

Westchester Medical Center (WMC) (PFI: 001139) is comprised of Westchester Medical Center, Maria Fareri Children's Hospital and the Behavioral Health Center. The flagship of the Westchester Medical Center Health Network (WMCHealth), is WMC. WMC a 415-bed academic hospital provides acute care services - Level I trauma and burn care, organ transplants, Comprehensive Stroke Care and more. Westchester Medical Center is the primary referral facility for other hospitals and serves as a lifeline for millions of people. The Medicare case mix index for Adult/Peds acute care is 2.09 and non-Medicare is 1.89.

Maria Fareri Children's Hospital is a 136-bed advanced pediatrics facility that cares for the most seriously ill and injured children and is the region's only advanced care children's hospital in the region. Maria Fareri including those in need of cardiac surgery, neurosurgery, hematology and oncology treatments, organ transplants and other specialty pediatric services. Maria Fareri Children's Hospital is also home to a Pediatric Intensive Care Unit, Level I pediatric trauma and burn care programs and a Regional Neonatal Intensive Care Unit.

The Behavioral Health Center is the heart of one of the largest mental health systems in New York State with 101 beds. Providing care for more than 90 years, the Behavioral Health Center offers a full spectrum of inpatient, outpatient, community and emergency care for individuals and families, including a child and adolescent psychiatry program.

The Clinical Staffing Committee was implemented in January, 2021. Representatives include representatives of New York State Nurses Association (NYSNA) and the Civil Service Employee Association (CSEA) in addition to registered nurses and ancillary members of the frontline patient care team; and hospital administration including the chief nursing executive, the chief financial officer designee, human resource personnel and labor representation as well as patient care unit directors, and nursing vice presidents. Ratios were determined based on the needs of the patients in addition to the additional variables outlined needing to be considered with staffing needs on each respective unit. The staffing committee mutually agreed upon the ratios on June 29th, 2023 and August 14, 2023 to be implemented on January 1, 2024. These mutually agreed upon ratios provided the framework for daily staffing assignments.

The following is a review of the patient care units within the organization:

Burn Unit is a 10-bed unit with patients at various skill levels **with an average daily census of 7.2**. The Intermediate Care patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions every 2-4 hours on a regular basis. The Intensive Care patients require continuous cardiac monitoring, may be hemodynamically unstable and require nursing interventions minimum of every 2 hours on a regular basis. The top 10 diagnosis for the Burn Unit are:

- Burn of unspecified site /degree
- Full thickness skin loss
- Respiratory conditions due to smoke inhalation
- Cellulitis and abscess of unspecified sites
- Sunburn of second degree
- Toxic epidermal necrolysis
- Unspecified disorder of the skin
- Blisters
- Full thickness skin loss
- Deep necrosis of underlying tissues

Additional diagnosis treated in the Burn Unit include, but are not limited to:

- Electrocutation and non-fatal effects of electric current
- Encounter for change or removal of surgical wound dressing

The Burn Unit performs and/or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Partial thickness burns greater than 10% TBSA
- 3rd degree burns
- Electric burns
- Lightning injury
- Chemical burns
- Inhalation injury
- Burns with concomitant trauma
- Specialized wound care

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Telehealth including eICU; (Ayasys) E-sitters; Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for: **Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk.**

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	PCT Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Critical Care	8560	Burn Care	1: 2.5	2 AM/ 1PM	1 AM/ 1 PM

CCU-Coronary Care Unit is an 8-bed unit for patients require continuous cardiac monitoring, may be hemodynamically unstable and require nursing interventions a minimum of every 2 hours on a regular basis **with an average daily census of 6.7**. The top 10 diagnosis for CCU-Coronary Care Unit are:

- Non-rheumatic aortic (valve) stenosis
- ST elevation (STEMI) myocardial infarction
- Sepsis, unspecified organism
- Hypertensive heart and chronic kidney disease
- Ventricular fibrillation
- Infection and inflammatory reaction
- Ventricular tachycardia
- Non-ST elevation (NSTEMI) myocardial infarction
- Atrioventricular block, complete

Additional diagnoses treated on CCU-Coronary Care Unit include, but are not limited to:

- Sepsis due to Serratia
- Invasive pulmonary aspergillosis
- Hypertensive heart disease
- ST elevation (STEMI) myocardial infarction
- Other pulmonary embolism

CCU-Coronary Care Unit will perform and/or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- IABP / hemodynamics/Impella
- Ventilator support
- CVVHD
- Care of patient post myocardial infarction
- Post-procedure care of PCI / Ablation / AICD / PPM /
- Arrhythmia management heart block
- Hypothermia
- TAVR/N.Contact/Mitraclip
- TEE
- Heart failure
- Cardiogenic shock
- Pre-Heart transplant/open heart surgery
- LVAD
- HCM (Hypertrophic Cardiomyopathy)

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Telehealth including ICU; (Ayasys) E-sitters; Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists; Clinical Coordinators - IVAD; Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk.***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Critical Care	8545	CICU-Cardiac Intensive Care Unit	1: 2	1 AM/ 1PM	1.25 FTE per Day

CTICU-Cardiothoracic Care Unit is a 15- bed unit for Intensive Care patients require continuous cardiac monitoring, may be hemodynamically unstable and require nursing interventions a minimum of every 2 hours on a regular basis **with an average daily census of 12.6**

The top 10 diagnosis for CTICU-Cardiothoracic Care Unit are:

- Hypertensive heart and chronic kidney disease
- Dissection of thoracic aorta
- ST elevation (STEMI) myocardial infarction
- Non-ST elevation (NSTEMI) myocardial infarction
- Non-rheumatic aortic (valve) stenosis
- Hypertensive heart and chronic kidney disease with
- Ventricular septal defect
- Atherosclerotic heart disease
- Saddle embolus of pulmonary artery

Additional diagnosis treated on CTICU-Cardiothoracic Care Unit includes, but are not limited to:

- Non-rheumatic mitral (valve) stenosis
- Cardiac arrest
- Ventricular tachycardia
- Acute on chronic systolic (congestive) heart failure
- Cerebral infarction due to embolism

CTICU-Cardiothoracic Care Unit will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Cardiogenic shock
- Hypothermia protocol
- Management & recovery of post cardiothoracic surgery patient
- Ventilator support
- Management of Right and Left LVAD/ IABP/ Impella
- Pulmonary Embolism
- Acute renal / multi-system failure
- Management and recovery of post- operative heart transplant patient
- ECMO
- TEVR/TAVR/MitraClip/Ncontact
- CVVHD
- HCM (Hypertrophic Cardiomyopathy/ Post Myectomy)

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Telehealth including eICU; (Ayasys) E-sitters; Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice President. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the CTICU- Cardiothoracic Intensive Care are: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Critical Care	8525	CTICU- Cardiothoracic Intensive Care	1: 2	2 AM/ 2PM	1.25 FTE per Day

MICU-Medical Intensive Care Unit is a 11- bed unit for Intensive Care patients require continuous cardiac monitoring, may be hemodynamically unstable and require nursing interventions a minimum of every 2 hours on a regular basis with an average daily census of 10.5

The top 10 diagnosis for the Medical Intensive Care Unit are

- Unspecified septicemia
- Hemorrhage of gastrointestinal tract
- Subdural hemorrhage
- Pneumonia
- Acute Respiratory Failure
- Acute and subacute necrosis of the liver
- Other sequelae of chronic liver disease
- Poisoning by aromatic analgesics
- Poisoning by hallucinogens
- Methicillin susceptible Staphylococcus Aureus septicemia

Additional diagnosis treated in the MICU-Medical Intensive Care Unit include, but are not limited to:

- Chronic hepatitis C with hepatic coma
- Submucous leiomyoma of uterus
- Diabetes with ketoacidosis, type II
- Diabetes with ketoacidosis, type I (juvenile)
- Glucocorticoid deficiency
- Acute and Chronic Renal Failure

The MICU-Medical Intensive Care Unit will perform and or request the following evaluation, monitoring, diagnostic

and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Pulmonary and airway disease / disorder
- Acute oncologic events
- Bleeding disorders
- Patients awaiting liver transplant
- Major organ / multi-organ disease / disorder

Additional support for this unit includes: Nurses, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Telehealth including eICU; (Ayasys) E-sitters; Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists; Clinical coordinators - IVAD; Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the MICU-Medical Intensive Care Unit are: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Critical Care	8520	Medical Intensive Care Unit	1: 2	2 AM/ 2 PM	1.25 FTE per Day

Neuro ICU- Neuroscience / Neurosurgical Intensive Care Unit is a 19- bed unit for Intensive Care patients require continuous cardiac monitoring, may be hemodynamically unstable and require nursing interventions a minimum of every 2 hours on a regular basis **with an average daily census of 17.2**

The top 10 diagnosis for Neuro ICU-Neuroscience / Neurosurgical Intensive Care Unit are:

- Subdural hemorrhage
- Meningitis
- Encephalopathy
- Subarachnoid hemorrhage
- Cerebral embolism with cerebral infarction
- Cerebral artery occlusion, unspecified with cerebral infarction
- Other and unspecified diseases of the oral soft tissue
- Altered mental status
- Other speech disturbance
- Subdural hemorrhage following injury without mention of open intracranial wound, with no loss of consciousness

