

HOSPITAL INFORMATION

Region	Metropolitan Area Regional Office
County	New York
Council	New York City
Network	NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM
Reporting Organization	New York Presbyterian Hospital - Allen Hospital
Reporting Organization Id	3975
Reporting Organization Type	Hospital (pfi)
Data Entity	New York Presbyterian Hospital - Allen Hospital

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ?
609337 Pre/Post Anesthesia	5	5	11	2
609382 ENDO	3	8	9	1
609430 OR	7	8	11	1
609338 EMERGENCY DEPARTMENT	11.5	2.51	34.42	6
609336 AL-1-RW-LABOR-DELV	10	11.51	6.52	0.65
609416 2RW SURGICAL/ORTHO/SPINE	6	2	22.14	3.69
609335 NURSERY NICU	2	4	3.35	1.68
609342 ICU	5	4	9.71	1.94
609341 2RE ICU STEPDOWN	7	3	20.85	2.98
609333 1RW/3W/NURSERY PST & ANTEPARTUM	5	1	26.85	5.37
609345 2FE MED SURG	8	2	28.49	3.56
609346 2FW GERIATRICS MED SURG	8	2	29.24	3.66

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
609338 EMERGENCY DEPARTMENT	0	0
609336 AL-1-RW-LABOR-DELV	0	0
609416 2RW SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS MED SURG	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
609338 EMERGENCY DEPARTMENT	0	0
609336 AL-1-RW-LABOR-DELV	0	0
609416 2RW SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS MED SURG	0	0

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
609337 Pre/Post Anesthesia	1	1
609382 ENDO	4	11
609430 OR	10	13
609338 EMERGENCY DEPARTMENT	2	0.44
609336 AL-1-RW-LABOR-DELV	1	1.15
609416 2RW SURGICAL/ORTHO/SPINE	3	1
609335 NURSERY NICU	0	0
609342 ICU	1	1
609341 2RE ICU STEPDOWN	2	1
609333 1RW/3W/NURSERY PST & ANTEPARTUM	2	1
609345 2FE MED SURG	3	1
609346 2FW GERIATRICS MED SURG	3	1

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>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.</p>
<p>609337 Pre/Post Anesthesia</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, physical therapy and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "</p>
<p>609382 ENDO</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, biomed, supply chain, IT. Each shift has a Charge RN supporting the team as well. "</p>

609430 OR	"Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "
609338 EMERGENCY DEPARTMENT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609336 AL-1-RW-LABOR-DELV	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.
609416 2RW SURGICAL/ORTHO/SPINE	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609335 NURSERY NICU	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.</p>
609342 ICU	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

609341 2RE ICU STEPDOWN	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609333 1RW/3W/NURSERY PST & ANTEPARTUM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.

609345 2FE MED SURG	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
609346 2FW GERIATRICS MED SURG	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, 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):
609337 Pre/Post Anesthesia	Yes			
609382 ENDO	Yes			
609430 OR	Yes			

