *

5 North (Med/Surg, Telemetry)

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

1.6

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)

30

*

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) ?*

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)

1.75

*

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)

.41

*

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)*

3.13

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)

25.04

*

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)

.8

*

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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 Secretary, Clinical Nurse Manager, EVS Personnel, Shared Wound Care RN

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: *

[Telemetry]

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. *

4North (Med/Surg, Telemetry)

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)*

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)

30

*

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

5

up to 5 digits. Ex: 101.50) ?*

1.75
.41
3.13
25.04
3
.8

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)

*

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

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

*

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

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

*

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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 Secretary, Clinical Nurse Manager, EVS Personnel, Shared Wound Care RN

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: *

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

4.0

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)

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

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

5

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)
*

40

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)
*

.57

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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 Secretary, Clinical Nurse Manager, , EVS Personnel, Shared Wound Care RN

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:

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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: *

[Telemetry]

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. *

3North (Med/Surg and Telemetry)

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)*

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)

30

*

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) ?*

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)

1.75

*

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)

.41

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)*

3.63

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)

29.04

*

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)
*

.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).

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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. *

Unit Secretary, Clinical Nurse Manager, EVS Staff, Shared Wound Care RN

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. *

2North (Stepdown 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)

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)*

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)

16

*

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

2.03

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)

16.24

*

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

*

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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 Secretary, Clinical Nurse Manager, EVS Personnel, Shared Wound Care RN

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:

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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)**

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: *

[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. *

7North
2.0

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

*

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

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

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

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

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

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

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

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

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

	1.25
	12
	6
	0
	0
	0
	0
	1
	.67

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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 Nurse Manager/Navigator, Nursing Supervision, EVS Personnel, Unit Secretary, Shared Resource RN

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: *

[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)

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)*

3.2

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)*

5

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)?*

2.5

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)*

.37

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)*

2.96

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. *

Clinical Nurse Manager, EVS Personnel, Nursing Supervision, Shared Resource RN
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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:

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Statement by members of clinical staffing committee selected by the general hospital administration (management members):

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Statement by members of clinical staffing committee

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that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):

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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: *

[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. *

6N Birthing Center

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)*

3.43

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)*

16

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)?*

2.33

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)*

.33

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)*

2.64

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)*

1.06

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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, Lactation Specialist, Clinical Nurse Manager/Director, EVS Personnel, Nursing Supervision

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: *

[Telemetry]

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. *

5 North (Med/Surg, Telemetry)

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)

5.5

*

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)*

1.47

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)*

30

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)?*	5.45
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)*	1.56
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)*	.32
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)*	.3
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)*	2.4
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)*	.8

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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

Unit Secretary, Clinical Nurse Manager, EVS Personnel, Nursing Supervision, Shared Resource Nurse

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:

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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: *

[Telemetry]

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. *

4 North (Med/Surg, Telemetry)

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)

5.5

*

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)*

1.47

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)*

30

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)?*

5.45

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)*

1.56

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)*

.32

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)*

.3

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)*

2.4

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

.8

the Evening 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 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, Clinical Nurse Manager, , EVS Personnel, Shared Resource Nurse, Nursing Supervision

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: *

[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

7

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

*

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

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

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

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

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

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

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

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

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

4	
14	
2	
0	
0	
.75	
6	
1	
.57	

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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 Nurse Manager, EVS Staff, Nursing Supervision, Shared Resource 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: *

[Telemetry]

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. *

3 North (Med/Surg and Telemetry)

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)

5.5

*

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)*

1.47

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)*

30

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)?*

5.45

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)*

1.56

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)*

.32

Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift?

.3

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

--

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

2.4

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)*

.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 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, Clinical Nurse Manager , EVS Personnel, Shared Resource Nurse, Nursing Supervision
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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:

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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. *

2North (Stepdown)

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)*

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)*

16

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

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)*

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)*

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

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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 Secretary, Nursing Supervision Clinical Nurse Manager, EVS Personnel, Shared Resource 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)**

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:*

[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.*

7North

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)*

1.25

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)*	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)*	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)*	.8

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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

Clinical RN Manager, Nursing Supervision, EVS Personnel, Shared Resource Nurse

to registered nurses, licensed practical nurses, and ancillary staff. *

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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:

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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):

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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:*

[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)*

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)*

3.2

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)*

5

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)?*

2.5

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)*

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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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 Nurse Manager/Director, EVS Personnel, Nursing Supervision, Shared Resource 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):

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:*

[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.*

6 North (Birthing Center)

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. Ex: 101.50)*	3.43
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)*	16
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)?*	2.33
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)*	.33
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)*	2.64
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)*	.53

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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 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 Nurse Manager/Director, EVS Personnel, Nursing Supervisor, Shared Resource 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):

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:*

[Telemetry]

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.*

5 North (Med/Surg, Telemetry)

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)*

5

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)*

1.33

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)*

30

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)*

.3

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)*

2.4

Planned average number of unlicensed personnel on the

3

unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)*

--

Planned total hours of 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)*

.8

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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, Clinical Nurse Manager, EVS Personnel, Nursing Supervision, Shared Resource 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:

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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:*

[Telemetry]

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.*

4 North (Med/Surg, Telemetry)

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)*

5

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)*

1.33

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)*

30

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)*

.3

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)*

2.4

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)*

.8

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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 Nurse Manager, EVS Personnel, Nursing Supervision, Shared Resource 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. 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. 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)*