Additional diagnosis treated on Neuro ICU-Neuroscience / Neurosurgical Intensive Care Unit include, but are not limited to:

- Other and unspecified intracranial hemorrhage following injury without mention of open intracranial

wound, unspecified state of consciousness

Neuro ICU-Neuroscience / Neurosurgical Intensive Care Unit will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Ischemic Stroke
- Hemorrhagic stroke
- Brain tumors
- Status epilepticus
- Hydrocephalus
- Traumatic spinal cord injury

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Telehealth including eICU; (Ayasys) E-sitters; Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice President. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the NESICU- Neuro surg ICU are: ***Intermediate Nursing Aides, General Staff Nurse, Charge Nurses, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Critical Care	8457	NESICU (Neurosurg ICU)	1: 1.5	2 AM/ 2PM	1 AM/1 PM

SICU-Surgical Intensive Care Unit is a 7- bed unit for Intensive Care patients require continuous cardiac monitoring, may be hemodynamically unstable and require nursing interventions a minimum of every 2 hours on a regular basis **with an average daily census of 6.6**

The top 10 diagnosis for the Surgical Intensive Care Unit are:

- Acute respiratory failure
- Necrotizing fasciitis
- Methicillin susceptible Staphylococcus aureus septicemia
- Other septicemia due to gram negative organisms
- Malignant neoplasm of floor of mouth
- Malignant neoplasm of pancreas
- Malignant neoplasm of liver

- Epilepsy
- Unspecified condition of the brain
- Unspecified septicemia
- Transplant surgery (kidney/liver)

Additional diagnosis treated in the SICU-Surgical Intensive Care Unit includes, but are not limited to:

- Complications due to vascular device, implant, graph
- Polyp of vocal cord or larynx
- Acute pancreatitis
- Epistaxis

The SICU-Surgical Intensive Care Unit will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Hemodynamic changes
- Respiratory disorders
- Bleeding disorders
- Sepsis
- Continuous renal replacement therapy
- Pain management
- Liver failure

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Telehealth including eICU; (Ayasys) E-sitters; Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the SICU-Surgical Intensive Care Unit are: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Critical Care	8515	SICU- Surgical Intensive Care Unit	1: 2	1 AM/ 1PM	1.25 FTE per Day

TICU-Trauma Surgical Intensive Care Unit is a 15- bed unit for Intensive Care patients require continuous cardiac monitoring, may be hemodynamically unstable and require nursing interventions a minimum of every 2 hours on a regular basis **with an average daily census of 14.3**

The top 10 diagnosis for the Trauma Surgical Intensive Care Unit are:

- Cerebral aneurysm
- Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, with loss of consciousness of unspecified duration
- Intracerebral hemorrhage

- Intestinal or peritoneal adhesions with obstruction (post-operative)
- Closed fracture of dorsal vertebra
- Closed fracture of C5-C7 level with complete lesion of cord
- Abdominal aneurysm, ruptured
- Incisional ventral hernia with obstruction
- Scoliosis
- Intracerebral hemorrhage

Additional diagnosis treated in the Trauma Surgical Intensive Care Unit includes, but are not limited to:

- Subarachnoid hemorrhage
- Arterial embolism and thrombosis of lower extremity
- Unspecified intestinal obstruction

The Trauma Surgical Intensive Care Unit will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Trauma
- Multi-system failure
- Traumatic brain injury
- Extensive abdominal surgery
- Orthopedic injury

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Telehealth including eICU; (Ayasys) E-sitters; Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the TICU-Trauma Surgical Intensive Care Unit are: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Critical Care	8550	TICU-Trauma Surgical Intensive Care Unit	1: 2	2 AM/ 2PM	1.50 FTE per Day

4 Northeast-Cardiac Unit is a 24- bed unit for Telemetry patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions no more than every 4 hours. They do not require vasoactive agents. The Intermediate Care patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions a minimum of every 2 hours on a regular basis **with an average daily census of 22.8**

The top 10 diagnosis for 4 Northeast-Cardiac are:

- Non-ST/ST (NSTEMI) elevation myocardial Infarction
- Non-rheumatic aortic (valve) stenosis
- Hypertensive heart disease with heart failure
- Axillary IABP
- Hypertensive heart and chronic kidney disease
- LVAD'S
- Atherosclerotic heart disease
- Ventricular tachycardia
- Acute on chronic systolic (congestive) heart failure
- Heart Transplant
- Hypertrophic cardiomyopathy

Additional diagnosis treated on 4 Northeast-Cardiac includes, but are not limited to:

- Atrioventricular block, complete
- Paroxysmal atrial fibrillation
- Non-rheumatic mitral (valve) insufficiency
- Non-rheumatic aortic (valve) stenosis

4 Northeast-Cardiac will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Pre-& Post Cath, PTCA, EPS, PPM, AICD Management
- Vascular Angiography\
- CHF Management
- Cardiac Trials-Stem Cell Transplant
- Pre-Open Heart Surgery Workup
- TAVR / Lariat Workup/Mitra clip
- Arrhythmia Management
- Respiratory Distress
- Post MI Care
- Pre-& Post TEE Management
- LVAD (readmission)
- Heart Transplant (readmission)
- Swan Ganz catheter care / management

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant, and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the 4NE Cardiology unit are: *Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Step Down	8442	4NE Cardiology	1: 4	1:10	16Hrs Per Day

4 Northwest-Cardiothoracic Stepdown is a 24- bed unit for Telemetry patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions no more than every 4 hours. They do not require vasoactive agents. The Intermediate Care patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions a minimum of every 2-4 hours on a regular basis **with an average daily census of 22.8**

The top 10 diagnosis for 4 Northwest-Cardiothoracic Stepdown are:

- Atherosclerotic heart disease
- Non-ST/ST elevation (NSTEMI) myocardial infarction
- Non-rheumatic aortic (valve) stenosis
- Dissection of thoracic aorta
- Pulmonary embolism
- LVAD
- Hypertensive heart disease with heart failure
- Hypertensive heart and chronic kidney disease
- Thoracic aortic aneurysm

Additional diagnoses treated on 4 Northwest-Cardiothoracic include, but are not limited to:

- Saddle embolus of pulmonary artery
- Dissection of thoracoabdominal aorta
- Infection and inflammatory reaction
- Atherosclerotic heart disease
- Obstructive hypertrophic cardiomyopathy
- Respiratory Distress

4 Northwest will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Post cardiothoracic surgery
- Post extensive thoracic surgery
- Post implant of ventricular assist device
- Post heart transplant
- TAVR / TEVR/Mitra clips
- VATS
- VAD

- Thoracotomy
- Esophagogastrectomy
- Ventilator support
- HCM (Hypertrophic Cardiomyopathy)

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant, and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the 4NW CTS unit are: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Step Down	8640	4NW CTS	1: 4	1:10	16Hrs Per Day

6 South-Pulmonary Care Unit is a 40- bed unit for The Intermediate Care patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions every 2-4 hours on a regular basis **with an average daily census of 25.2**

The top 10 diagnosis for 6 South-Pulmonary Care Unit are:

- COVID Pneumonia
- Unspecified Septicemia
- Unspecified disease of spinal cord
- Paraplegia
- Acute and chronic respiratory failure
- Syncope and collapse
- Complication of transplanted liver
- Viral infection
- Epilepsy
- Bronchiectasis without acute exacerbation

Additional diagnosis treated on 6 South-Pulmonary Care Unit include, but are not limited to:

- Unspecified acquired deformity of the head
- Other convulsions
- Fever, unspecified
- Backache
- Other medical surgical patients with intermediate care needs

6 South-Pulmonary Care Unit will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- COVID Management
- Ventilator management
- Ventilator weaning
- Cystic fibrosis in adult patients
- Wound care
- Passy Muir valves
- Tracheostomy care
- Cardiac monitoring
- Laryngectomy care

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Telehealth including eICU; (Ayasys) E-sitters; Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the 6 South unit: **Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk**

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Step Down	8630	6South Medicine	1: 4	1:10	16Hrs Per Day

NSDU- Neuroscience Stepdown Unit is a 12- bed unit for The Intermediate Care patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions every 2-4 hours on a regular basis **with an average daily census of 11.1**

The top 10 diagnosis for NSDU-Neuroscience Stepdown Unit are:

- Convulsions
- Subdural hemorrhage following injury without mention of open intracranial wound, with no loss of consciousness
- Malignant neoplasm of brain
- Unspecified causes of encephalitis, myelitis and encephalomyelitis
- Hemiplegia, unspecified
- Occlusion and stenosis of basilar artery without mention of cerebral infarction
- Occlusion and stenosis of carotid artery without mention of cerebral infarction
- Occlusion and stenosis of vertebral artery without mention of cerebral infarction

- Cerebral aneurysm
- Thoracic or lumbosacral neuritis or radiculitis

Additional diagnosis treated on NSDU-Neuroscience Stepdown Unit includes, but are not limited to:

- Hemorrhagic and Ischemic Stroke
- Fever
- Closed fracture of sixth cervical vertebra
- Closed fracture of lumbar vertebra without mention of spinal cord injury
- Radical neck dissections

NSDU-Neuroscience Stepdown Unit will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Ischemic Stroke
- Hemorrhagic stroke
- Brain tumors
- Traumatic spinal cord injury
- Status epilepticus
- Hydrocephalus

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant, and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the NSDU-Neuro Stepdown unit are: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Step Down	8458	Neuro Step Down	1: 4	2 AM/ 2 PM	16Hrs Per Day

3 South-Acute Care Neuroscience Unit is a 34- bed unit for Acute Care Neuroscience Unit is located on the 3rd floor of the main tower and encompasses the Southeast and Southwest wing of the floor **with an average daily census of 23.8.**

The top 10 diagnosis for 3 South-Acute Care Neuroscience Unit are

- Convulsions
- Headache
- Cerebral artery occlusion
- Displacement of lumbar intervertebral disc without myelopathy
- Epilepsy, unspecified, without mention of intractable epilepsy
- Benign neoplasm of cerebral meninges

- Idiopathic normal pressure of hydrocephalus
- Multiple sclerosis
- Chronic inflammatory demyelinating polyneuritis
- EMU (Epilepsy Monitoring Unit)

Additional diagnosis treated on 3 South-Acute Care Neuroscience Unit includes, but are not limited to:

- Localization related epilepsy and epileptic syndromes with complex partial seizures
- Viral meningitis
- Other specified acquired deformity of head
- Movement Disorders

3South-Acute Care Neuroscience Unit will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Ischemic Stroke
- Hemorrhagic stroke
- Brain tumors
- Traumatic spinal cord injury
- Status epilepticus
- Hydrocephalus

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant, and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the 3 South unit: *Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Med/Surg	8456	3South>4South during Construction	1: 5	1:10	16 Hrs. Per Day

7S- Medical Oncology/ Bone Marrow Transplant / Hematopoietic Progenitor Stem Cell Transplant Unit is a 42- bed unit provides nursing services 24 hours a day, 7 days a week. Telemetry patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions no more than every 4 hours. They do not require vasoactive agents **with an average daily census of 28.7.**

The top 10 diagnosis for 7 South are:

- Encounter for antineoplastic chemotherapy

- Acute Myeloid Leukemia
- Fever
- Malignant Lymphoma
- Acute Lymphoid Leukemia
- Chronic Myelocytic Leukemia
- Malignant neoplasm of rectum

Additional diagnosis treated on 7 South include, but are not limited to:

- Dehydration
- Other pancytopenia
- Blood stream infection
- Multiple Myeloma

7South will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Provision of high dose chemotherapy and biotherapy
- Clinical Trials
- Hematopoietic Stem Cell Transplant (Allogeneic and Autologous)
- Oncologic Emergency
- Telemetry Monitoring
- Symptom Management
- Palliative Care
- End of Life Care
- Pain Management

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant, and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the 7South unit are: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Med/Surg	8446	7South Oncology	1: 4.5	1:10	16Hrs Per Day

5-South-Medicine is a 42- bed unit provides nursing services 24 hours a day, 7 days a week. Telemetry patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions no more than every 4 hours. They do not require vasoactive agents **with an average daily census of 33.6**

The top 10 patient diagnosis for 5 South are:

- Sickle Cell Disease
- Syncope & Collapse
- Septicemia
- Pneumonia
- Kidney Disease
- Pancreatitis
- Fluid Overload
- Urinary Tract Infection
- Bronchitis (Acute & Chronic)
- Cellulitis

Additional diagnosis treated on 5 South include, but are not limited to:

- Alcohol Withdrawal
- Diabetes
- Asthma
- Psychiatric with medicine comorbidities

5-South-Medicine will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Pain Management
- Detoxification
- Encephalopathy Management
- Wound Care
- Management of Cardiac Dysrhythmia

Additional support for this unit includes Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant, and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the 5South unit are: *Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Med/Surg	8444	5South Medicine	1: 5	1:10	16Hrs Per Day

5-North-Medicine/Bariatric Is a 42-Bed unit provides nursing services 24 hours a day, 7 days a week. Telemetry patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions no more than every 4 hours. They do not require vasoactive agents **with an average daily census of 37.4**.

The top 10 patient diagnosis for 5 North Medicine/Bariatric are:

- Bariatric
- Morbid Obesity
- Syncope & Collapse
- Septicemia
- Pneumonia
- Kidney Disease
- Pancreatitis
- Fluid Overload
- Urinary Tract Infection
- Bronchitis (Acute & Chronic)

Additional diagnosis treated on 5 North Medicine/Bariatric include, but are not limited to:

- Alcohol Withdrawal
- Cellulitis
- Diabetes
- Asthma
- Psychiatric with medicine comorbidities

5-North-Medicine/Bariatric will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Bariatric Care
- Pain Management
- Detoxification
- Encephalopathy Management
- Wound Care
- Management of Cardiac Dysrhythmia
- Dressing changes
- Continuity of Care
- Delirium/Dementia

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant, and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the 5South unit: *Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Med/Surg	8452	5North Medicine	1: 5	1:10	16Hrs Per Day

6-North-Trauma / Vascular/Ortho is a 49-Bed unit provides nursing services 24 hours a day, 7 days a week. Telemetry patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions no more than every 4 hours. They do not require vasoactive agents **with an average daily census of 37.8.**

The top 10 diagnosis for 6 North Trauma Care/Vascular/Ortho Unit are:

- Closed fracture of acetabulum
- Observation following accident
- Acute cholecystitis
- Post-operative infection
- Unspecified site injury
- Infection and inflammatory reaction due to orthopedic device, implant, graft
- Closed fracture of shaft of humerus
- Trauma, MVA/MCA
- Unspecified intestinal obstruction
- Closed fracture of the base of skull with subarachnoid, subdural and extradural hemorrhage with loss of consciousness of unspecified duration

Additional diagnosis treated on 6 North Trauma Care/Vascular/Ortho Unit include, but are not limited to:

- Acute pancreatitis
- Acute appendicitis
- Urinary tract infection
- Closed fracture of navicular bone of wrist
- Closed fracture of malar / maxillary bones
- Osteoarthritis

6-North Trauma Care/Vascular/Ortho Unit will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Pain management
- Continuity of care
- Dressing changes
- Physical Therapy, PT/OT
- Leech Therapy
- DVT prophylaxis

- Blood product administration
- Wound VAC therapy / wound care
- Skeletal traction
- Respiratory Distress

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant, and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff

The mutually agreed upon ratios for the 6North unit: *Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Med/Surg	8627	6North Medicine	1: 5	1:10	1 AM/1 PM

7-Northeast -Transplant is a 38-Bed unit provides nursing services 24 hours a day, 7 days a week. Telemetry patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions no more than every 4 hours. They do not require vasoactive agents **with an average daily census of 30.3.**

The top 10 diagnosis for 7 Northeast-Transplant Unit are:

- Complication of transplanted kidney
- Acute kidney failure
- Complication of transplanted liver
- Chronic hepatitis C with hepatic coma
- Alcoholic cirrhosis of liver
- Cirrhosis of liver without mention of alcohol
- Atherosclerosis of native arteries of the extremities with rest pain
- Malignant neoplasm of liver
- Pneumonia
- Occlusion and stenosis of carotid artery without mention of cerebral infarction

Additional diagnosis treated on 7 Northeast-Transplant Unit include, but are not limited to:

- Abdominal aneurysm without mention of rupture
- Other complications due to other vascular device, implant and graft
- Hypertensive chronic kidney disease

7 Northeast -Transplant Unit will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Pain management

- Wound care
- Peritoneal dialysis
- Acute / chronic rejection care of the transplant patient
- VAC dressing
- Epidural catheter care
- Pulmonary Hygiene
- Respiratory Distress
- Dementia / Delirium
- Hallucinations

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant, and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the 7 Northeast unit: *Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Med/Surg	8454	7North Surgery Oncology Transplant	1: 4.5	1:10	16 Hour a day

PMR-Physical Medicine & Rehabilitation is a 18-Bed unit provides acute rehabilitative and nursing services 24 hours a day, 7 days a week **with an average daily census of 14.8.**

The primary diagnosis for PMR is:

- Neurologic impairments including strokes, spinal cord injuries, and brain injuries which affect mobility, self-care, speech, and swallowing

PMR will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Mobility assessment
- Activities of daily living management/functional management
- Self-care mobility skills
- Speech and language assessment with aphasia treatment
- Dysphagia assessment/treatment
- Cognitive therapy
- Bowel and Bladder Management
- Spasticity Management

- Pain management
- Wound care
- Lifestyle and occupational adaptations
- Family training and education
- Aftercare involving community resources, equipment, external support, emergency services

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant, and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff

The mutually agreed upon ratios for the PMR In-Patient Medicine and Rehab unit are: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Med/Surg	8454	PMR Inpatient rehab	1: 6	1:10	16 Hour a day