<p>609338 EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Management and non-management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, security, social workers, care managers, IV team, EKG techs and transport team.</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>609336 AL-1-RW-LABOR-DELV</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus on Unit Clerk staffing. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and</p>	<p>EMTALA:1:1 (initial encounter) 1:2 (NST, stable, until disposition) TRIAGE: 1:1 (laboring) 1:2-3 (stable, non-laboring, NST) LABOR: 1:2 (Stage 1) 1:1(Stage2 up to 2 hrs post delivery)</p> <p>Immediate Preop/Intraop/PostOp: 1:1 up to 2 hours does. ot include neonate PACU:1:2 (C-section, stable) 1:1 (vaginal/C-sections unstable) Neonate: 1:1 for each neonate during 2 HOL until stable</p> <p>Scrub Tech and PCT Ratios Scrub Tech 1:1 per Operating room (additional Scrub Tech for some cases) PCT 1:8</p> <p>Additional Patient Care Information:</p>
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<p>609416 2RW SURGICAL/ORTHO/SPINE</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus on Unit Clerk staffing for the day and evening shifts. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The</p>	<p>"RN Ratios 1:3 Spine 1:4 Telemetry, Ortho, Med-Surg PCA Ratios 1:6 Additional Patient Care Information: Charge RN shall not be a part of the ratios Complete Care; 28 beds are Telemetry-capable Ortho General Surgery, High Pain Mgmt. Spine RNs trained specifically for this unit's patient population Primarily Spine unit, but will receive post-op surgery"</p>
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609335 NURSERY NICU	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus for RN staffing at census points 1 and 2. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital believes that for</p>	<p>"RN Ratios 1:2 Level 3</p> <p>PCA Tech Ratios 1:06</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio Level 3 - less than 32 week gestation, less than 1500 grams Level 2 Care Isolation RN shall not be assigned outside isolation Neonatal abstinence syndrome UAC and UAV lines, blood transfusions, CPAP Any census above 6 - patients transferred"</p>
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609342 ICU	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus for Unit Clerk staffing on the day and evening shifts. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shift at census points 5 and 6, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA</p>	<p>"RN Ratios 1:1 Post-Arrest 1:2 ICU</p> <p>PCA Ratios 1:6</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio Medicine, Ortho, Spine CRRT or any other escalation sent to Milstein ICUs"</p>
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609341 2RE ICU STEPDOWN	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit</p>	<p>"RN Ratios 1:3</p> <p>Additional Patient Care Information: Charge RN shall not be a part of the ratios 1:1s should not be included in PCT ratio 8 Vent Capable Rooms "</p>
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<p>609333 1RW/3W/NURSERY PST & ANTEPARTUM</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Committee reached consensus on RN staffing and Unit Clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately</p>	<p>1:1 Newborn care; COVID, Pre/Postop, Pain management 1:3 Newborn; Post Level II, Continuing care 1:3 Dyad care (1 RN: 3 mothers/3 newborns), uncomplicated, routine care, stable PCA Ratios 1:8 Day shift: 1 in Well Baby Nursery Additional Patient Care Information: Charge RN shall not be a part of the ratios Postpartum/Postoperative: Vaginal delivery, C-section, BTL Discharge Planning: Dyad Complex Cases: Chorioamnionitis, PPH/QBL Disorders of Pregnancy: Diabetes, Hypertension Pain Management: PCA,</p>
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609345 2FE MED SURG	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Committee reached consensus on RN staffing. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. For overnight shifts, there is</p>	<p>"RN Ratios 1:4</p> <p>Additional Patient Care Information: Charge RN shall not be a part of the ratios 1:1s should not be included in PCT Ratio 1:1s (alcohol withdrawal, suicide watch) Bed Max: 31 4 Vent Capable Beds"</p>
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<p>609346 2FW GERIATRICS MED SURG</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Committee reached consensus on RN staffing for census points 22 through 33. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately</p>	<p>"RN Ratios 1:4 Additional Patient Care Information: Charge RN shall not be part of the ratio 1:1s should not be included in PCT ratio"</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)?
609337 Pre/Post Anesthesia	4	6	5	2
609382 ENDO	3	8	3	1
609430 OR	3	8	4	1
609338 EMERGENCY DEPARTMENT	15	2.51	44.77	6
609336 AL-1-RW-LABOR-DELV	10	11.51	6.52	0.65
609416 2RW SURGICAL/ORTHO/SPINE	6	2	22.14	3.69
609335 NURSERY NICU	2	4	3.35	1.68
609342 ICU	5	4	9.71	1.94
609341 2RE ICU STEPDOWN	7	3	20.85	2.98
609333 1RW/3W/NURSERY PST & ANTEPARTUM	5	1	26.85	5.37
609345 2FE MED SURG	8	2	28.49	3.56
609346 2FW GERIATRICS MED SURG	8	2	29.24	3.66

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
609338 EMERGENCY DEPARTMENT	0	0
609336 AL-1-RW-LABOR-DELV	0	0
609416 2RW SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS MED SURG	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
609338 EMERGENCY DEPARTMENT	0	0
609336 AL-1-RW-LABOR-DELV	0	0
609416 2RW SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS MED SURG	0	0

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	4	11
609430 OR	7	19
609338 EMERGENCY DEPARTMENT	2	0.34
609336 AL-1-RW-LABOR-DELV	1	1.15
609416 2RW SURGICAL/ORTHO/SPINE	3	1
609335 NURSERY NICU	0	0
609342 ICU	1	1
609341 2RE ICU STEPDOWN	2	1
609333 1RW/3W/NURSERY PST & ANTEPARTUM	1	1
609345 2FE MED SURG	3	1
609346 2FW GERIATRICS MED SURG	3	1

EVENING SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>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.</p>
<p>609337 Pre/Post Anesthesia</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, physical therapy and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "</p>
<p>609382 ENDO</p>	<p>"Other support personnel that aid perioperative services include: Unit Clerk, Anesthesia, Pharmacy, biomed, supply chain, IT. Each shift has a Charge RN supporting the team as well. "</p>

609430 OR	"Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well." "
609338 EMERGENCY DEPARTMENT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609336 AL-1-RW-LABOR-DELV	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.
609416 2RW SURGICAL/ORTHO/SPINE	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609335 NURSERY NICU	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.</p>
609342 ICU	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

609341 2RE ICU STEPDOWN	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609333 1RW/3W/NURSERY PST & ANTEPARTUM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.

609345 2FE MED SURG	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>
609346 2FW GERIATRICS MED SURG	<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 physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.</p>

EVENING 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):	
609337 Pre/Post Anesthesia	Yes			
609382 ENDO	Yes			
609430 OR	Yes			

609338 EMERGENCY DEPARTMENT	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Management and non-management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, security, social workers, care managers, IV team, EKG techs and transport team.</p>	
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<p>609336 AL-1-RW-LABOR-DELV</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus on Unit Clerk staffing. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and</p>	
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<p>609416 2RW SURGICAL/ORTHO/SPINE</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus on Unit Clerk staffing for the day and evening shifts. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The</p>	
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609335 NURSERY NICU	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus for RN staffing at census points 1 and 2. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital believes that for</p>	
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<p>609342 ICU</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus for Unit Clerk staffing on the day and evening shifts. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shift at census points 5 and 6, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA</p>	
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609341 2RE ICU STEPDOWN	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit</p>	
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<p>609333 1RW/3W/NURSERY PST & ANTEPARTUM</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Committee reached consensus on RN staffing and Unit Clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately</p>	
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<p>609345 2FE MED SURG</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Committee reached consensus on RN staffing. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. For overnight shifts, there is</p>	
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<p>609346 2FW GERIATRICS MED SURG</p>	<p>No</p>	<p>Presbyterian Allen Hospital (“Hospital”), I s"On behalf of New York Presbyterian Allen 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</p>	<p>Committee reached consensus on RN staffing for census points 22 through 33. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately</p>	
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RN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
609337 Pre/Post Anesthesia	0	0	0	0
609382 ENDO	0	0	0	0
609430 OR	1	8	1	1
609338 EMERGENCY DEPARTMENT	8	2.51	23.88	6
609336 AL-1-RW-LABOR-DELV	10	11.51	6.52	0.65
609416 2RW SURGICAL/ORTHO/SPINE	6	2	22.14	3.69
609335 NURSERY NICU	2	4	3.35	1.68
609342 ICU	5	4	9.71	1.94
609341 2RE ICU STEPDOWN	7	3	20.85	2.98
609333 1RW/3W/NURSERY PST & ANTEPARTUM	5	1	26.85	5.37
609345 2FE MED SURG	8	2	28.49	3.56
609346 2FW GERIATRICS MED SURG	8	2	29.24	3.66

LPN NIGHT SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of 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)	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)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
609338 EMERGENCY DEPARTMENT	0	0
609336 AL-1-RW-LABOR-DELV	0	0
609416 2RW SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS MED SURG	0	0