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:

.5

101.50)*

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 5 digits. Ex: 101.50)*

4

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)*

.57

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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 Nurse Manager, EVS Personnel, Nursing Supervision, Shared Resource 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. 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:*

[Telemetry]

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.*

3 North (Med/Surg and Telemetry)

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)*

5

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)*

1.33

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)*

30

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)*

.3

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)*

2.4

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)*

.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 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 Nurse Manager, EVS Personnel, Nursing Supervision, Shared Resource 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.*

2 North (Stepdown)

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)*

2

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)*

16

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)?*

4

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)*

1

* 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 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 Nurse Manager, EVS Personnel, Nursing Supervision, Shared Resource 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):

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

Details Regarding the Plan

This facility's clinical staffing committee was established on this date:*

12/30/2021

[New committee]

The facility's clinical staffing committee was a:
*

We have one or more collective bargaining agreements:*

[Yes]
[Other][SEIU 1199]

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:

09/30/2024

The number of hospital employees represented by SEIU 1199 is:

584

Our general hospital's collective bargaining agreement with Communications Workers of America expires on the following date:

The number of hospital employees represented by Communication Workers of America is:

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:

1199/445 Teamsters

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

09/30/2024

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

345

[No]

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?

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?

Committee established by nominations received from the collective bargaining unit members and their leadership

When was the first meeting of the clinical staffing committee?*

02/24/2022

Since the last submission of the clinical staffing plan, on which dates has the clinical staffing committee met?

7/17/23,7/27/23,10/17/23,11/21/23,1/16/24,,2/20/24,3/19/24,4/16/24,5/28/24,6/18/2024

*

Clinical Staffing Committee Members

12. Hospital Administration Committee Members

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

First Name:*

Cate

Last Name:*

Livsey

Title:*

[Other]

Please describe the title in greater detail:

HR Business Partner

11. Hospital Administration Committee Members

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

First Name:*

Jennie

Last Name:*

Drexler

Title:*

[Other]

Please describe the title in greater detail:

Director of Cardiac Cath

10. Hospital Administration Committee Members

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

First Name:*

Georgia

Last Name:*

Colquhoun-Pryce

Title:*

[Other]

Please describe the title in greater detail:

Director, Human Resources

9. Hospital Administration Committee Members

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

First Name:* Christopher
 Last Name:* Rhynehart
 Title:* [Other]
 Please describe the title in greater detail: AVP, Critical Care

8. Hospital Administration Committee Members

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

First Name:* Bonnie
 Last Name:* Heal
 Title:* [Patient Care Unit Directors]
 Please describe the title in greater detail:

7. Hospital Administration Committee Members

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

First Name:* Janelle
 Last Name:* Carr
 Title:* [Other]
 Please describe the title in greater detail: AVP, Ambulatory Services

6. Hospital Administration Committee Members

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

First Name:* Kathleen
 Last Name:* Sheehan
 Title:* [Other]
 Please describe the title in greater detail: Assistant Chief Nursing Officer

5. Hospital Administration Committee Members

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

First Name:* Thomas
 Last Name:* Gibney
 Title:* [Chief Financial Officer]
 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:* Margaret
 Last Name:* Allers

Title:* [Chief Nursing Officer]
 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:* Laurie
 Last Name:* Conan
 Title:* [Other]
 Please describe the title in greater detail: VP: Human Resources

2. Hospital Administration Committee Members

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

First Name:* Kathleen
 Last Name:* Holter
 Title:* [Other]
 Please describe the title in greater detail: Director, Nursing Resources

1. Hospital Administration Committee Members

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

First Name:* Susanne
 Last Name:* Curry
 Title:* [Other]
 Please describe the title in greater detail: AVP, Clinical Practice

13. 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:* Cody
 Last Name:* DeNari
 Title:* [Other (please describe)]
 Please describe the title in greater detail: Union Representative/Non Voting Member

12. 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:* Elizabeth
 Last Name:* Cruz
 Title:* [Other (please describe)]
 Please describe the title in greater detail: OR Surgical Tech

11. 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:*	Dan
Last Name:*	Maldonado
Title:*	[Other (please describe)]
Please describe the title in greater detail:	Local 445/Secretary Treasure/Principal Officer: non-voting member

10. 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:*	Peggy
Last Name:*	Wineski
Title:*	[Other (please describe)]
Please describe the title in greater detail:	1199 SEIU Organizer (non-voting member)

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:*	Tabitha
Last Name:*	Washington
Title:*	[Other (please describe)]
Please describe the title in greater detail:	OR Assistant

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:*	Stacey
Last Name:*	Lloyd
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:*	Erica
Last Name:*	Bariletti
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:*	Dana
Last Name:*	Caruso
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:*	Brenda
Last Name:*	Taylor
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:*	Donna
Last Name:*	Ortiz
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:*	Elizabeth
Last Name:*	Blackwell
Title:*	[Other (please describe)]
Please describe the title in greater detail:	Patient Care Assistant

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:*	Sandra
Last Name:*	Valera
Title:*	[Other (please describe)]
Please describe the title in greater detail:	Phlebotomist/ED

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:*	Christina
Last Name:*	Troy
Title:*	[Registered Nurse]
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: