

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	Kings
<b>Council</b>	New York City
<b>Network</b>	NYC H+H
<b>Reporting Organization</b>	Kings County Hospital Center
<b>Reporting Organization Id</b>	1301
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	Kings County Hospital Center

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
KC IPP 1 to 1 Patient Coverage Pool	0	0	0	0
OVERNIGHT CLERICAL	0	0	0	0
KC IP S5S L&D (Labor and Delivery)	0	0	0	2
KC IPP R6E PSYCH ADOL (Child Psych)	0	0	0	5
KC IPP R7W PSYCH CHILD (Child Psych)	2	2	8	5
KC IPP R6W PSYCH ADOL (Child Psych)	4	1.75	18.3	5
KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)	1	1.4	5.7	7
KC IPP R5E PSYCHIATRY (Adult Psych)	5	1.55	25.8	7
KC IPP R4W PSYCHIATRY (Adult Psych)	5	1.6	25	7
KC IPP R4E PSYCHIATRY (Adult Psych)	4	1.34	23.9	7
KC IPP R3W PSYCHIATRY (Child Psych)	0	0	0	0
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	5	1.56	25.7	7
KC IP D6N PEDS ICU	2	4.85	3.3	2

KC IP D6N PEDS	2	1.68	9.5	6
KC IP D5S MOTHER BABY	3	3.53	6.8	3
KIN01 B NICU	3	3.33	7.2	3
KC IP D5N NICU	4	4.44	7.2	2
KC IP D3N NSICU	0	0	0	0
KC IP D3S MICU	4	5	6.4	2
KC IP D3S ICU/SDU	4	4.64	6.9	2
KC IP D3N SICU	9	4.44	16.2	2
KC IP D7S MED/SURG	6	1.45	33	6
KC IP D7N MED/SURG	6	1.5	31.9	6
KC IP D6S MED/SURG/STR	4	1.46	21.9	6
KC IP D4S MED/SURG (Telemetry War Room)	0	0	0	0
KC IP D4S MED/SURG Stepdown	9	2.2	32.7	4
KC IP D4N MED/SURG	6	1.45	33.2	6
KC IP D2S MED/SURG (STEP DOWN)	3	2.97	8.07	4
KC IP D2S MED/SURG	5	1.34	29.9	6
KC IPR D2N REHAB	3	1.57	15.3	7
KC IP A52 FLEX (MED SURG)	3	1.4	17.1	6
KC IP A51 FLEX (Med/Surg)	3	1.9	12.6	6

LPN 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 Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b></p>	<p><b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b></p>
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KC IPP 1 to 1 Patient Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and Delivery)	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0
KC IPP R7W PSYCH CHILD (Child Psych)	0	0
KC IPP R6W PSYCH ADOL (Child Psych)	0	0
KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)	0	0
KC IPP R5E PSYCHIATRY (Adult Psych)	0	0
KC IPP R4W PSYCHIATRY (Adult Psych)	0	0
KC IPP R4E PSYCHIATRY (Adult Psych)	0	0
KC IPP R3W PSYCHIATRY (Child Psych)	0	0
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0
KIN01 B NICU	0	0
KC IP D5N NICU	0	0
KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG (Telemetry War Room)	0	0

KC IP D4S MED/SURG Stepdown	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG (STEP DOWN)	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (MED SURG)	0	0
KC IP A51 FLEX (Med/Surg)	0	0

DAY SHIFT ANCILLARY STAFF

<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>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
KC IPP 1 to 1 Patient Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and Delivery)	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0
KC IPP R7W PSYCH CHILD (Child Psych)	0	0
KC IPP R6W PSYCH ADOL (Child Psych)	0	0
KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)	0	0

KC IPP R5E PSYCHIATRY (Adult Psych)	0	0
KC IPP R4W PSYCHIATRY (Adult Psych)	0	0
KC IPP R4E PSYCHIATRY (Adult Psych)	0	0
KC IPP R3W PSYCHIATRY (Child Psych)	0	0
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0
KIN01 B NICU	0	0
KC IP D5N NICU	0	0
KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG (Telemetry War Room)	3	3
KC IP D4S MED/SURG Stepdown	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG (STEP DOWN)	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (MED SURG)	0	0
KC IP A51 FLEX (Med/Surg)	0	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
KC IPP 1 to 1 Patient Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and Delivery)	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0
KC IPP R7W PSYCH CHILD (Child Psych)	3	3
KC IPP R6W PSYCH ADOL (Child Psych)	3	1.31
KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)	5	7.01
KC IPP R5E PSYCHIATRY (Adult Psych)	4	1.24
KC IPP R4W PSYCHIATRY (Adult Psych)	4	1.28
KC IPP R4E PSYCHIATRY (Adult Psych)	4	1.33
KC IPP R3W PSYCHIATRY (Child Psych)	0	0
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	4	1.24
KC IP D6N PEDS ICU	1	2.42
KC IP D6N PEDS	1	0.84
KC IP D5S MOTHER BABY	1	1.17
KIN01 B NICU	1	1.11

KC IP D5N NICU	1	1.11
KC IP D3N NSICU	0	0
KC IP D3S MICU	1	1.25
KC IP D3S ICU/SDU	1	1.59
KC IP D3N SICU	2	0.98
KC IP D7S MED/SURG	3	0.72
KC IP D7N MED/SURG	3	0.75
KC IP D6S MED/SURG/STR	2	0.73
KC IP D4S MED/SURG (Telemetry War Room)	0	0
KC IP D4S MED/SURG Stepdown	3	0.07
KC IP D4N MED/SURG	3	0.72
KC IP D2S MED/SURG (STEP DOWN)	1	0.99
KC IP D2S MED/SURG	3	0.8
KC IPR D2N REHAB	2	1.04
KC IP A52 FLEX (MED SURG)	2	0.93
KC IP A51 FLEX (Med/Surg)	2	1.26

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>
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KC IPP 1 to 1 Patient Coverage Pool	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
OVERNIGHT CLERICAL	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP S5S L&D (Labor and Delivery)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IPP R6E PSYCH ADOL (Child Psych)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R7W PSYCH CHILD (Child Psych)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R6W PSYCH ADOL (Child Psych)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R5E PSYCHIATRY (Adult Psych)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R4W PSYCHIATRY (Adult Psych)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

<p>KC IPP R4E PSYCHIATRY (Adult Psych)</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
<p>KC IPP R3W PSYCHIATRY (Child Psych)</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
<p>KC IPP R3E PSYCHIATRY (ADULT PSYCH)</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>

KC IP D6N PEDS ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D6N PEDS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D5S MOTHER BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KIN01 B NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D5N NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D3N NSICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D3S MICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D3S ICU/SDU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D3N SICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D7S MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D7N MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D6S MED/SURG/STR	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit



KC IP D4S MED/SURG (Telemetry War Room)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D4S MED/SURG Stepdown	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D4N MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D2S MED/SURG (STEP DOWN)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D2S MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPR D2N REHAB	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP A52 FLEX (MED SURG)	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
KC IP A51 FLEX (Med/Surg)	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>

DAY SHIFT CONSENSUS INFORMATION

<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>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b></p>	<p><b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b></p>	<p><b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b></p>	<p><b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b></p>
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<p>KC IPP 1 to 1 Patient Coverage Pool</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>OVERNIGHT CLERICAL</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IP S5S L&amp;D (Labor and Delivery)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

<p>KC IPP R6E PSYCH ADOL (Child Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IPP R7W PSYCH CHILD (Child Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IPP R6W PSYCH ADOL (Child Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

<p>KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IPP R5E PSYCHIATRY (Adult Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IPP R4W PSYCHIATRY (Adult Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

<p>KC IPP R4E PSYCHIATRY (Adult Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IPP R3W PSYCHIATRY (Child Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IPP R3E PSYCHIATRY (ADULT PSYCH)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

KC IP D6N PEDS ICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D6N PEDS	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D5S MOTHER BABY	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>



KIN01 B NICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D5N NICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/202 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D3N NSICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

KC IP D3S MICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D3S ICU/SDU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D3N SICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

KC IP D7S MED/SURG	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D7N MED/SURG	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D6S MED/SURG/STR	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

<p>KC IP D4S MED/SURG (Telemetry War Room)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IP D4S MED/SURG Stepdown</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IP D4N MED/SURG</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

KC IP D2S MED/SURG (STEP DOWN)	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.
KC IP D2S MED/SURG	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.
KC IPR D2N REHAB	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.

KC IP A52 FLEX (MED SURG)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP A51 FLEX (Med/Surg)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

## RN EVENING SHIFT STAFFING

<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>	<b>Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</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 Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?</b>
1 to 1 Patient Coverage Assignments	0	0	0	0
OVERNIGHT CLERICAL	0	0	0	0
Labor and Delivery	0	0	0	2
KC IPP R6E PSYCH ADOL (Child Psych)	0	0	0	0
KC IPP R7W PSYCH CHILD (Child Psych)	2	2	6	5
KC IPP R6W PSYCH ADOL (Child Psych)	4	1.75	18.3	5
KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)	1	1.4	5.7	7
KC IPP R5E PSYCHIATRY (Adult Psych)	5	1.55	25.8	6
KC IPP R4W PSYCHIATRY (Adult Psych)	5	1.6	25	6
Adult Psych	4	1.34	23.9	6
KC IPP R3W PSYCHIATRY (Child Psych)	0	0	0	0
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	5	1.56	25.7	7
KC IP D6N PEDS ICU	2	4.85	3.3	2
KC IP D6N PEDS	2	1.68	9.5	6
KC IP D5S MOTHER BABY	3	3.53	6.8	3

KIN01 B NICU	3	3.33	7.2	3
KC IP D5N NICU	4	4.44	7.2	2
KC IP D3N NSICU	0	0	0	0
KC IP D3S MICU	4	5	6.4	2
KC IP D3S ICU/SDU	4	4.64	6.9	2
KC IP D3N SICU	9	4.44	16.2	2
KC IP D7S MED/SURG	6	1.45	33	6
KC IP D7N MED/SURG	6	1.5	31.9	6
KC IP D6S MED/SURG/STR	4	1.46	21.9	6
KC IP D4S MED/SURG (Telemetry War Room)	0	0	0	0
KC IP D4S MED/SURG Stepdown	9	2.2	32.7	4
KC IP D4N MED/SURG	6	1.45	33.2	6
KC IP D2S MED/SURG (STEP DOWN)	3	2.97	8.07	4
KC IP D2S MED/SURG	5	1.34	29.9	6
KC IPR D2N REHAB	3	1.57	15.3	7
KC IP A52 FLEX (MED SURG)	3	1.4	17.1	6
KC IP A51 FLEX (Med/Surg)	3	1.9	12.6	6

LPN EVENING SHIFT STAFFING

<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>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
1 to 1 Patient Coverage Assignments	0	0
OVERNIGHT CLERICAL	0	0
Labor and Delivery	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0



KC IPP R7W PSYCH CHILD (Child Psych)	0	0
KC IPP R6W PSYCH ADOL (Child Psych)	0	0
KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)	0	0
KC IPP R5E PSYCHIATRY (Adult Psych)	0	0
KC IPP R4W PSYCHIATRY (Adult Psych)	0	0
Adult Psych	0	0
KC IPP R3W PSYCHIATRY (Child Psych)	0	0
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0
KIN01 B NICU	0	0
KC IP D5N NICU	0	0
KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG (Telemetry War Room)	0	0
KC IP D4S MED/SURG Stepdown	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG (STEP DOWN)	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (MED SURG)	0	0

KC IP A51 FLEX (Med/Surg)	0	0
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EVENING SHIFT ANCILLARY STAFF

<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>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
1 to 1 Patient Coverage Assignments	0	0
OVERNIGHT CLERICAL	0	0
Labor and Delivery	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0
KC IPP R7W PSYCH CHILD (Child Psych)	0	0
KC IPP R6W PSYCH ADOL (Child Psych)	0	0
KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)	0	0
KC IPP R5E PSYCHIATRY (Adult Psych)	0	0
KC IPP R4W PSYCHIATRY (Adult Psych)	0	0
Adult Psych	0	0
KC IPP R3W PSYCHIATRY (Child Psych)	0	0
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0

KIN01 B NICU	0	0
KC IP D5N NICU	0	0
KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG (Telemetry War Room)	0	0
KC IP D4S MED/SURG Stepdown	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG (STEP DOWN)	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (MED SURG)	0	0
KC IP A51 FLEX (Med/Surg)	0	0

**EVENING SHIFT UNLICENSED STAFFING**

<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>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
1 to 1 Patient Coverage Assignments	0	0
OVERNIGHT CLERICAL	0	0
Labor and Delivery	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0

KC IPP R7W PSYCH CHILD (Child Psych)	3	3
KC IPP R6W PSYCH ADOL (Child Psych)	3	1.31
KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)	4	5.61
KC IPP R5E PSYCHIATRY (Adult Psych)	4	1.24
KC IPP R4W PSYCHIATRY (Adult Psych)	4	1.28
Adult Psych	4	1.33
KC IPP R3W PSYCHIATRY (Child Psych)	0	0
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	4	1.24
KC IP D6N PEDS ICU	1	2.42
KC IP D6N PEDS	1	0.84
KC IP D5S MOTHER BABY	1	1.17
KIN01 B NICU	1	1.11
KC IP D5N NICU	1	1.11
KC IP D3N NSICU	0	0
KC IP D3S MICU	1	1.25
KC IP D3S ICU/SDU	1	1.15
KC IP D3N SICU	2	0.98
KC IP D7S MED/SURG	3	0.72
KC IP D7N MED/SURG	3	0.75
KC IP D6S MED/SURG/STR	2	0.73
KC IP D4S MED/SURG (Telemetry War Room)	3	0
KC IP D4S MED/SURG Stepdown	3	0.73
KC IP D4N MED/SURG	3	0.72
KC IP D2S MED/SURG (STEP DOWN)	1	0.99
KC IP D2S MED/SURG	3	0.8
KC IPR D2N REHAB	2	1.04
KC IP A52 FLEX (MED SURG)	2	0.93

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>1 to 1 Patient Coverage Assignments</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
<p>OVERNIGHT CLERICAL</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>

<p>Labor and Delivery</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
<p>KC IPP R6E PSYCH ADOL (Child Psych)</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
<p>KC IPP R7W PSYCH CHILD (Child Psych)</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>

<p>KC IPP R6W PSYCH ADOL (Child Psych)</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
<p>KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
<p>KC IPP R5E PSYCHIATRY (Adult Psych)</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>

KC IPP R4W PSYCHIATRY (Adult Psych)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
Adult Psych	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R3W PSYCHIATRY (Child Psych)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit



KC IPP R3E PSYCHIATRY (ADULT PSYCH)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D6N PEDS ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D6N PEDS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D5S MOTHER BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KIN01 B NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D5N NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D3N NSICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D3S MICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D3S ICU/SDU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D3N SICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D7S MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D7N MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D6S MED/SURG/STR	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
KC IP D4S MED/SURG (Telemetry War Room)	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
KC IP D4S MED/SURG Stepdown	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>

KC IP D4N MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D2S MED/SURG (STEP DOWN)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D2S MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IPR D2N REHAB	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP A52 FLEX (MED SURG)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP A51 FLEX (Med/Surg)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

**EVENING SHIFT CONSENSUS INFORMATION**

<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>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	
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1 to 1 Patient Coverage Assignments	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.	
OVERNIGHT CLERICAL	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.	
Labor and Delivery	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.	



<p>KC IPP R6E PSYCH ADOL (Child Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
<p>KC IPP R7W PSYCH CHILD (Child Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
<p>KC IPP R6W PSYCH ADOL (Child Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	

<p>KC IPP R5W PSYCHIATRY Dev Disabled Psych (Non Standard Unit)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
<p>KC IPP R5E PSYCHIATRY (Adult Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	
<p>KC IPP R4W PSYCHIATRY (Adult Psych)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	

Adult Psych	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IPP R3W PSYCHIATRY (Child Psych)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IPP R3E PSYCHIATRY (ADULT PSYCH)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	

KC IP D6N PEDS ICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IP D6N PEDS	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IP D5S MOTHER BABY	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	

