

## HOSPITAL INFORMATION

<b>Region</b>	Metropolitan Area Regional Office
<b>County</b>	Queens
<b>Council</b>	New York City
<b>Network</b>	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
<b>Reporting Organization</b>	NewYork-Presbyterian-Queens
<b>Reporting Organization Id</b>	1637
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	NewYork-Presbyterian-Queens

## RN DAY SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?</b>
205350 ENDO	4	8	25.5	1
205154 ASU Recovery	7	4	26.25	2
205151 ASU Holding	7	5	26.25	2
205152 OR Holding	7	4	28	2
205325 PACU 1 W	7	4	30	2
205320/205335 OR	20	8	33.75	1
205445 LEVEL III NEONATAL	4	4	7.91	1.98
205485 EMERGENCY ROOM	20	2.16	69.4	6
205420 MEDICAL INTENSIVE CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-SURGICAL	10	2	53.08	5.31

205117 3 SOUTH MEDICAL-SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73
205326 CARDIO RECOVERY UNIT	5	5	9	1.8
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-SURGICAL	2	2	13.77	6.89
205128 6 NORTH ONCOLOGY	9	2	47.08	5.23

LPN DAY SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205485 EMERGENCY ROOM	0	0

205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL-SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-SURGICAL	0	0
205117 3 SOUTH MEDICAL-SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL-SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

DAY SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL-SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL-SURGICAL	0	0
205117 3 SOUTH MEDICAL-SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0

205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL-SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

DAY SHIFT UNLICENSED STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
205350 ENDO	4	8
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	2	2
205325 PACU 1 W	1	1
205320/205335 OR	25	10
205445 LEVEL III NEONATAL	0	0
205485 EMERGENCY ROOM	8	0.86
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0.86	1
205210 PEDIATRICS	0	0

205328 PEDS INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL- SURGICAL	4	1
205115 5 WEST NEURO	4	1
205132 4 WEST ORTHO	4	1
205133 3 NORTH MEDICAL- SURGICAL	6	1
205117 3 SOUTH MEDICAL- SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	1	1
205134 8 SOUTH MEDICAL- SURGICAL	1	1
205128 6 NORTH ONCOLOGY	4	1

DAY SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
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205350 ENDO	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "
205154 ASU Recovery	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "
205151 ASU Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, Radiology, and transport. Each shift has a Charge RN supporting the team as well." "



205152 OR Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well." "
205325 PACU 1 W	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well." "
205320/205335 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well." "

205445 LEVEL III NEONATAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, and IV team.
205485 EMERGENCY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205136 8 WEST MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205250 DELIVERY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205210 PEDIATRICS	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205328 PEDS INTERMEDIATE CARE	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205123 5 NORTH MEDICAL- SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205115 5 WEST NEURO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205132 4 WEST ORTHO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205133 3 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205117 3 SOUTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205111 2 NORTH CARDIAC	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205326 CARDIO RECOVERY UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205220 OBSTETRICS/POST PART	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.



<p>205134 8 SOUTH MEDICAL- SURGICAL</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>
<p>205128 6 NORTH ONCOLOGY</p>	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>

DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
205350 ENDO	Yes			
205154 ASU Recovery	Yes			
205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			
205445 LEVEL III NEONATAL	Yes			

205485 EMERGENCY ROOM	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>staffing committee reached consensus on midshift nurse staffing in the. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Emergency Department's typical volume. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing during times of surge. In addition to the staff float pools available to supplement unit staffing, nurses are assisted by respiratory therapists, phlebotomists, pharmacy technicians, social workers,</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
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<p>205420 MEDICAL INTENSIVE CARE UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at all census points and Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accommodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	<p>"1- There was no image available on our last proposal, but we received this grid from management.  2- The committee proposes the following numbers for MICU, as long as those numbers are met on a daily basis.  a- 1:1 to 2:1 ratio = 10 RNs when at full capacity  b- Staffing must Follow the Professional accreditation guidelines appropriate for each case.  3- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safeties or Max Observance excluded.A. Safeties or Max Observance excluded"</p>
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<p>205136 8 WEST MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools</p>	<p>"As per the Grid the Committee proposes the following: ** 1st line 13-18 pts 3RNs minimum. ** the committee agrees with the RN numbers in the other 2 lines. ** maintaining a 1RN:6pts ratio at all times. CNAs** 13-18 pts 2 CNAs – 7-12 pts 2CNAs—1-6 pts 1CNA Safeties or Max Observance excluded. Ward Clerk 1 per shift No sharing with other units."</p>
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205250 DELIVERY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on OR/OB Tech staffing Monday - Friday on all shifts and on Saturday's day shift. Additionally, the staffing committee reached consensus on Monday - Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Labor and Delivery unit's typical volume and acuity. The Hospital believes that for overnight shifts, there is cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient.age of units where an individual Unit Clerks may not be present. During these hours, there is a significant</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, WC. ** When a patient needs to go into the OR the RN assigned follows the Patient leaving her other pts assigned to among the remaining nurses. TECHS: The committee proposes 1 tech per shift including weekends. The techs provide vital assistance to the unit, and they scrub-in when they OR is needed."</p>
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205210 PEDIATRICS	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>	<p>"As per feedback from the staff:  **if there is any vacancies, they should be filled ASAP in order to alleviate staffing, especially on days.  **Both PEDS and PIMU are budgeted separately but currently the same staffing is used to staff both units creating a staffing deficit and increasing the needs to float an RN from MB or NICU to help with the staffing."</p>
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<p>205328 PEDS INTERMEDIATE CARE</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse and Unit Clerk staffing at all census points and shifts, and Nursing Attendant staffing at census points 1-3. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, CNAS &amp; WC. Safeties or Max Observance to be excluded from the CNA numbers proposed."</p>
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<p>205123 5 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for</p>	<p>"1- WE ARE PROPOSING A STEP-DOWN MODEL FOR THE AREA OF 15 VENTED PATIENTS IN THE BACK OF 5N.  2- A RATIO OF 1RN: 3VENTED PTS = 5RN'S 2CNA'S IN THIS AREA AT ALL TIMES. a. ROLE OF THE LPN NEEDS TO BE DISCUSSED AND CLARIFIED  3- FOR THE MIXED ASSIGNMENTS {VENTED (V)/NON-VENTED (NV)} RN 1:5 RATIO WITH ASSIGNMENTS AS FOLLOW:  a. 3NV/2V OR 4NV/1V/ RN 1:5 RATIO  b. CNA- 1:8 RATIO  c. 4 CNA'S IN THE FRONT AT ALL TIMES. Safety &amp; Maximum observances to be excluded from CNA numbers.t"</p>
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<p>205115 5 WEST NEURO</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	<p>*** Vents are admitted when 5N has an overflow. ** ** Post-Surgical Patients: Pain Management/ Early Ambulation/ High Turnover of patients daily** 1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis. a. RN ratio 5:1 2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis. a. Safety &amp; Max observations to be excluded from the above CNA numbers. 3- Ward clerk 1 per shift."</p>
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205132 4 WEST ORTHO	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 31-40, Nursing Attendant staffing at census points 31-36, and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers</p>	<p>"1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis.  a. RN ratio 5:1  2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis.  a. Safety &amp; Max observations to be excluded from the above CNA numbers.  3- Ward clerk 1 per shift."</p>
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<p>205133 3 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 13-18 and 31-54 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>*** The Pts in 3N are mostly Complete Care patients  ** The rooms in 3N are very small; at times is a challenge to have all medical equipment necessary for the Pts, such as Bi-Pap, &amp; High Flow.  ** There has been talk of remodeling 3N but has not come to fruition.  1- The committee proposes:  a. 11 RNs/ shift 5:1 Ratio, the numbers must be met on a daily basis.  b. CNAs 8 per shift. Safety &amp; Max Observances to be excluded from this count.  2- 1 Ward Clerk 1 per shift."</p>
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<p>205117 3 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 13-21 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	<p>"1- **The Committee agree that the RN numbers are appropriate as long as the numbers are met on a daily basis. Meeting the 1:5 ratio agreed during last year staffing legislation process. 2- ** CNA's number increased to 3 as per our original proposal. 1 of those CNAs must be assigned to the CDU area and 2 CNAs to the regular floor. Safeties or Max Observance excluded. 3- **1 WC per shift."</p>
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205111 2 NORTH CARDIAC	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 7-12 and 31-36 and Nursing Attendant staffing at census points 13-24. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This</p>	<p>"1- The committee agrees that the RN staffing numbers are appropriate. As long as the numbers are met on a daily basis.  a. RN ratio 5:1  2- CNA 4 per shift for a ratio of 8:1. Safeties or Max Observance excluded.  3- Ward clerk 1 per shift, when sharing with CVRU not to cover another unit."</p>
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<p>205326 CARDIO RECOVERY UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit is contiguous with another unit and shares</p>	<p>that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis, when bed capacity returns to 14 beds.</p> <p>a. Staffing must Follow the Professional CTICU accreditation guidelines appropriate for each case. IG a Fresh Open Heart Case post-surgery should be a 1:1 ratio.</p> <p>b. ICU ratios: 1:1 or 1:2 depending on acuity.</p> <p>c. Stepdown PTs should not exceed a 1RN:3pts. ratio. 2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excluded.2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excludedshift without sharing with other units. WC could share duties with 2N when the WC staffing is critically Low not to exceed more than 2</p>
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<p>205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 7-10 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>"1- The Committee agrees that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis. a. Staffing must Follow the Professional Trauma accreditation guidelines appropriate for each case. IG a Fresh Trauma Alpha fresh post-surgery should be a 1:1 ratio. b. 1:1 to 2:1 ratio = 10 RNs when at full capacity c. Stepdown PTs should not exceed a 3:1 ratio. 2- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safety &amp; Max Observances to be excluded from this count. 3- Ward Clerks- 1 per shift without sharing with other units."</p>
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<p>205220 OBSTETRICS/POST PART</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 9-62 and Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate, including 24/7 Unit Clerk coverage for infant security. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,</p>	<p>"As per our feedback there are 6 antepartum beds, 37 couplets beds bringing capacity to 64 pts. The Committee proposal is as follows: RNS: The committee agree to the RN numbers as long as the numbers are met at all times. Ratios: 1RN: 3 to 4 Couplets 1- CNAs: 5 couplets per CNA giving them 10 patients each. Safeties or Max Observance excluded. WC: 1 per shift/ NO SHARING ** HIGH Security ** Visitors must be let in by Clerk is clerk has been shared it jeopardizes the safety of the unit."</p>
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<p>205134 8 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. It is important to note that when, based on census, the staffing plan calls for two RNs, a given RN is never alone on the unit; another team member is always present to assist or call for assistance in an emergency. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease</p>	<p>"1- The committee proposes our Original proposal of 3 nurses per shift  a. There should never be only 2 RN on the unit.  i. Appropriate break coverage is not possible with only two RNs  ii. CNA can not cover the Tele Breaks  iii. In case of a CAT or RRT when RNs are on break will create an unsafe situation.  b. Safety and Maximum observations numbers to be excluded from the CNA numbers above.  *** The staffing plan numbers must be met on a daily basis."</p>
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<p>205128 6 NORTH ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>medical-surgical unit. The clinical staffing committee reached consensus on the proposal of the non-management staffing committee members to add one RN around the clock. The staffing committee reached consensus on nurse staffing at census points 31-48 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these</p>	<p>**** DEDICATED CHEMO RN *** Keep Chemo patients in the same geographical location 1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis. a. RN ratio 5:1 2- The committee proposes the original ask of 6 CNAs per shifts. a. Safety &amp; Max observations to be excluded from the above CNA numbers.the above CNA numbers."</p>
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RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
205350 ENDO	2	8	8.5	1
205154 ASU Recovery	3	4	8.75	2
205151 ASU Holding	2	4	8.75	2
205152 OR Holding	5	4	7	2
205325 PACU 1 W	6	6	15	2
205320/205335 OR	10	8	11.25	1
205445 LEVEL III NEONATAL	4	4	7.91	1.98
205485 EMERGENCY ROOM	24	2.16	83.28	6
205420 MEDICAL INTENSIVE CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-SURGICAL	10	2	53.08	5.31

205117 3 SOUTH MEDICAL-SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73
205326 CARDIO RECOVERY UNIT	5	5	9	1.8
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-SURGICAL	2	2	13.77	6.89
205128 6 NORTH ONCOLOGY	9	2	47.08	5.23

LPN EVENING SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0

205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL- SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL- SURGICAL	0	0
205117 3 SOUTH MEDICAL- SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL- SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

EVENING SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0

205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL- SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL- SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL- SURGICAL	0	0
205117 3 SOUTH MEDICAL- SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL- SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

EVENING SHIFT UNLICENSED STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
205350 ENDO	2	8
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	14	11
205445 LEVEL III NEONATAL	0	0
205485 EMERGENCY ROOM	8	0.72
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0	0.86
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL-SURGICAL	4	1
205115 5 WEST NEURO	4	1
205132 4 WEST ORTHO	4	1
205133 3 NORTH MEDICAL-SURGICAL	6	1
205117 3 SOUTH MEDICAL-SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY UNIT	0	0



205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	1	1
205134 8 SOUTH MEDICAL- SURGICAL	1	1
205128 6 NORTH ONCOLOGY	4	1

EVENING SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
<p>205350 ENDO</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "</p>

205154 ASU Recovery	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "
205151 ASU Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, and Child Life, Radiology, and transport. Each shift has a Charge RN supporting the team as well." "
205152 OR Holding	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well." "

205325 PACU 1 W	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>
205320/205335 OR	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well.</p> <p>"</p>
205445 LEVEL III NEONATAL	<p>This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, and IV team.</p>

205485 EMERGENCY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205136 8 WEST MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205250 DELIVERY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205210 PEDIATRICS	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.
205328 PEDS INTERMEDIATE CARE	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205123 5 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205115 5 WEST NEURO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205132 4 WEST ORTHO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205133 3 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

205117 3 SOUTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205111 2 NORTH CARDIAC	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.



205326 CARDIO RECOVERY UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205220 OBSTETRICS/POST PART	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, pharmacy technicians, social workers, care managers, transporters, and IV team.

205134 8 SOUTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205128 6 NORTH ONCOLOGY	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.

**EVENING SHIFT CONSENSUS INFORMATION**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	
205350 ENDO	Yes			
205154 ASU Recovery	Yes			

205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			
205445 LEVEL III NEONATAL	Yes			
205485 EMERGENCY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>staffing committee reached consensus on midshift nurse staffing in the. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Emergency Department's typical volume. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing during times of surge. In addition to the staff float pools available to supplement unit staffing, nurses are assisted by respiratory therapists, phlebotomists, pharmacy technicians, social workers,</p>	

<p>205420 MEDICAL INTENSIVE CARE UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at all census points and Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	
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<p>205136 8 WEST MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools</p>	
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205250 DELIVERY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on OR/OB Tech staffing Monday - Friday on all shifts and on Saturday's day shift. Additionally, the staffing committee reached consensus on Monday - Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Labor and Delivery unit's typical volume and acuity. The Hospital believes that for overnight shifts, there is cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient.age of units where an individual Unit Clerks may not be present. During these hours, there is a significant</p>	
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205210 PEDIATRICS	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>	
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<p>205328 PEDS INTERMEDIATE CARE</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse and Unit Clerk staffing at all census points and shifts, and Nursing Attendant staffing at census points 1-3. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy</p>	
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<p>205123 5 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for</p>	
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<p>205115 5 WEST NEURO</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	
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<p>205132 4 WEST ORTHO</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 31-40, Nursing Attendant staffing at census points 31-36, and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers</p>	
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<p>205133 3 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 13-18 and 31-54 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	
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<p>205117 3 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 13-21 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	
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205111 2 NORTH CARDIAC	No	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 7-12 and 31-36 and Nursing Attendant staffing at census points 13-24. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This</p>	
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<p>205326 CARDIO RECOVERY UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit is contiguous with another unit and shares</p>	
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<p>205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 7-10 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	
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<p>205220 OBSTETRICS/POST PART</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 9-62 and Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate, including 24/7 Unit Clerk coverage for infant security. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,</p>	
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<p>205134 8 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. It is important to note that when, based on census, the staffing plan calls for two RNs, a given RN is never alone on the unit; another team member is always present to assist or call for assistance in an emergency. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease</p>	
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<p>205128 6 NORTH ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 31-48 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	
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## RN NIGHT SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?</b>
205350 ENDO	0	0	0	0
205154 ASU Recovery	0	0	0	0
205151 ASU Holding	0	0	0	0
205152 OR Holding	0	0	0	0
205325 PACU 1 W	3	4	4	2
205320/205335 OR	1	8	1	1
205445 LEVEL III NEONATAL	4	4	7.91	1.98
205485 EMERGENCY ROOM	16	2.16	55.52	6
205420 MEDICAL INTENSIVE CARE UNIT	7	4	14	2
205136 8 WEST MEDICAL-SURGICAL	2	3	6.8	3.4
205250 DELIVERY ROOM	8	8.15	7.36	0.92
205210 PEDIATRICS	2	4	4.75	2.38
205328 PEDS INTERMEDIATE CARE	1	5	1.55	1.55
205123 5 NORTH MEDICAL-SURGICAL	9	2	47	5.22
205115 5 WEST NEURO	8	2	38.01	4.75
205132 4 WEST ORTHO	7	2	35.92	5.13
205133 3 NORTH MEDICAL-SURGICAL	10	2	53.08	5.31
205117 3 SOUTH MEDICAL-SURGICAL	4	2	19.36	4.84
205111 2 NORTH CARDIAC	7	2	33.12	4.73

