HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	MOUNT SINAI HEALTH SYSTEM
Reporting Organization	Mount Sinai Morningside
Reporting Organization Id	1469
Reporting Organization Type	Hospital (pfi)
Data Entity	Mount Sinai Morningside

KIN DAT 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 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?
PACU	8.25	2.53	26	0
Echo	3	0.52	46	0
Emergency Department	18	1.04	138	0
EP	8.4	7.44	9	0
Cath Lab	9.75	8.67	9	0
Oncology	2.8	0.84	25	0
Hemodialysis	4	4	8	0
Endoscopy	9	2.93	23	0
Operating Room	14.5	4.5	26	0
Multispecialty Article 28 Practices, Medicine, Orthopediacs, Urology, Pain				
Management	3	4.83	116	0
5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych	3	2	12	5
CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych 7E ICU-Nursing - Critical	4	1.1	29	7
Care	10	4	20	2
6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care				
Cardiac	11	4.89	18	1.7

4 WEST-Nursing- Cardiac				
Stepdown	3	3	8	3.5
10E TELE / STEP DOWN				
UNIT-Nursing - Telemetry				
Cardiac	7	2	28	4
9 EASTNursing - Telemetry				
Med Surg	8	2.13	30	4.5
8 WESTNursing -				
Ortho/Stepdown	4	2.29	14	4.65
8E SURGICAL UNIT - Nursing				
Surgery	8	2	32	4.65
9W MEDICAL UNIT -Nursing -				
Med Surg	6	1.66	29	5
7W MEDICAL UNIT -Nursing -				
Med Surg	7	1.75	32	5
6W MEDICAL UNIT -Nursing -				
Med Surg	6	1.71	28	5
STUY 6 REHAB UNIT-				
Nursing - Rehab	3	1.6	15	5
Clark 5 - Nursing - Med Surg	5	1.82	22	5

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
PACU	0	0
Echo	0	0
Emergency Department	0	0

EP	0	0
Cath Lab	0	0
Oncology	0	0
Hemodialysis	0	0
Endoscopy	0	0
Operating Room	0	0
Multispecialty Article 28		
Practices, Medicine,		
Orthopediacs, Urology, Pain		
Management	3	4.83
5W CHILD ADOLESCENT		
PSYCH-Nursing - Adolescent		
Psych	0	0
CLARK 8 ADULT PSYCH UNIT-		
Nursing - Adult Psych	0	0
7E ICU-Nursing - Critical		
Care	0	0
6E CCU / OPEN HEART ICU /		
CSICU-Nursing - Critical Care		
Cardiac	0	0
4 WEST-Nursing- Cardiac		
Stepdown	0	0
10E TELE / STEP DOWN		
UNIT-Nursing - Telemetry		
Cardiac	0	0
9 EASTNursing - Telemetry		
Med Surg	0	0
8 WESTNursing -		
Ortho/Stepdown	0	0
8E SURGICAL UNIT - Nursing		
Surgery	0	0
9W MEDICAL UNIT -Nursing ·		
Med Surg	0	0
7W MEDICAL UNIT -Nursing -		
Med Surg	0	0
6W MEDICAL UNIT -Nursing ·		
Med Surg	0	0
STUY 6 REHAB UNIT-		
Nursing - Rehab	0	0

Clark 5 - Nursing - Med Surg	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
PACU	0	0
Echo	0	0
Emergency Department	0	0
EP	0	0
Cath Lab	0	0
Oncology	0	0
Hemodialysis	0	0
Endoscopy	0	0
Operating Room	0	0
Multispecialty Article 28 Practices, Medicine, Orthopediacs, Urology, Pain		
Management	0	0
5W CHILD ADOLESCENT		
PSYCH-Nursing - Adolescent		
Psych	0	0
CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych	0	0
7E ICU-Nursing - Critical	<u> </u>	<u> </u>
Care	0	0

6E CCU / OPEN HEART ICU /		
CSICU-Nursing - Critical Care		
Cardiac	0	0
4 WEST-Nursing- Cardiac		
Stepdown	0	0
10E TELE / STEP DOWN		
UNIT-Nursing - Telemetry		
Cardiac	0	0
9 EASTNursing - Telemetry		
Med Surg	0	0
8 WESTNursing -		
Ortho/Stepdown	0	0
8E SURGICAL UNIT - Nursing		
Surgery	0	0
9W MEDICAL UNIT -Nursing -		
Med Surg	0	0
7W MEDICAL UNIT -Nursing -		
Med Surg	0	0
6W MEDICAL UNIT -Nursing -		
Med Surg	0	0
STUY 6 REHAB UNIT-		
Nursing - Rehab	0	0
Clark 5 - Nursing - Med Surg	0	0

DAY SHIFT UNLICENSED STAFFING

	Planned average number	Planned total hours of
	of unlicensed personnel	unlicensed personnel
Provide a description of	(e.g., patient care	care per patient
Clinical Unit, including a	technicians) on the unit	including adjustment for
description of typical	providing direct patient	case mix and acuity on
patient services provided	care per day on the Day	the Day Shift (Please
on the unit and the	Shift? (Please provide a	provide a number with
unit's location in	number with up to 5	up to 5 digits. Ex: 101.50)
the hospital.	digits. Ex: 101.50)	
PACU	1	0.3