KIN01 B NICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IP D5N NICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IP D3N NSICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	

KC IP D3S MICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IP D3S ICU/SDU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IP D3N SICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	

KC IP D7S MED/SURG	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IP D7N MED/SURG	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IP D6S MED/SURG/STR	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	

<p>KC IP D4S MED/SURG (Telemetry War Room)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
<p>KC IP D4S MED/SURG Stepdown</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
<p>KC IP D4N MED/SURG</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	



KC IP D2S MED/SURG (STEP DOWN)	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.	
KC IP D2S MED/SURG	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.	
KC IPR D2N REHAB	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.	

KC IP A52 FLEX (MED SURG)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	
KC IP A51 FLEX (Med/Surg)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	

RN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
KC IPP 1 to 1 Patient Coverage Pool	0	0	0	0
OVERNIGHT CLERICAL	0	0	0	0
KC IP S5S L&D (Labor and Delivery)	0	0	0	2
KC IPP R6E PSYCH ADOL (Child Psych)	0	0	0	0
KC IPP R7W PSYCH CHILD	2	2	8	5
KC IPP R6W PSYCH ADOL (Child Psych)	4	1.75	18.3	5
KC IPP R5W PSYCHIATRY (Dev Disabled Psych (Non Standard Unit))	1	1.4	5.7	6
KC IPP R5E PSYCHIATRY Adult Psych	5	1.55	25.8	6
KC IPP R4W PSYCHIATRY Adult Psych	5	1.6	25	6
KC IPP R4E PSYCHIATRY Adult Psych	4	1.34	23.9	6
KC IPP R3W PSYCHIATRY (CHILD PSYCH)	0	0	0	0
KC IPP R3E PSYCHIATRY	5	1.56	25.7	6
KC IP D6N PEDS ICU	2	4.85	3.3	2
KC IP D6N PEDS	2	1.68	9.5	6
KC IP D5S MOTHER BABY	3	3.53	6.8	3
KIN01 B NICU	3	3.33	7.2	3
KC IP D5N NICU	4	4.44	7.2	2

KC IP D3N NSICU	0	0	0	0
KC IP D3S MICU	4	5	6.4	2
KC IP D3S ICU/SDU	4	4.64	6.9	2
KC IP D3N SICU	9	4.44	16.2	2
KC IP D7S MED/SURG	6	1.45	33	6
KC IP D7N MED/SURG	6	1.5	31.9	6
KC IP D6S MED/SURG/STR	4	1.46	21.9	6
KC IP D4S MED/SURG (Telemetry War Room)	0	0	0	0
Med Surg Stepdown	9	2.2	32.7	4
KC IP D4S MED/SURG	6	1.45	33.2	6
KC IP D4N MED/SURG	6	1.45	33.2	6
KC IP D2S MED/SURG /Stepdown	3	2.97	8.07	4
KC IP D2S MED/SURG	5	1.34	29.9	6
KC IPR D2N REHAB	3	1.57	15.3	7
KC IP A52 FLEX (Med Surg)	3	1.4	17.1	6
KC IP A51 FLEX (MED SURG)	3	1.9	12.6	6

LPN NIGHT SHIFT STAFFING

<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>	<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 4 digits. Ex: 10.50)</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 4 digits. Ex: 10.50)</b>
KC IPP 1 to 1 Patient Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and Delivery)	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0
KC IPP R7W PSYCH CHILD	0	0

KC IPP R6W PSYCH ADOL (Child Psych)	0	0
KC IPP R5W PSYCHIATRY (Dev Disabled Psych (Non Standard Unit))	0	0
KC IPP R5E PSYCHIATRY Adult Psych	0	0
KC IPP R4W PSYCHIATRY Adult Psych	0	0
KC IPP R4E PSYCHIATRY Adult Psych	0	0
KC IPP R3W PSYCHIATRY (CHILD PSYCH)	0	0
KC IPP R3E PSYCHIATRY	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0
KIN01 B NICU	0	0
KC IP D5N NICU	0	0
KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG (Telemetry War Room)	0	0
Med Surg Stepdown	0	0
KC IP D4S MED/SURG	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG /Stepdown	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (Med Surg)	0	0
KC IP A51 FLEX (MED SURG)	0	0