205326 CARDIO RECOVERY UNIT	5	5	9	1.8
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	4	4	8	2
205220 OBSTETRICS/POST PART	6	2	33.3	5.55
205134 8 SOUTH MEDICAL-SURGICAL	2	2	13.77	6.89
205128 6 NORTH ONCOLOGY	9	2	47.08	5.23

LPN NIGHT SHIFT STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0

205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL- SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL- SURGICAL	0	0
205117 3 SOUTH MEDICAL- SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL- SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

NIGHT SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0

205320/205335 OR	0	0
205445 LEVEL III NEONATAL	0	0
205485 EMERGENCY ROOM	0	0
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL- SURGICAL	0	0
205250 DELIVERY ROOM	0	0
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	0	0
205123 5 NORTH MEDICAL- SURGICAL	0	0
205115 5 WEST NEURO	0	0
205132 4 WEST ORTHO	0	0
205133 3 NORTH MEDICAL- SURGICAL	0	0
205117 3 SOUTH MEDICAL- SURGICAL	0	0
205111 2 NORTH CARDIAC	0	0
205326 CARDIO RECOVERY UNIT	0	0
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	0	0
205134 8 SOUTH MEDICAL- SURGICAL	0	0
205128 6 NORTH ONCOLOGY	0	0

NIGHT SHIFT UNLICENSED STAFFING

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)</b>
205350 ENDO	0	0
205154 ASU Recovery	0	0
205151 ASU Holding	0	0
205152 OR Holding	0	0
205325 PACU 1 W	0	0
205320/205335 OR	1	8
205445 LEVEL III NEONATAL	0	0
205485 EMERGENCY ROOM	8	1.08
205420 MEDICAL INTENSIVE CARE UNIT	0	0
205136 8 WEST MEDICAL-SURGICAL	0	0
205250 DELIVERY ROOM	0.71	1
205210 PEDIATRICS	0	0
205328 PEDS INTERMEDIATE CARE	1	5
205123 5 NORTH MEDICAL-SURGICAL	4	1
205115 5 WEST NEURO	4	1
205132 4 WEST ORTHO	4	1
205133 3 NORTH MEDICAL-SURGICAL	6	1
205117 3 SOUTH MEDICAL-SURGICAL	2	1
205111 2 NORTH CARDIAC	3	1
205326 CARDIO RECOVERY UNIT	0	0



205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	0	0
205220 OBSTETRICS/POST PART	1	1
205134 8 SOUTH MEDICAL- SURGICAL	1	1
205128 6 NORTH ONCOLOGY	4	1

NIGHT SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
205350 ENDO	Unit closed overnight.
205154 ASU Recovery	Unit closed overnight.
205151 ASU Holding	Unit closed overnight.
205152 OR Holding	Unit closed overnight.