Echo	1	0.17
	1	0.17
Emergency Department	7	0.41
EP	63	5.66
Cath Lab	7	6.22
Oncology	0.9	0.28
Hemodialysis	1	1
Endoscopy	4	1.2
Operating Room	5.8	1.8
Multispecialty Article 28		
Practices, Medicine,		
Orthopediacs, Urology, Pain		
Management	9	1.61
5W CHILD ADOLESCENT		
PSYCH-Nursing - Adolescent		
Psych	4	2.66
·		
CLARK 8 ADULT PSYCH UNIT-		
Nursing - Adult Psych	5	1.37
7E ICU-Nursing - Critical		
Care	2	0.8
6E CCU / OPEN HEART ICU /	_	
CSICU-Nursing - Critical Care		
Cardiac	2	0.89
4 WEST-Nursing- Cardiac	-	0.03
Stepdown	2	2.21
10E TELE / STEP DOWN	2	2.21
UNIT-Nursing - Telemetry		
Cardiac	2	1.07
9 EASTNursing - Telemetry	3	1.07
	9	1.01
Med Surg	3	1.01
8 WESTNursing -	2	4.35
Ortho/Stepdown	2	1.35
8E SURGICAL UNIT - Nursing	_	2.00
Surgery	3	0.96
9W MEDICAL UNIT -Nursing -	_	
Med Surg	3	1.04
7W MEDICAL UNIT -Nursing		
Med Surg	2	0.71
6W MEDICAL UNIT -Nursing -		
Med Surg	2	0.78

STUY 6 REHAB UNIT-		
Nursing - Rehab	1	0.53
Clark 5 - Nursing - Med Surg	2	0.73

DAY SHIFT ADDITIONAL RESOURCES

DAT SHIFT ADDITIONAL RESC	
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.	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.
PACU	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

Echo	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
Emergency Department	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
EP	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

Cath Lab	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
Oncology	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
Hemodialysis	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

Endoscopy	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
.,	,
Operating Room	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
Multispecialty Article 28 Practices, Medicine, Orthopediacs, Urology, Pain Management	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers,
Psych	physical therapists, etc)
CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych	1 Unit Secretary / .576 FTE BHA / 1.7 FTE Security Officer. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (case managers, social workers, physical therapists, etc)
7E ICU-Nursing - Critical Care	2 Unit Secretary, 1 Charge Nurse (0% of this resource used for direct patient care). There are other members of the ancillary team that are not easily attributed to definitive work- hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac	2 Unit Secretary, 1 Charge Nurse (0% of this resource used for direct patient care). There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
4 WEST-Nursing- Cardiac Stepdown	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac	1 Unit Secretary There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

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9 EASTNursing - Telemetry Med Surg	Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
	p / 2.22.2.2.2.2.2.2.3
8 WESTNursing - Ortho/Stepdown	Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
8E SURGICAL UNIT - Nursing Surgery	Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

9W MEDICAL UNIT -Nursing - Med Surg	Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
7W MEDICAL UNIT -Nursing - Med Surg	Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
6W MEDICAL UNIT -Nursing - Med Surg	Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

STUY 6 REHAB UNIT-	Unit Secretary -1 Day shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc.)
Nursing - Rehab	physical therapists, etc)
Clark 5 - Nursing - Med Surg	Unit Secretary -1 Day Shift. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

DAY SHIFT CONSENSUS INFORMATION

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

				0
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
PACU	No	responsibility.	mission of the organization.	acknowledge the

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				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
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				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Echo	No	responsibility.	mission of the organization.	acknowledge the

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				for patient care and safety.
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				2805-t. Sufficient staffing
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				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Emergency Department	No	responsibility.	mission of the organization.	acknowledge the

				
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
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				legislation NYSHCSC Law
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				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
EP	No	responsibility.	mission of the organization.	acknowledge the

				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Cath Lab	No	responsibility.	mission of the organization.	acknowledge the

				
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Oncology	No	responsibility.	mission of the organization.	acknowledge the

				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. If
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Hemodialysis	No	responsibility.	mission of the organization.	acknowledge the

				0
				for patient care and safety
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. I
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Endoscopy	No	responsibility.	mission of the organization.	acknowledge the

				for patient care and safety
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				_
				ensures patients receive the
				attention, expertise, and
				support they need. It allow
				for swift responses to
		Cultura into al ataffica a alama		emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	_	and compromises care
		in addressing current clinical	· ·	quality. Management's
		acuity, workflow and unique	_	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. I
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Operating Room	No	responsibility.	mission of the organization.	acknowledge the

				0
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
Multispecialty Article 28		staffing law, national	families, operational	and patient well-being.
Practices, Medicine,		nursing practice standards	demands of each unit in	Patient safety depends on
Orthopediacs, Urology, Pain		and alignment of fiscal	accordance with the	it, and management must
Management	No	responsibility.	mission of the organization.	acknowledge the

		1		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
5W CHILD ADOLESCENT		nursing practice standards	demands of each unit in	
PSYCH-Nursing - Adolescent		and alignment of fiscal	accordance with the	
Psych	No	responsibility.	mission of the organization.	N/A
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
CLARK 8 ADULT PSYCH UNIT-		and alignment of fiscal	accordance with the	
Nursing - Adult Psych	No	responsibility.	mission of the organization.	N/A

		1		,
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique		
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
7E ICU-Nursing - Critical		and alignment of fiscal	accordance with the	
Care	No	responsibility.	mission of the organization.	N/A
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
6E CCU / OPEN HEART ICU /		nursing practice standards	demands of each unit in	
CSICU-Nursing - Critical Care		and alignment of fiscal	accordance with the	
Cardiac	No	responsibility.	mission of the organization.	N/A

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		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
4 WEST-Nursing- Cardiac		and alignment of fiscal	accordance with the	
Stepdown	No	responsibility.	mission of the organization.	N/A
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
10E TELE / STEP DOWN		nursing practice standards	demands of each unit in	
UNIT-Nursing - Telemetry		and alignment of fiscal	accordance with the	
Cardiac	No	responsibility.	mission of the organization.	N/A

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		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique		
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
9 EASTNursing - Telemetry		and alignment of fiscal	accordance with the	
Med Surg	No	responsibility.	mission of the organization.	N/A
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
8 WESTNursing -		and alignment of fiscal	accordance with the	staff to the patient
Ortho/Stepdown	No	responsibility.	mission of the organization.	assignment.

8E SURGICAL UNIT - Nursing		Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal	Nursing/Hospital Management have submitted plans which	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient
Surgery	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards	Nursing/Hospital Management have submitted plans which	
9W MEDICAL UNIT -Nursing -		and alignment of fiscal	accordance with the	
Med Surg	No	responsibility.	mission of the organization.	N/A

		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
7W MEDICAL UNIT -Nursing -		and alignment of fiscal	accordance with the	staff to the patient
Med Surg	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
6W MEDICAL UNIT -Nursing -		and alignment of fiscal	accordance with the	staff to the patient
Med Surg	No	responsibility.	mission of the organization.	assignment.

		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
STUY 6 REHAB UNIT-		and alignment of fiscal	accordance with the	
Nursing - Rehab	No	responsibility.	mission of the organization.	N/A
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
Clark 5 - Nursing - Med Surg	No	responsibility.	mission of the organization.	assignment.

KIN EVEINING 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	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex:
the hospital.	44.55	up to 5 digits. Ex: 101.50)		101.50)?
PACU	11.68	13.35	7	0
Echo	1.5	0.75	16	0
Emergency Department	15	3.24	37	0
EP	5.9	23.75	2	0
Cath Lab	7	18.67	3	0
Oncology	0.8	1	6	0
Endoscopy	1.87	2	7	0
Operating Room	6	5.33	9	0
5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych	3	2	12	5
CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych 7E ICU-Nursing - Critical	4	1.1	29	7
Care	10	4	20	2
6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care				
Cardiac 4 WEST-Nursing- Cardiac	11	4.89	18	1.7
Stepdown 10E TELE / STEP DOWN UNIT-Nursing - Telemetry	3	3	8	3.5
Cardiac	7	2	28	4

9 EASTNursing - Telemetry				
Med Surg	8	2.13	30	4.5
8 WESTNursing -				
Ortho/Stepdown	4	2.29	14	4.65
8E SURGICAL UNIT - Nursing				
Surgery	8	2	32	4.65
9W MEDICAL UNIT -Nursing -				
Med Surg	6	1.66	29	5
7W MEDICAL UNIT -Nursing -				
Med Surg	7	1.75	32	5
6W MEDICAL UNIT -Nursing -				
Med Surg	6	1.71	28	5
STUY 6 REHAB UNIT-				
Nursing - Rehab	3	1.6	15	5
Clark 5 - Nursing - Med Surg	5	1.82	22	5

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
PACU	0	0
Echo	0	0
Emergency Department	0	0
EP	0	0
Cath Lab	0	0
Oncology	0	0
Endoscopy	0	0
Operating Room	0	0
5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych	0	0

CLARK 8 ADULT PSYCH UNIT-		
Nursing - Adult Psych	0	0
7E ICU-Nursing - Critical		
Care	0	0
6E CCU / OPEN HEART ICU /		
CSICU-Nursing - Critical Care		
Cardiac	0	0
4 WEST-Nursing- Cardiac		
Stepdown	0	0
10E TELE / STEP DOWN		
UNIT-Nursing - Telemetry		
Cardiac	0	0
9 EASTNursing - Telemetry		
Med Surg	0	0
8 WESTNursing -		
Ortho/Stepdown	0	0
8E SURGICAL UNIT - Nursing		
Surgery	0	0
9W MEDICAL UNIT -Nursing -		
Med Surg	0	0
7W MEDICAL UNIT -Nursing -		
Med Surg	0	0
6W MEDICAL UNIT -Nursing -		
Med Surg	0	0
STUY 6 REHAB UNIT-		
Nursing - Rehab	0	0
Clark 5 - Nursing - Med Surg	0	0

EVENING SHIFT ANCILLARY STAFF

		Planned total hours of
Provide a description of	Planned average number	ancillary members of the
Clinical Unit, including a	of ancillary members of	frontline team including
description of typical	the frontline team on the	adjustment for case mix
patient services provided	unit per day on the	and acuity on the
on the unit and the	Evening Shift? (Please	Evening Shift (Please
unit's location in	provide a number with	provide a number with
the hospital.	up to 5 digits. Ex: 101.50)	up to 5 digits. Ex: 101.50)
PACU	0	0
Echo	0	0
Emergency Department	0	0
EP	0	0
Cath Lab	0	0
Oncology	0	0
Endoscopy	0	0
Operating Room	0	0
5W CHILD ADOLESCENT		
PSYCH-Nursing - Adolescent		
Psych	0	0
- 7		
CLARK 8 ADULT PSYCH UNIT-		
Nursing - Adult Psych	0	0
7E ICU-Nursing - Critical		
Care	0	0
6E CCU / OPEN HEART ICU /		
CSICU-Nursing - Critical Care		
Cardiac	0	0
4 WEST-Nursing- Cardiac		
Stepdown	0	0
10E TELE / STEP DOWN		
UNIT-Nursing - Telemetry		
Cardiac	0	0
9 EASTNursing - Telemetry		
Med Surg	0	0
8 WESTNursing -		
Ortho/Stepdown	0	0
8E SURGICAL UNIT - Nursing		
Surgery	0	0

9W MEDICAL UNIT -Nursing -		
Med Surg	0	0
7W MEDICAL UNIT -Nursing -		
Med Surg	0	0
6W MEDICAL UNIT -Nursing -		
Med Surg	0	0
STUY 6 REHAB UNIT-		
Nursing - Rehab	0	0
Clark 5 - Nursing - Med Surg	0	0

EVENING SHIFT UNLICENSED STAFFING

EVENING SHIFT UNLICENSED STAFFING		
Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
PACU	0.75	0.67
Echo	0.75	0.67
	7	1.51
Emergency Department EP	2.5	1.51
Cath Lab	2.6	6.93
Oncology	0.27	0.33
•	0.5	0.5
Endoscopy Operating Room	2	1.6
5W CHILD ADOLESCENT	2	1.0
PSYCH-Nursing - Adolescent		
Psych	4	2.66
CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych	5	1.3
7E ICU-Nursing - Critical Care	2	0.8

6E CCU / OPEN HEART ICU /		
CSICU-Nursing - Critical Care		
Cardiac	2	0.89
4 WEST-Nursing- Cardiac		
Stepdown	2	2.21
10E TELE / STEP DOWN		
UNIT-Nursing - Telemetry		
Cardiac	3	1.07
9 EASTNursing - Telemetry		
Med Surg	3	1.01
8 WESTNursing -		
Ortho/Stepdown	2	1.35
8E SURGICAL UNIT - Nursing		
Surgery	3	0.96
9W MEDICAL UNIT -Nursing -		
Med Surg	2	0.76
7W MEDICAL UNIT -Nursing -		
Med Surg	2	0.71
6W MEDICAL UNIT -Nursing -		
Med Surg	2	0.78
STUY 6 REHAB UNIT-		
Nursing - Rehab	1	0.53
Clark 5 - Nursing - Med Surg	2	0.73

EVENING SHIFT ADDITIONAL RESOURCES

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in	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
the hospital.	and ancillary staff.
PACU	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
Echo	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

	,
Emergency Department	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
EP	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
Cath Lab	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

Oncology	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
<u> </u>	
Endoscopy	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
Operating Room	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
,	, , , , ,
CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych	1 Unit Secretary / .576 FTE BHA / 1.7 FTE Security Officer. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (case managers, social workers, physical therapists, etc)
2 6 22 27 27 27	, , , , , , , , , , , , , , , , , , , ,
7E ICU-Nursing - Critical Care	2 Unit Secretary, 1 Charge Nurse (0% of this resource used for direct patient care)

6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac	2 Unit Secretary, 1 Charge Nurse (0% of this resource used for direct patient care). There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
4 WEST-Nursing- Cardiac Stepdown	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac	1 Unit Secretary. There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

9 EASTNursing - Telemetry Med Surg	Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
8 WESTNursing - Ortho/Stepdown	Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work- hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
8E SURGICAL UNIT - Nursing Surgery	Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

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9W MEDICAL UNIT -Nursing - Med Surg	Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work- hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
7W MEDICAL UNIT -Nursing - Med Surg	Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work- hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)
6W MEDICAL UNIT -Nursing -	Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)

	Unit Secretary -1 Evening shift. There are other members of the ancillary
	team that are not easily attributed to definitive work
	hours whom support the
	unit on a regular basis
	(security, case managers,
STUY 6 REHAB UNIT-	social workers, physical
Nursing - Rehab	therapists, etc)
	Unit Secretary -1 Evening Shift. There are other members of the ancillary team that are not easily attributed to definitive work- hours whom support the unit on a regular basis (security, case managers, social workers, physical
Clark 5 - Nursing - Med Surg	therapists, etc)

EVENING SHIFT CONSENSUS INFORMATION

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

				0
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
PACU	No	responsibility.	mission of the organization.	acknowledge the

		_		
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Echo	No	responsibility	mission of the organization.	acknowledge the

T				
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Emergency Department	No	responsibility.	mission of the organization.	acknowledge the

				
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
EP	No	responsibility.	mission of the organization.	acknowledge the

				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Cath Lab	No	responsibility.	mission of the organization.	acknowledge the

				
				for patient care and safety.
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. It
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Oncology	No	responsibility.	mission of the organization.	acknowledge the

				0
				for patient care and safety
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				ensures patients receive the
				attention, expertise, and
				support they need. It allows
				for swift responses to
				emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	Management have	and compromises care
		in addressing current clinical	submitted plans which	quality. Management's
		acuity, workflow and unique	constitute safe staffing and	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. I
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Endoscopy	No	responsibility.	mission of the organization.	acknowledge the

				for patient care and safety
				Management's
				recommendation for
				minimal staffing is not
				consistent with the
				legislation NYSHCSC Law
				2805-t. Sufficient staffing
				_
				ensures patients receive the
				attention, expertise, and
				support they need. It allow
				for swift responses to
		Cultura into al ataffica a relacio		emergencies, reduces the
		Submitted staffing plans		risk of errors, and improves
		reflect knowledge, skills and		outcomes. Insufficient
		experiences of	Nursing/Hospital	staffing jeopardizes lives
		hospital/nursing leadership	_	and compromises care
		in addressing current clinical	· ·	quality. Management's
		acuity, workflow and unique	_	suggestion prioritizes cost-
		needs of the patient	address all elements of the	cutting over patients. To
		population served. These	staffing law under	achieve our goal, we must
		staffing plans are in	consideration and meets	recognize that adequate
		accordance with elements	the clinical and emotional	staffing is non-negotiable. I
		for consideration in the	needs of our patients and	is essential for optimal care
		staffing law, national	families, operational	and patient well-being.
		nursing practice standards	demands of each unit in	Patient safety depends on
		and alignment of fiscal	accordance with the	it, and management must
Operating Room	No	responsibility.	mission of the organization.	acknowledge the

		1		
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
5W CHILD ADOLESCENT		nursing practice standards	demands of each unit in	
PSYCH-Nursing - Adolescent		and alignment of fiscal	accordance with the	
Psych	No	responsibility.	mission of the organization.	N/A
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
CLARK 8 ADULT PSYCH UNIT-		and alignment of fiscal	accordance with the	
Nursing - Adult Psych	No	responsibility.	mission of the organization.	N/A

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		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique		
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
7E ICU-Nursing - Critical		and alignment of fiscal	accordance with the	
Care	No	responsibility.	mission of the organization.	N/A
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
6E CCU / OPEN HEART ICU /		nursing practice standards	demands of each unit in	
CSICU-Nursing - Critical Care		and alignment of fiscal	accordance with the	
Cardiac	No	responsibility.	mission of the organization.	N/A

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		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
4 WEST-Nursing- Cardiac		and alignment of fiscal	accordance with the	
Stepdown	No	responsibility.	mission of the organization.	N/A
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
10E TELE / STEP DOWN		nursing practice standards	demands of each unit in	
UNIT-Nursing - Telemetry		and alignment of fiscal	accordance with the	
Cardiac	No	responsibility.	mission of the organization.	N/A

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		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique		
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
9 EASTNursing - Telemetry		and alignment of fiscal	accordance with the	
Med Surg	No	responsibility.	mission of the organization.	N/A
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
8 WESTNursing -		and alignment of fiscal	accordance with the	staff to the patient
Ortho/Stepdown	No	responsibility.	mission of the organization.	assignment.

8E SURGICAL UNIT - Nursing		Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal	Nursing/Hospital Management have submitted plans which	Union (Workforce) voted for staff resulting in new, additional allocations of staff to the patient
Surgery	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards	Nursing/Hospital Management have submitted plans which	
9W MEDICAL UNIT -Nursing -		and alignment of fiscal	accordance with the	
Med Surg	No	responsibility.	mission of the organization.	N/A

		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
7W MEDICAL UNIT -Nursing -		and alignment of fiscal	accordance with the	staff to the patient
Med Surg	No	responsibility.	mission of the organization.	assignment.
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
6W MEDICAL UNIT -Nursing -		and alignment of fiscal	accordance with the	staff to the patient
Med Surg	No	responsibility.	mission of the organization.	assignment.

