

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	Rockland
<b>Council</b>	Mid-Hudson
<b>Network</b>	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
<b>Reporting Organization</b>	Helen Hayes Hospital
<b>Reporting Organization Id</b>	0775
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	Helen Hayes Hospital

RN DAY SHIFT STAFFING

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>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)</b></p>	<p><b>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)</b></p>	<p><b>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)</b></p>	<p><b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?</b></p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B</p>	<p>3</p>	<p>1.63</p>	<p>15</p>	<p>5</p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A</p>	<p>3</p>	<p>1.63</p>	<p>15</p>	<p>5</p>
<p>Physical Medicine and Rehabilitation Unit 2A</p>	<p>3</p>	<p>1.8</p>	<p>14</p>	<p>4.6</p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B</p>	<p>2</p>	<p>0.64</p>	<p>12</p>	<p>6</p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A</p>	<p>2</p>	<p>0.64</p>	<p>12</p>	<p>6</p>
<p>Physical Medicine and Rehabilitation Unit 2A</p>	<p>2</p>	<p>0.72</p>	<p>12</p>	<p>6</p>

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 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)
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	0	0
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	0	0
Physical Medicine and Rehabilitation Unit 2A	0	0
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	0	0
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	0	0
Physical Medicine and Rehabilitation Unit 2A	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 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)
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	5	10
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	5	10
Physical Medicine and Rehabilitation Unit 2A	5	8
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	5	10
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	5	10
Physical Medicine and Rehabilitation Unit 2A	5	8

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	4	2.18
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	4	2.18
Physical Medicine and Rehabilitation Unit 2A	3	1.8
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	4	0.64
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	4	0.64
Physical Medicine and Rehabilitation Unit 2A	3	0.72

DAY SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B</p>	<p>Nurse Manager, Unit Clerk, Monitors/Sitters</p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A</p>	<p>Nurse Manager, Unit Clerk, Monitors/Sitters</p>
<p>Physical Medicine and Rehabilitation Unit 2A</p>	<p>Nurse Manager, Unit Clerk, Monitors/Sitters</p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B</p>	<p>Nurse Manager, Unit Clerk, Monitors/Sitters</p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A</p>	<p>Nurse Manager, Unit Clerk, Monitors/Sitters</p>
<p>Physical Medicine and Rehabilitation Unit 2A</p>	<p>Nurse Manager, Unit Clerk, Monitors/Sitters</p>

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	Yes			
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	Yes			
Physical Medicine and Rehabilitation Unit 2A	Yes			
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	Yes			
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	Yes			
Physical Medicine and Rehabilitation Unit 2A	Yes			

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	3	1.54	15	5
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	3	1.54	15	5
Physical Medicine and Rehabilitation Unit 2A	3	1.65	14	4.6
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	2	0.6	12	6
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	2	0.6	12	6
Physical Medicine and Rehabilitation Unit 2A	2	0.66	12	6

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 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)
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	0	0
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	0	0
Physical Medicine and Rehabilitation Unit 2A	0	0
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	0	0
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	0	0
Physical Medicine and Rehabilitation Unit 2A	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 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)
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	1	4
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	1	4
Physical Medicine and Rehabilitation Unit 2A	1	3
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	1	4
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	1	4
Physical Medicine and Rehabilitation Unit 2A	1	3

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 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)
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	4	2.06
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	4	2.06
Physical Medicine and Rehabilitation Unit 2A	3	1.65
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	4	0.6
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	4	0.6
Physical Medicine and Rehabilitation Unit 2A	3	0.66

EVENING SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the 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.</b></p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B</p>	<p>Nursing Supervisor, Monitors/Sitters</p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A</p>	<p>Nursing Supervisor, Monitors/Sitters</p>
<p>Physical Medicine and Rehabilitation Unit 2A</p>	<p>Nursing Supervisor, Monitors/Sitters</p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B</p>	<p>Nursing Supervisor, Monitors/Sitters</p>
<p>Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A</p>	<p>Nursing Supervisor, Monitors/Sitters</p>
<p>Physical Medicine and Rehabilitation Unit 2A</p>	<p>Nursing Supervisor, Monitors/Sitters</p>

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	Yes			
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	Yes			
Physical Medicine and Rehabilitation Unit 2A	Yes			
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	Yes			
Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	Yes			
Physical Medicine and Rehabilitation Unit 2A	Yes			

RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Rehabilitaion	Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	2	1.19	15
Rehabilitaion	Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	2	1.19	15
Rehabilitaion	Physical Medicine and Rehabilitation Unit 2A	2	1.15	14
Rehabilitaion	Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4B	2	0.59	12
Rehabilitaion	Physical Medicine and Rehabilitation, Coma Recovery, Traumatic Brain Injury Unit 4A	2	0.59	12
Rehabilitaion	Physical Medicine and Rehabilitation Unit 2A	2	0.58	12

LPN NIGHT SHIFT STAFFING

<b>Name of Clinical Unit:</b>	<b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Rehabilitaion	7.5	0
Rehabilitaion	7.5	0
Rehabilitaion	7	0
Rehabilitaion	6	0
Rehabilitaion	6	0
Rehabilitaion	6	0

**NIGHT SHIFT ANCILLARY STAFF**

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

**NIGHT SHIFT UNLICENSED STAFFING**

<b>Name of Clinical Unit:</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Rehabilitaion	2	2

NIGHT SHIFT ADDITIONAL RESOURCES

<b>Name of Clinical Unit:</b>	<b>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)</b>
Rehabilitaion	1.19
Rehabilitaion	1.19
Rehabilitaion	1.15
Rehabilitaion	0.59
Rehabilitaion	0.59
Rehabilitaion	0.58

NIGHT SHIFT CONSENSUS INFORMATION

Name of Clinical Unit:	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.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):
Rehabilitaion	Nursing Supervisor, Monitors/Sitters	Yes		
Rehabilitaion	Nursing Supervisor, Monitors/Sitters	Yes		
Rehabilitaion	Nursing Supervisor, Monitors/Sitters	Yes		
Rehabilitaion	Nursing Supervisor, Monitors/Sitters	Yes		
Rehabilitaion	Nursing Supervisor, Monitors/Sitters	Yes		
Rehabilitaion	Nursing Supervisor, Monitors/Sitters	Yes		

CBA INFORMATION

<p><b>We have one or more collective bargaining agreements:</b></p>	<p>Yes</p>
<p><b>If yes, then:</b></p> <p><b>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</b></p> <p><b>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.)</b></p>	<p>CSEA, Other</p>
<p><b>Our general hospital's collective bargaining agreement with CSEA expires on the following date:</b></p>	<p>04/01/2026 12:00 AM</p>

<p>The number of hospital employees represented by CSEA is:</p>	<p>163</p>
<p>Please provide the name of the union:</p>	<p>Public Employees Federation (PEF)</p>

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

04/01/20  
26 12:00  
AM

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

125