205325 PACU 1 W	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, radiology. Each shift has a Charge RN supporting the team as well." "
205320/205335 OR	"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Perfusion, Pharmacy, and Child Life, Radiology, Biomed, IT, Materials Management. Each shift has a Charge RN supporting the team as well." "
205445 LEVEL III NEONATAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, respiratory therapists, phlebotomists, and the IV team.

205485 EMERGENCY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.
205420 MEDICAL INTENSIVE CARE UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.
205136 8 WEST MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.

205250 DELIVERY ROOM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.
205210 PEDIATRICS	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, respiratory therapists, phlebotomists, transporters, and the IV team.
205328 PEDS INTERMEDIATE CARE	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, respiratory therapists, phlebotomists, transporters, and the IV team.

205123 5 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.
205115 5 WEST NEURO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.
205132 4 WEST ORTHO	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.

205133 3 NORTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.
205117 3 SOUTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.
205111 2 NORTH CARDIAC	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.

205326 CARDIO RECOVERY UNIT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.
205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.
205220 OBSTETRICS/POST PART	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, phlebotomists, transporters, and the IV team.

205134 8 SOUTH MEDICAL-SURGICAL	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.
205128 6 NORTH ONCOLOGY	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include respiratory therapists, rapid response team, phlebotomists, and transport team.

NIGHT SHIFT CONSENSUS INFORMATION

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
205350 ENDO	Yes			
205154 ASU Recovery	Yes			
205151 ASU Holding	Yes			
205152 OR Holding	Yes			
205325 PACU 1 W	Yes			
205320/205335 OR	Yes			



205445 LEVEL III NEONATAL	Yes			
		<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>staffing committee reached consensus on midshift nurse staffing in the. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Emergency Department's typical volume. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing during times of surge. In addition to the staff float pools available to supplement unit staffing, nurses are assisted by respiratory therapists, phlebotomists, pharmacy technicians, social workers,</p>	<p>Employee members of the clinical staffing committee submitted their position in a staffing guideline format; the Hospital did not receive anything additional from the employee members of the Clinical Staffing Committee.</p>
205485 EMERGENCY ROOM	No			