		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	submitted plans which	
		acuity, workflow and unique	constitute safe staffing and	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	
		staffing law, national	families, operational	
		nursing practice standards	demands of each unit in	
STUY 6 REHAB UNIT-		and alignment of fiscal	accordance with the	
Nursing - Rehab	No	responsibility.	mission of the organization.	N/A
			-	
		Submitted staffing plans		
		reflect knowledge, skills and		
		experiences of	Nursing/Hospital	
		hospital/nursing leadership	Management have	
		in addressing current clinical	-	
		acuity, workflow and unique	· ·	
		needs of the patient	address all elements of the	
		population served. These	staffing law under	
		staffing plans are in	consideration and meets	
		accordance with elements	the clinical and emotional	
		for consideration in the	needs of our patients and	Union (Workforce) voted
		staffing law, national	families, operational	for staff resulting in new,
		nursing practice standards	demands of each unit in	additional allocations of
		and alignment of fiscal	accordance with the	staff to the patient
Clark 5 - Nursing - Med Surg	No	responsibility.	mission of the organization.	assignment.

MINIMOTTI SIIII I STATTING				
Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	Emergency Department	14	12.44	9
Psychiatry	5W CHILD ADOLESCENT PSYCH-Nursing - Adolescent Psych		2	12
Psychiatry	CLARK 8 ADULT PSYCH UNIT- Nursing - Adult Psych 7E ICU-Nursing - Critical	4	1.1	29
Intensive Care	Care	10	4	20
Intensive Care	6E CCU / OPEN HEART ICU / CSICU-Nursing - Critical Care Cardiac	11	4.89	18
Stepdown	4 WEST-Nursing- Cardiac Stepdown	3	3	8
Telemetry	10E TELE / STEP DOWN UNIT-Nursing - Telemetry Cardiac 9 EASTNursing - Telemetry	7	2	28
Telemetry	Med Surg	8	2.13	30
Stepdown	8 WESTNursing - Ortho/Stepdown	4	2.29	14
Medical/Surgical	8E SURGICAL UNIT - Nursing Surgery	8	2	32
Medical/Surgical	9W MEDICAL UNIT -Nursing Med Surg	6	1.66	29
Medical/Surgical	7W MEDICAL UNIT -Nursing Med Surg	7	1.75	32
Medical/Surgical	6W MEDICAL UNIT -Nursing - Med Surg	6	1.71	28

	STUY 6 REHAB UNIT-			
Rehabilitaion	Nursing - Rehab	3	1.6	15
Medical/Surgical	Clark 5 - Nursing - Med Surg	5	1.82	22

LPN NIGHT SHIFT STAFFING

Name of Clinical Unit:	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
	0	0
Emergency Department Psychiatry	5	0
	7	0
Psychiatry Intensive Care	2	0
	1.7	0
Intensive Care		
Stepdown	3.5	0
Telemetry	4	0
Telemetry	4.5	0
Stepdown	4.65	0
Medical/Surgical	4.65	0
Medical/Surgical	5	0
Medical/Surgical	5	0
Medical/Surgical	5	0
Rehabilitaion	5	0
Medical/Surgical	5	0

NIGHT SHIFT ANCILLARY STAFF

	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5
Name of Clinical Unit:	up to 5 digits. Ex: 101.50)	digits. Ex: 101.50)
Emergency Department	0	0
Psychiatry	0	0
Psychiatry	0	0
Intensive Care	0	0
Intensive Care	0	0
Stepdown	0	0
Telemetry	0	0
Telemetry	0	0
Stepdown	0	0
Medical/Surgical	0	0
Rehabilitaion	0	0
Medical/Surgical	0	0

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	0	7
Psychiatry	0	4
Psychiatry	0	5
Intensive Care	0	2

Intensive Care	0	2
Stepdown	0	2
Telemetry	0	3
Telemetry	0	3
Stepdown	0	2
Medical/Surgical	0	3
Medical/Surgical	0	2
Medical/Surgical	0	2
Medical/Surgical	0	2
Rehabilitaion	0	1
Medical/Surgical	0	2

NIGHT SHIFT ADDITIONAL RESOURCES

Name of Clinical Unit:	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Emergency Department	6.22
Psychiatry	2
Psychiatry	0.83
Intensive Care	0.8
Intensive Care	0.89
Stepdown	2.21
Telemetry	1.07
Telemetry	1.01
Stepdown	1.35
Medical/Surgical	0.96
Medical/Surgical	0.76
Medical/Surgical	0.71
Medical/Surgical	0.78
Rehabilitaion	0.53
Medical/Surgical	0.73

NIGHT SHIFT CONSENSUS INFORMATION 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 **Statement by members** nurse, and other If no, of clinical staffing coverage provided to **Our Clinical Staffing Chief Executive Officer** committee selected by

Committee reached

staffing plan for this unit:

registered nurses,

and ancillary staff.

Name of Clinical Unit:

licensed practical nurses, consensus on the clinical

the general hospital

administration

(management members):

Statement in support of

clinical staffing plan for

this unit:

	There are other members of the ancillary team that are not easily attributed to definitive work-hours whom support the unit on a		Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national	submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational
	definitive work-hours whom		for consideration in the	needs of our patients and
	i i		_	•
	regular basis (security, case		nursing practice standards	demands of each unit in
	managers, social workers,		and alignment of fiscal	accordance with the
Emergency Department	physical therapists, etc)	No	responsibility.	mission of the organization.