NIGHT SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
KC IPP 1 to 1 Patient Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and Delivery)	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0
KC IPP R7W PSYCH CHILD	0	0
KC IPP R6W PSYCH ADOL (Child Psych)	0	0
KC IPP R5W PSYCHIATRY (Dev Disabled Psych (Non Standard Unit))	0	0
KC IPP R5E PSYCHIATRY Adult Psych	0	0
KC IPP R4W PSYCHIATRY Adult Psych	0	0
KC IPP R4E PSYCHIATRY Adult Psych	0	0
KC IPP R3W PSYCHIATRY (CHILD PSYCH)	0	0
KC IPP R3E PSYCHIATRY	0	0
KC IP D6N PEDS ICU	0	0
KC IP D6N PEDS	0	0
KC IP D5S MOTHER BABY	0	0
KIN01 B NICU	0	0
KC IP D5N NICU	0	0

KC IP D3N NSICU	0	0
KC IP D3S MICU	0	0
KC IP D3S ICU/SDU	0	0
KC IP D3N SICU	0	0
KC IP D7S MED/SURG	0	0
KC IP D7N MED/SURG	0	0
KC IP D6S MED/SURG/STR	0	0
KC IP D4S MED/SURG (Telemetry War Room)	0	3
Med Surg Stepdown	0	0
KC IP D4S MED/SURG	0	0
KC IP D4N MED/SURG	0	0
KC IP D2S MED/SURG /Stepdown	0	0
KC IP D2S MED/SURG	0	0
KC IPR D2N REHAB	0	0
KC IP A52 FLEX (Med Surg)	0	0
KC IP A51 FLEX (MED SURG)	0	0

**NIGHT SHIFT UNLICENSED STAFFING**

<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>	<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 4 digits. Ex: 10.50)</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 4 digits. Ex: 10.50)</b>
KC IPP 1 to 1 Patient Coverage Pool	0	0
OVERNIGHT CLERICAL	0	0
KC IP S5S L&D (Labor and Delivery)	0	0
KC IPP R6E PSYCH ADOL (Child Psych)	0	0
KC IPP R7W PSYCH CHILD	3	3

KC IPP R6W PSYCH ADOL (Child Psych)	3	1.31
KC IPP R5W PSYCHIATRY (Dev Disabled Psych (Non Standard Unit))	4	5.61
KC IPP R5E PSYCHIATRY Adult Psych	4	1.24
KC IPP R4W PSYCHIATRY Adult Psych	4	1.28
KC IPP R4E PSYCHIATRY Adult Psych	4	1.33
KC IPP R3W PSYCHIATRY (CHILD PSYCH)	0	0
KC IPP R3E PSYCHIATRY	4	1.24
KC IP D6N PEDS ICU	1	2.42
KC IP D6N PEDS	1	0.84
KC IP D5S MOTHER BABY	1	1.17
KIN01 B NICU	1	1.11
KC IP D5N NICU	1	1.11
KC IP D3N NSICU	0	0
KC IP D3S MICU	1	1.25
KC IP D3S ICU/SDU	1	1.15
KC IP D3N SICU	2	0.98
KC IP D7S MED/SURG	3	0.72
KC IP D7N MED/SURG	3	0.75
KC IP D6S MED/SURG/STR	2	0.73
KC IP D4S MED/SURG (Telemetry War Room)	0	0
Med Surg Stepdown	3	0.73
KC IP D4S MED/SURG	3	0.72
KC IP D4N MED/SURG	3	0.72
KC IP D2S MED/SURG /Stepdown	1	0.99
KC IP D2S MED/SURG	3	0.8
KC IPR D2N REHAB	2	1.04
KC IP A52 FLEX (Med Surg)	2	0.93
KC IP A51 FLEX (MED SURG)	2	1.26



NIGHT 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 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.</b></p>
<p>KC IPP 1 to 1 Patient Coverage Pool</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
<p>OVERNIGHT CLERICAL</p>	<p>Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>