NIGHT SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	0	0
609338 EMERGENCY DEPARTMENT	0	0
609336 AL-1-RW-LABOR-DELV	0	0
609416 2RW SURGICAL/ORTHO/SPINE	0	0
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	0	0
609333 1RW/3W/NURSERY PST & ANTEPARTUM	0	0
609345 2FE MED SURG	0	0
609346 2FW GERIATRICS MED SURG	0	0

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)
609337 Pre/Post Anesthesia	0	0
609382 ENDO	0	0
609430 OR	2	16
609338 EMERGENCY DEPARTMENT	2	0.63
609336 AL-1-RW-LABOR-DELV	1	1.15
609416 2RW SURGICAL/ORTHO/SPINE	3	1
609335 NURSERY NICU	0	0
609342 ICU	0	0
609341 2RE ICU STEPDOWN	1	1
609333 1RW/3W/NURSERY PST & ANTEPARTUM	1	1
609345 2FE MED SURG	2	1
609346 2FW GERIATRICS MED SURG	3	1

NIGHT SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>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.</p>
609337 Pre/Post Anesthesia	Unit closed overnight.
609382 ENDO	Unit closed overnight.
609430 OR	<p>"Other support personnel that aid perioperative services include: Anesthesia, Perfusion, Pharmacy, and radiology, biomed, IT, supply chain. Each shift has a Charge RN supporting the team as well. "</p>

609338 EMERGENCY DEPARTMENT	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609336 AL-1-RW-LABOR-DELV	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.

609416 2RW SURGICAL/ORTHO/SPINE	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609335 NURSERY NICU	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, and transport team.

609342 ICU	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
609341 2RE ICU STEPDOWN	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609333 1RW/3W/NURSERY PST & ANTEPARTUM	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, lactation consultants, perinatal safety nurse, and transport team.
609345 2FE MED SURG	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.

609346 2FW GERIATRICS MED SURG	This unit has available to it nurse and support staff float pools to supplement unit staffing. Other support personnel that aid nursing services include physical therapy aides, occupational therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, social workers, care managers, IV team, EKG techs, unit assistants, and transport team.
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NIGHT 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):
609337 Pre/Post Anesthesia	Yes			
609382 ENDO	Yes			
609430 OR	Yes			