<p>205420 MEDICAL INTENSIVE CARE UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at all census points and Unit Clerk staffing on the day and evening shifts. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accommodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	<p>"1- There was no image available on our last proposal, but we received this grid from management.  2- The committee proposes the following numbers for MICU, as long as those numbers are met on a daily basis.  a- 1:1 to 2:1 ratio = 10 RNs when at full capacity  b- Staffing must Follow the Professional accreditation guidelines appropriate for each case.  3- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safeties or Max Observance excluded.A. Safeties or Max Observance excluded"</p>
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<p>205136 8 WEST MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital (“Hospital”), I submit the Hospital’s Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools</p>	<p>"As per the Grid the Committee proposes the following: ** 1st line 13-18 pts 3RNs minimum. ** the committee agrees with the RN numbers in the other 2 lines. ** maintaining a 1RN:6pts ratio at all times. CNAs** 13-18 pts 2 CNAs – 7-12 pts 2CNAs—1-6 pts 1CNA Safeties or Max Observance excluded. Ward Clerk 1 per shift No sharing with other units."</p>
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205250 DELIVERY ROOM	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on OR/OB Tech staffing Monday - Friday on all shifts and on Saturday's day shift. Additionally, the staffing committee reached consensus on Monday - Friday Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate for this Labor and Delivery unit's typical volume and acuity. The Hospital believes that for overnight shifts, there is cross-On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient.age of units where an individual Unit Clerks may not be present. During these hours, there is a significant</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, WC. ** When a patient needs to go into the OR the RN assigned follows the Patient leaving her other pts assigned to among the remaining nurses. TECHS: The committee proposes 1 tech per shift including weekends. The techs provide vital assistance to the unit, and they scrub-in when they OR is needed."</p>
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205210 PEDIATRICS	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, and transport team.</p>	<p>"As per feedback from the staff:  **if there is any vacancies, they should be filled ASAP in order to alleviate staffing, especially on days.  **Both PEDS and PIMU are budgeted separately but currently the same staffing is used to staff both units creating a staffing deficit and increasing the needs to float an RN from MB or NICU to help with the staffing."</p>
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<p>205328 PEDS INTERMEDIATE CARE</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse and Unit Clerk staffing at all census points and shifts, and Nursing Attendant staffing at census points 1-3. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy</p>	<p>"The Staffing committee proposes our original ask from last year staffing plan. Seen Above on the right-hand side. For RNs, CNAS &amp; WC. Safeties or Max Observance to be excluded from the CNA numbers proposed."</p>
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<p>205123 5 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for</p>	<p>"1- WE ARE PROPOSING A STEP-DOWN MODEL FOR THE AREA OF 15 VENTED PATIENTS IN THE BACK OF 5N.  2- A RATIO OF 1RN: 3VENTED PTS = 5RN'S 2CNA'S IN THIS AREA AT ALL TIMES. a. ROLE OF THE LPN NEEDS TO BE DISCUSSED AND CLARIFIED  3- FOR THE MIXED ASSIGNMENTS {VENTED (V)/NON-VENTED (NV)} RN 1:5 RATIO WITH ASSIGNMENTS AS FOLLOW:  a. 3NV/2V OR 4NV/1V/ RN 1:5 RATIO  b. CNA- 1:8 RATIO  c. 4 CNA'S IN THE FRONT AT ALL TIMES. Safety &amp; Maximum observances to be excluded from CNA numbers.t"</p>
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205115 5 WEST NEURO	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 37-40 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	<p>*** Vents are admitted when 5N has an overflow. ** ** Post-Surgical Patients: Pain Management/ Early Ambulation/ High Turnover of patients daily** 1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis. a. RN ratio 5:1 2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis. a. Safety &amp; Max observations to be excluded from the above CNA numbers. 3- Ward clerk 1 per shift."</p>
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205132 4 WEST ORTHO	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 31-40, Nursing Attendant staffing at census points 31-36, and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers</p>	<p>"1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis.  a. RN ratio 5:1  2- The committee agrees that the CNA numbers are appropriate as long as the staffing plan numbers are met on a daily basis.  a. Safety &amp; Max observations to be excluded from the above CNA numbers.  3- Ward clerk 1 per shift."</p>
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<p>205133 3 NORTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 13-18 and 31-54 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines, as well as the unit configuration, are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>*** The Pts in 3N are mostly Complete Care patients  ** The rooms in 3N are very small; at times is a challenge to have all medical equipment necessary for the Pts, such as Bi-Pap, &amp; High Flow.  ** There has been talk of remodeling 3N but has not come to fruition.  1- The committee proposes:  a. 11 RNs/ shift 5:1 Ratio, the numbers must be met on a daily basis.  b. CNAs 8 per shift. Safety &amp; Max Observances to be excluded from this count.  2- 1 Ward Clerk 1 per shift."</p>
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<p>205117 3 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 13-21 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	<p>"1- **The Committee agree that the RN numbers are appropriate as long as the numbers are met on a daily basis. Meeting the 1:5 ratio agreed during last year staffing legislation process. 2- ** CNA's number increased to 3 as per our original proposal. 1 of those CNAs must be assigned to the CDU area and 2 CNAs to the regular floor. Safeties or Max Observance excluded. 3- **1 WC per shift."</p>