			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
			hospital/nursing leadership	Management have
			in addressing current clinical	submitted plans which
			acuity, workflow and unique	constitute safe staffing and
	0 Unit Secretary. There are		needs of the patient	address all elements of the
	other members of the		population served. These	staffing law under
	ancillary team that are not		staffing plans are in	consideration and meets
	easily attributed to		accordance with elements	the clinical and emotional
	definitive work-hours whom		for consideration in the	needs of our patients and
	support the unit on a		staffing law, national	families, operational
	regular basis (security, case		nursing practice standards	demands of each unit in
	managers, social workers,		and alignment of fiscal	accordance with the
Psychiatry	physical therapists, etc)	No	responsibility.	mission of the organization.
			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
			hospital/nursing leadership	Management have
	0 Unit Secretary / .576 FTE		in addressing current clinical	submitted plans which
	BHA / 1.7 FTE Security		acuity, workflow and unique	constitute safe staffing and
	Officer.		needs of the patient	address all elements of the
	There are other members		population served. These	staffing law under
	of the ancillary team that		staffing plans are in	consideration and meets
	are not easily attributed to		accordance with elements	the clinical and emotional
	definitive work-hours whom		for consideration in the	needs of our patients and
	support the unit on a		staffing law, national	families, operational
	regular basis (case		nursing practice standards	demands of each unit in
	managers, social workers,		and alignment of fiscal	accordance with the
Psychiatry	physical therapists, etc)	No	responsibility.	mission of the organization.

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			Cubmitted staffing plans	
			Submitted staffing plans	
			reflect knowledge, skills and	Niversia a /I I a sasita I
			experiences of	Nursing/Hospital
	1 Unit Secretary, 1 Charge		hospital/nursing leadership	
	Nurse (0% of this resource		in addressing current clinical	· ·
	used for direct patient		acuity, workflow and unique	_
	care). There are other		needs of the patient	address all elements of the
	members of the ancillary		population served. These	staffing law under
	team that are not easily		staffing plans are in	consideration and meets
	attributed to definitive work		accordance with elements	the clinical and emotional
	hours whom support the		for consideration in the	needs of our patients and
	unit on a regular basis		staffing law, national	families, operational
	(security, case managers,		nursing practice standards	demands of each unit in
	social workers, physical		and alignment of fiscal	accordance with the
Intensive Care	therapists, etc)	No	responsibility.	mission of the organization.
			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
	1 Unit Secretary, 1 Charge		hospital/nursing leadership	Management have
	Nurse (0% of this resource		in addressing current clinical	_
	used for direct patient		acuity, workflow and unique	· · · · · · · · · · · · · · · · · · ·
	care). There are other		needs of the patient	address all elements of the
	members of the ancillary		population served. These	staffing law under
	team that are not easily		staffing plans are in	consideration and meets
	attributed to definitive work		accordance with elements	the clinical and emotional
	hours whom support the		for consideration in the	needs of our patients and
	unit on a regular basis		staffing law, national	families, operational
	(security, case managers,		nursing practice standards	demands of each unit in
	social workers, physical		and alignment of fiscal	accordance with the
Intensive Care		No	_	
intensive care	therapists, etc)	INO	responsibility.	mission of the organization.

	Т		1	
			Submitted staffing plans	
			reflect knowledge, skills and	
				Nursing/Hospital
			experiences of	Nursing/Hospital
			hospital/nursing leadership	_
			in addressing current clinical	,
			acuity, workflow and unique	_
	1 Unit Secretary. There are		needs of the patient	address all elements of the
	other members of the		population served. These	staffing law under
	ancillary team that are not		staffing plans are in	consideration and meets
	easily attributed to		accordance with elements	the clinical and emotional
	definitive work-hours whom		for consideration in the	needs of our patients and
	support the unit on a		staffing law, national	families, operational
	regular basis (security, case		nursing practice standards	demands of each unit in
	managers, social workers,		and alignment of fiscal	accordance with the
Stepdown	physical therapists, etc)	No	responsibility.	mission of the organization.
			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
			hospital/nursing leadership	Management have
			in addressing current clinical	submitted plans which
			acuity, workflow and unique	constitute safe staffing and
	.5 Unit Secretary. There are		needs of the patient	address all elements of the
	other members of the		population served. These	staffing law under
	ancillary team that are not		staffing plans are in	consideration and meets
	easily attributed to		accordance with elements	the clinical and emotional
	definitive work-hours whom		for consideration in the	needs of our patients and
	support the unit on a		staffing law, national	families, operational
	regular basis (security, case		nursing practice standards	demands of each unit in
	managers, social workers,		and alignment of fiscal	accordance with the
Telemetry	physical therapists, etc)	No	responsibility.	mission of the organization.