<p>609338 EMERGENCY DEPARTMENT</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Management and non-management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Other support personnel that aid nursing services include physical therapy aides, wound/ostomy care team, respiratory therapists, phlebotomists, pharmacy technicians, security, social workers, care managers, IV team, EKG techs and transport team.</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>609336 AL-1-RW-LABOR-DELV</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus on Unit Clerk staffing. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the night shift, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and</p>	<p>EMTALA:1:1 (initial encounter) 1:2 (NST, stable, until disposition) TRIAGE: 1:1 (laboring) 1:2-3 (stable, non-laboring, NST) LABOR: 1:2 (Stage 1) 1:1(Stage2 up to 2 hrs post delivery) Immediate Preop/Intraop/PostOp: 1:1 up to 2 hours does. ot include neonate PACU:1:2 (C-section, stable) 1:1 (vaginal/C-sections unstable) Neonate: 1:1 for each neonate during 2 HOL until stable Scrub Tech and PCT Ratios Scrub Tech 1:1 per Operating room (additional Scrub Tech for some cases) PCT 1:8 Additional Patient Care Information:</p>
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<p>609416 2RW SURGICAL/ORTHO/SPINE</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus on Unit Clerk staffing for the day and evening shifts. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The</p>	<p>"RN Ratios 1:3 Spine 1:4 Telemetry, Ortho, Med-Surg PCA Ratios 1:6 Additional Patient Care Information: Charge RN shall not be a part of the ratios Complete Care; 28 beds are Telemetry-capable Ortho General Surgery, High Pain Mgmt. Spine RNs trained specifically for this unit's patient population Primarily Spine unit, but will receive post-op surgery"</p>
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609335 NURSERY NICU	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus for RN staffing at census points 1 and 2. The Hospital disagreed with the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital believes that for</p>	<p>"RN Ratios 1:2 Level 3</p> <p>PCA Tech Ratios 1:06</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio Level 3 - less than 32 week gestation, less than 1500 grams Level 2 Care Isolation RN shall not be assigned outside isolation Neonatal abstinence syndrome UAC and UAV lines, blood transfusions, CPAP Any census above 6 - patients transferred"</p>
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609342 ICU	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>reached consensus for Unit Clerk staffing on the day and evening shifts. While the parties have reached a consensus on the number of unlicensed ancillary personnel to staff the day and evening shift at census points 5 and 6, the Hospital does not agree that all such personnel must be Nursing Attendants and maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA</p>	<p>"RN Ratios 1:1 Post-Arrest 1:2 ICU</p> <p>PCA Ratios 1:6</p> <p>Additional Patient Care Information: Charge RN shall not be included in the ratio Medicine, Ortho, Spine CRRT or any other escalation sent to Milstein ICUs"</p>
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609341 2RE ICU STEPDOWN	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>management staffing committee members were unable to reach consensus on this unit's staffing plan. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. The Hospital believes that for overnight shifts, there is cross-coverage of units where an individual Unit</p>	<p>"RN Ratios 1:3</p> <p>Additional Patient Care Information: Charge RN shall not be a part of the ratios 1:1s should not be included in PCT ratio 8 Vent Capable Rooms "</p>
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<p>609333 1RW/3W/NURSERY PST & ANTEPARTUM</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Committee reached consensus on RN staffing and Unit Clerk staffing on the day shift. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately</p>	<p>1:1 Newborn care; COVID, Pre/Postop, Pain management 1:3 Newborn; Post Level II, Continuing care 1:3 Dyad care (1 RN: 3 mothers/3 newborns), uncomplicated, routine care, stable PCA Ratios 1:8 Day shift: 1 in Well Baby Nursery Additional Patient Care Information: Charge RN shall not be a part of the ratios Postpartum/Postoperative: Vaginal delivery, C-section, BTL Discharge Planning: Dyad Complex Cases: Chorioamnionitis, PPH/QBL Disorders of Pregnancy: Diabetes, Hypertension Pain Management: PCA,</p>
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609345 2FE MED SURG	No	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Committee reached consensus on RN staffing. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately meets patient needs. For overnight shifts, there is</p>	<p>"RN Ratios 1:4</p> <p>Additional Patient Care Information: Charge RN shall not be a part of the ratios 1:1s should not be included in PCT Ratio 1:1s (alcohol withdrawal, suicide watch) Bed Max: 31 4 Vent Capable Beds"</p>
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<p>609346 2FW GERIATRICS MED SURG</p>	<p>No</p>	<p>Presbyterian Allen 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 productive, and led to</p>	<p>Committee reached consensus on RN staffing for census points 22 through 33. The Hospital disagreed with and did not adopt the non-management committee members’ proposal for remaining staffing levels. The Hospital believes the adopted guidelines, which include the staffing levels stated in the collective bargaining agreement between NYSNA and the Hospital dated 1/1/23, are safe and appropriate. Further, while the non-management members of the clinical staffing committee maintain that the Hospital must utilize Nursing Attendants solely, the Hospital maintains that utilizing unlicensed ancillary personnel (including but not limited to Nursing Attendants) adequately</p>	<p>"RN Ratios 1:4 Additional Patient Care Information: Charge RN shall not be part of the ratio 1:1s should not be included in PCT ratio"</p>
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CBA INFORMATION

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

<p>Our general hospital's collective bargaining agreement with New York State Nurses Association expires on the following date:</p>	<p>12/31/20 26 12:00 AM</p>
<p>The number of hospital employees represented by New York State Nurses Association is:</p>	<p>619</p>
<p>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</p>	<p>09/30/20 26 12:00 AM</p>

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

889