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205111 2 NORTH CARDIAC	No	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 7-12 and 31-36 and Nursing Attendant staffing at census points 13-24. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ is issued a mobile communication device for direct communication. This</p>	<p>"1- The committee agrees that the RN staffing numbers are appropriate. As long as the numbers are met on a daily basis.  a. RN ratio 5:1  2- CNA 4 per shift for a ratio of 8:1. Safeties or Max Observance excluded.  3- Ward clerk 1 per shift, when sharing with CVRU not to cover another unit."</p>
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<p>205326 CARDIO RECOVERY UNIT</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 5-14. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. This unit is contiguous with another unit and shares</p>	<p>that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis, when bed capacity returns to 14 beds.</p> <p>a. Staffing must Follow the Professional CTICU accreditation guidelines appropriate for each case. IG a Fresh Open Heart Case post-surgery should be a 1:1 ratio.</p> <p>b. ICU ratios: 1:1 or 1:2 depending on acuity.</p> <p>c. Stepdown PTs should not exceed a 1RN:3pts. ratio. 2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excluded.2- CNAs numbers increase to 1 per shift. Safeties or Max Observance excludedshift without sharing with other units. WC could share duties with 2N when the WC staffing is critically Low not to exceed more than 2</p>
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<p>205430 SURGERY ICU 7W (CCU/MICU/SICU/SISD)</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 7-10 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. This critical care unit also accomodates stepdown patients and is budgeted and staffed as such. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts.</p>	<p>"1- The Committee agrees that the staffing plan RN numbers is adequate as long as those numbers are met on a daily basis. a. Staffing must Follow the Professional Trauma accreditation guidelines appropriate for each case. IG a Fresh Trauma Alpha fresh post-surgery should be a 1:1 ratio. b. 1:1 to 2:1 ratio = 10 RNs when at full capacity c. Stepdown PTs should not exceed a 3:1 ratio. 2- CNAs numbers increase to 2 per shift or at a ratio of 8-10 pts to 1 CNA. Safety &amp; Max Observances to be excluded from this count. 3- Ward Clerks- 1 per shift without sharing with other units."</p>
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<p>205220 OBSTETRICS/POST PART</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 9-62 and Unit Clerk staffing. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate, including 24/7 Unit Clerk coverage for infant security. Each staff member at NYPQ is issued a mobile communication device for direct communication. This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include unit clerks, physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers,</p>	<p>"As per our feedback there are 6 antepartum beds, 37 couplets beds bringing capacity to 64 pts. The Committee proposal is as follows:  RNS: The committee agree to the RN numbers as long as the numbers are met at all times.  Ratios: 1RN: 3 to 4 Couplets  1- CNAs: 5 couplets per CNA giving them 10 patients each. Safeties or Max Observance excluded.  WC: 1 per shift/ NO SHARING ** HIGH Security  ** Visitors must be let in by Clerk is clerk has been shared it jeopardizes the safety of the unit."</p>
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<p>205134 8 SOUTH MEDICAL-SURGICAL</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. It is important to note that when, based on census, the staffing plan calls for two RNs, a given RN is never alone on the unit; another team member is always present to assist or call for assistance in an emergency. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease</p>	<p>"1- The committee proposes our Original proposal of 3 nurses per shift  a. There should never be only 2 RN on the unit.  i. Appropriate break coverage is not possible with only two RNs  ii. CNA can not cover the Tele Breaks  iii. In case of a CAT or RRT when RNs are on break will create an unsafe situation.  b. Safety and Maximum observations numbers to be excluded from the CNA numbers above.  *** The staffing plan numbers must be met on a daily basis."</p>
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<p>205128 6 NORTH ONCOLOGY</p>	<p>No</p>	<p>Presbyterian Queens Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last year Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census, acuity, and feedback submitted to the Clinical Staffing Committee on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and</p>	<p>reached consensus on nurse staffing at census points 31-48 and Unit Clerk staffing on the day and evening shift. The Hospital disagreed with and did not adopt the non-management committee members' proposal for remaining staffing levels, as the Hospital believes the adopted guidelines are safe and appropriate. The Hospital did increase Nursing Attendant staffing at census points 7-12. On the night shift, Unit Clerks cross-cover units, which the Hospital believes is sufficient. During these hours, there is a significant reduction of Unit Clerk duties including no visitors, less phone calls, no discharges, and a decrease in admissions and transfers as compared to other shifts. Each staff member at NYPQ</p>	<p>**** DEDICATED CHEMO RN *** Keep Chemo patients in the same geographical location 1- The committee agrees that the RN staffing numbers are appropriate. As long as the staffing plan numbers are met on a daily basis. a. RN ratio 5:1 2- The committee proposes the original ask of 6 CNAs per shifts. a. Safety &amp; Max observations to be excluded from the above CNA numbers.the above CNA numbers."</p>
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CBA INFORMATION

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

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

09/30/20  
24 12:00  
AM

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

1738