	1 Unit Secretary. There are		Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient	constitute safe staffing and address all elements of the
	other members of the		population served. These	staffing law under
	ancillary team that are not		staffing plans are in accordance with elements	consideration and meets the clinical and emotional
	easily attributed to definitive work-hours whom		for consideration in the	needs of our patients and
	support the unit on a		staffing law, national	families, operational
	regular basis (security, case		nursing practice standards	demands of each unit in
	managers, social workers,		and alignment of fiscal	accordance with the
Telemetry	physical therapists, etc)	No	responsibility.	mission of the organization.
			Submitted staffing plans	
			reflect knowledge, skills and experiences of	Nursing/Hospital
			hospital/nursing leadership	Nursing/Hospital Management have
			in addressing current clinical	-
	Unit Secretary -0 Night		acuity, workflow and unique	
	Shift. There are other		needs of the patient	address all elements of the
	members of the ancillary		population served. These	staffing law under
	team that are not easily		staffing plans are in	consideration and meets
	attributed to definitive work		accordance with elements	the clinical and emotional
	hours whom support the		for consideration in the	needs of our patients and
	unit on a regular basis		staffing law, national	families, operational
	(security, case managers,		nursing practice standards	demands of each unit in
	social workers, physical		and alignment of fiscal	accordance with the
Stepdown	therapists, etc)	No	responsibility.	mission of the organization.

			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
			hospital/nursing leadership	Management have
			in addressing current clinical	submitted plans which
	Unit Secretary -0 Night		acuity, workflow and unique	constitute safe staffing and
	Shift. There are other		needs of the patient	address all elements of the
	members of the ancillary		population served. These	staffing law under
	team that are not easily		staffing plans are in	consideration and meets
	attributed to definitive work-		accordance with elements	the clinical and emotional
	hours whom support the		for consideration in the	needs of our patients and
	unit on a regular basis		staffing law, national	families, operational
	(security, case managers,		nursing practice standards	demands of each unit in
	social workers, physical		and alignment of fiscal	accordance with the
Medical/Surgical	therapists, etc)	No	responsibility.	mission of the organization.
			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
			hospital/nursing leadership	Management have
	Halt Connets of OARSI		in addressing current clinical	'
	Unit Secretary -0 Night		acuity, workflow and unique	
	Shift. There are other		needs of the patient	address all elements of the
	members of the ancillary		population served. These	staffing law under consideration and meets
	team that are not easily attributed to definitive work		staffing plans are in accordance with elements	the clinical and emotional
	hours whom support the		for consideration in the	needs of our patients and
	unit on a regular basis		staffing law, national	families, operational
	(security, case managers,		nursing practice standards	demands of each unit in
	social workers, physical		and alignment of fiscal	accordance with the
Medical/Surgical		No	_	
Medical/Surgical	therapists, etc)	No	responsibility.	mission of the organization.

			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
			hospital/nursing leadership	Management have
			in addressing current clinical	submitted plans which
	Unit Secretary -0 Night		acuity, workflow and unique	constitute safe staffing and
	Shift. There are other		needs of the patient	address all elements of the
	members of the ancillary		population served. These	staffing law under
	team that are not easily		staffing plans are in	consideration and meets
	attributed to definitive work-		accordance with elements	the clinical and emotional
	hours whom support the		for consideration in the	needs of our patients and
	unit on a regular basis		staffing law, national	families, operational
	(security, case managers,		nursing practice standards	demands of each unit in
	social workers, physical		and alignment of fiscal	accordance with the
Medical/Surgical	therapists, etc)	No	responsibility.	mission of the organization.
			Submitted staffing plans	
			reflect knowledge, skills and	
			experiences of	Nursing/Hospital
			hospital/nursing leadership	Management have
			in addressing current clinical	· ·
	Unit Secretary -0 Night		acuity, workflow and unique	_
	Shift. There are other		needs of the patient	address all elements of the
	members of the ancillary		population served. These	staffing law under
	team that are not easily		staffing plans are in	consideration and meets
	attributed to definitive work		accordance with elements	the clinical and emotional
	hours whom support the		for consideration in the	needs of our patients and
	unit on a regular basis		staffing law, national	families, operational
	(security, case managers,		nursing practice standards	demands of each unit in
Madical/C····-i	social workers, physical	NI-	and alignment of fiscal	accordance with the
Medical/Surgical	therapists, etc)	No	responsibility.	mission of the organization.

The total desired the total de	Init Secretary -0 Night shift. here are other members of the ancillary team that are not easily attributed to efinitive work-hours whom support the unit on a egular basis (security, case managers, social workers,		Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the
	physical therapists, etc)	No	responsibility.	mission of the organization.
at	Unit Secretary -0 Night Shift. There are other members of the ancillary team that are not easily ttributed to definitive work- hours whom support the unit on a regular basis (security, case managers, social workers, physical therapists, etc)	No	Submitted staffing plans reflect knowledge, skills and experiences of hospital/nursing leadership in addressing current clinical acuity, workflow and unique needs of the patient population served. These staffing plans are in accordance with elements for consideration in the staffing law, national nursing practice standards and alignment of fiscal responsibility.	Nursing/Hospital Management have submitted plans which constitute safe staffing and address all elements of the staffing law under consideration and meets the clinical and emotional needs of our patients and families, operational demands of each unit in accordance with the mission of the organization.

The number of hospital employees represented by New York State Nurses Association is:	797
Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	09/30/20 26 12:00 AM
The number of hospital employees represented by SEIU 1199 is:	1216