KC IP S5S L&D (Labor and Delivery)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R6E PSYCH ADOL (Child Psych)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R7W PSYCH CHILD	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IPP R6W PSYCH ADOL (Child Psych)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R5W PSYCHIATRY (Dev Disabled Psych (Non Standard Unit))	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R5E PSYCHIATRY Adult Psych	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IPP R4W PSYCHIATRY Adult Psych	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R4E PSYCHIATRY Adult Psych	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPP R3W PSYCHIATRY (CHILD PSYCH)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IPP R3E PSYCHIATRY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D6N PEDS ICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D6N PEDS	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D5S MOTHER BABY	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KIN01 B NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D5N NICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D3N NSICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D3S MICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D3S ICU/SDU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D3N SICU	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D7S MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D7N MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit



KC IP D6S MED/SURG/STR	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
KC IP D4S MED/SURG (Telemetry War Room)	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
Med Surg Stepdown	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>

KC IP D4S MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D4N MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP D2S MED/SURG /Stepdown	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP D2S MED/SURG	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IPR D2N REHAB	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit
KC IP A52 FLEX (Med Surg)	Dedicated clerical and HN resources for this unit are planned as submitted. Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit

KC IP A51 FLEX (MED SURG)	<p>Dedicated clerical and HN resources for this unit are planned as submitted.</p> <p>Additional resources such as pharmacists, respiratory therapists and social workers are available to support the planned number of patients on this unit</p>
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NIGHT SHIFT CONSENSUS INFORMATION

<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>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b></p>	<p><b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b></p>	<p><b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b></p>	<p><b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b></p>
<p>KC IPP 1 to 1 Patient Coverage Pool</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

OVERNIGHT CLERICAL	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP S5S L&D (Labor and Delivery)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IPP R6E PSYCH ADOL (Child Psych)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

KC IPP R7W PSYCH CHILD	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
KC IPP R6W PSYCH ADOL (Child Psych)	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.
KC IPP R5W PSYCHIATRY (Dev Disabled Psych (Non Standard Unit))	No	In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.	In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.

<p>KC IPP R5E PSYCHIATRY Adult Psych</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
<p>KC IPP R4W PSYCHIATRY Adult Psych</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
<p>KC IPP R4E PSYCHIATRY Adult Psych</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

<p>KC IPP R3W PSYCHIATRY (CHILD PSYCH)</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IPP R3E PSYCHIATRY</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2022 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2022 for the full statement.</p>
<p>KC IP D6N PEDS ICU</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>



KC IP D6N PEDS	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D5S MOTHER BABY	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KIN01 B NICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

KC IP D5N NICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D3N NSICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D3S MICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

KC IP D3S ICU/SDU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D3N SICU	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D7S MED/SURG	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

KC IP D7N MED/SURG	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D6S MED/SURG/STR	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/202 for the full statement.</p>
KC IP D4S MED/SURG (Telemetry War Room)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

Med Surg Stepdown	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D4S MED/SURG	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP D4N MED/SURG	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

<p>KC IP D2S MED/SURG /Stepdown</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IP D2S MED/SURG</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
<p>KC IPR D2N REHAB</p>	<p>No</p>	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management’s proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

KC IP A52 FLEX (Med Surg)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>
KC IP A51 FLEX (MED SURG)	No	<p>In summary, after thoughtful review of both proposals, hospital administration agreed with management's proposal and their explanation for auxiliary staff ratios. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, management members found that experience at the hospital and the literature on safe staffing models supported the ratio for auxiliary staff on this unit. Please see staffing plan submission from 7/1/2023 for the full statement.</p>	<p>In summary, employee members did not find that the auxiliary staff ratio would provide a sufficient number of patient care hours per day. Please see staffing plan submission from 7/1/2023 for the full statement.</p>

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.) represented.</b></p>	<p>New York State Nurses Association, Other, S EIU 1199</p>



<p><b>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</b></p>	<p>02/23/20 23 12:00 AM</p>
<p><b>The number of hospital employees represented by New York State Nurses Association is:</b></p>	<p>1011</p>
<p><b>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</b></p>	<p>04/29/20 22 12:00 AM</p>

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

215

**Please provide the name of the union:**

SEIU 1199