2 South-Obstetrics / Well Baby Nursery is a 23-Bed 2 South-Obstetrics / Well Baby Nursery (WBN) is located on the 2nd floor of the main tower. The unit provides nursing services 24 hours a day, 7 days a week **with an average daily census of 15.**

The top ten diagnosis for 2 South-Obstetrics / Well Baby Nursery in addition to pregnancy are:

- Cervical shortening
- Other current conditions classifiable elsewhere of mother
- Poor fetal growth
- Abnormal glucose tolerance of mother, antepartum condition or complication
- Severe preeclampsia, antepartum condition or complication
- Threatened premature labor
- Infections of genitourinary tract in pregnancy
- Other specified complications of pregnancy
- Hemorrhage, unspecified
- Diabetes mellitus of mother, complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication

Additional diagnosis treated on 2 South-Obstetrics / Well Baby Nursery include, but are not limited to:

- Benign essential hypertension complicating pregnancy, antepartum condition or complication
- Liver and biliary tract disorders in pregnancy, antepartum condition or complication
- Syphilis of the mother, complicating pregnancy, childbirth, or the puerperium,

antepartum condition or complication

2 South-Obstetrics / Well Baby Nursery will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Post-partum / post-operative obstetrical assessment and care
- Care of the well-baby
- Antepartum patients 16 weeks gestation or greater requiring maternal or fetal surveillance

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as High-Risk Obstetrics and Neonatology. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the 2 South High-Risk OB unit are: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Maternity	9111	2South/ High Risk OB	1: 4	1:10	1

Labor & Delivery: Labor and Delivery is a 14 Bed unit located on the 2nd floor of the main tower. The unit provides nursing services 24 hours a day, 7 days. Triage Patients – Patients are triaged on arrival to L&D and evaluated utilizing the Maternal Fetal Triage Index (MFTI) tool. Frequency of nursing interventions is outlined in WMC policy based on L&D triage system. Labor Patients – Patients are monitored through all stages of labor, delivery and recovery **with an average daily census of 5.8**

The top ten diagnoses for Labor and Delivery are:

- Other current conditions classifiable elsewhere of the mother, antepartum condition or complication
- Post term pregnancy, antepartum condition or complication
- Threatened premature labor, antepartum condition or complication
- Previous cesarean delivery, antepartum condition or complication
- Premature rupture of membranes
- Other specified complications of pregnancy, antepartum condition or complication
- Other current conditions classifiable elsewhere of mother, unspecified as to episode of care or not applicable
- Previous cesarean delivery, delivered, with or without mention of antepartum condition
- Supervision of other normal pregnancy
- Severe preeclampsia, antepartum condition or complication

Additional diagnosis treated on Labor and Delivery includes, but is not limited to:

- Post term pregnancy, delivered, with or without mention of antepartum condition
- Normal delivery

- Poor fetal growth, affecting management of mother, antepartum condition or complication

Labor and Delivery will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Antepartum, intrapartum and postpartum obstetrical services
- Perioperative obstetrical and related procedures
- Fetal Monitoring
- Physiological Monitoring of the mother
- Wound care
- Infection Prevention
- Triage and evaluation of pregnancy

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as High-Risk Obstetrics and Neonatology. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Labor & Delivery unit are: ***Intermediate Nursing Aides, General Staff Nurse, Hospital Clerk,***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Maternity	9113	Labor & Delivery	1: 2	1 AM/ 1PM	1 AM/ 1PM

Regional Neonatal Intensive Care Unit (R-NICU) is a 49 bed unit Regional Neonatal Intensive Care is located on the 2nd floor of the Maria Fareri Children's Hospital. The unit provides nursing services 24 hours a day, 7 days a week. The RNICU patients require continuous monitoring, may be hemodynamically unstable and require nursing interventions minimum every 2 hours on a regular basis **with an average daily census of 49.**

The top ten diagnoses for RNICU-Neonatal Intensive Care are:

- Respiratory distress syndrome in newborn
- Other respiratory problems after birth
- Unspecified fetal and neonatal jaundice
- Bilious vomiting in newborn
- Other specified conditions originating in the perinatal period
- Patent Ductus Arteriosus
- Atresia and stenosis of large intestine, rectum, and anal canal
- Subdural and cerebral hemorrhage
- Interstitial emphysema
- Transitory tachypnea of newborn

- Extreme prematurity

Additional diagnosis treated on RNICU-Regional Neonatal Intensive Care include, but are not limited to:

- Tetralogy of Fallot
- Persistent fetal circulation
- Atresia and stenosis of small intestine
- Premature babies with gestational age less than ≤ 36 weeks.
- All neonates $< 2500g$ or SGA
- Newborns with respiratory distress or apnea; any patient requiring assisted ventilation
- Infants of diabetic mothers on insulin and infants requiring metabolic monitoring
- Infants requiring intravenous fluids or unable to nipple all feedings
- Infants requiring heart rate or respiratory intervention and monitoring
- Infants requiring continuous observation for vital signs or newborn behavior
- Infants who require surgery and postoperative care
- Infants with malformations who require interventions and evaluation
- Infants with chromosome defects or suspected major syndrome
- Infants with complex medical diagnoses requiring ≥ 2 sub-specialist consults
- Infants who are transported to WCMC from a referring hospital for a higher level of care

Regional Neonatal Intensive Care will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Care of the neonate under 36 weeks gestation
- Post-operative care of neonates
- Life threatening congenital abnormality or prematurity
- Physiologic Monitoring
- Systems disorders that impede feeding, growth or development of vital function
- Ventilators / CPAP
- ECMO
- High frequency ventilators
- Total body cooling

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Milk Techs, Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Music Therapists, Child Life Specialists; Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Pediatrics, Trauma, Oncology, and Neonatology. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Neonatal ICU unit are: ***General Staff Nurse, Hospital Clerk, Intermediate Nursing Aides.***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Maternity	9119	Neonatal ICU	1: 2	1 AM/ 1PM	2 AM/ 2 PM

Pediatric Intensive Care Unit (PICU) is an 18 bed unit located on the 2nd floor of the Maria Fareri Children's Hospital. The Pediatric Intensive Care patients require continuous cardiac monitoring, may be hemodynamically unstable and require nursing interventions a minimum of every 2 hours on a regular basis with an **average daily census 13.9**.

The top 5 diagnosis for the Pediatric Intensive Care Unit include patients with severe life threatening or unstable:

- Pulmonary or airway disease.
- Cardiovascular disease, including shock, cardiovascular surgical diseases and unstable congestive heart failure.
- Hematological or oncological disease including new onset malignancy with impending tumor lysis syndrome, tumors or masses with compression of vital vessels, organs, or airway, shock.
- Neurologic disease including seizures, altered sensorium, post- operative neurosurgical patients requiring invasive monitoring.
- Surgery or trauma including all patients requiring intensive medical and nursing intervention with frequent monitoring after having undergone surgical procedures, multiple traumas with or without cardiovascular instability.

Additional diagnoses treated in the Pediatric intensive Care Unit include, but are not limited to:

- Endocrine or metabolic disease including severe diabetic ketoacidosis, severe metabolic acidosis
- Renal disease including hemodialysis or continuous renal replacement therapies.
- Gastrointestinal disease including acute hepatic failure, acute gastrointestinal bleeding.

The Pediatric Intensive Care Unit will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Post op cardiothoracic surgery
- CRRT
- Ventilatory support including oscillators, conventional vents, and high flow oxygen.
- ECMO
- Artic Sun Therapy
- Critical Burn patients
- Solid organ transplants
- Use of BIS Technology
- Acute brain injury requiring Caminos, Lycox and Mobius use.
- Post op surgical patients requiring epidural management, PCA's
- Shock patients requiring cardiovascular monitoring including the use of Swan Ganz catheters.
- Use of INVOS technology
- Continuous video EEG monitoring

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Music Therapists, Child Life Specialists; Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Pediatrics, Trauma, Oncology, and Neonatology. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior

Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Pediatric ICU unit are: **General Staff Nurse, Hospital Clerk, Intermediate Nurse’s Aides.**

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse’s Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Pediatrics	8535	PEDS ICU	1: 2	1 AM/ 1PM	1 AM/ 1PM

Peds 3100 is a 38-bed pediatric unit located on the 3rd floor of the Maria Fareri Children’s Hospital. The patients served on this unit range in age from infants through 21 years. The unit provides nursing services 24 hours a day, 7 days a week. Patients in the Athletic Neighborhood, using continuous cardiac monitoring are hemodynamically stable and require nursing interventions no more than every 4 hours. All other patients in this clinical area are hemodynamically stable and require nursing interventions no more than every 4 hours with **an average daily census of 35.6**

The top 5 diagnosis for (insert unit name) are:

- Pulmonary – Bronchiolitis, Asthma, Pneumonia, RSV, Cystic Fibrosis
- General Pediatrics – Dehydration, Electrolyte Imbalance
- Post-op Surgical – Fractures, Scoliosis, Appendicitis, Trauma
- Neurology- Seizures
- Gastroenterology

Additional diagnosis treated on Peds 3100 includes, but are not limited to:

- Burn
- Infectious Diseases
- Endocrine – Diabetes
- Eating disorders anorexia, depression, suicidal ideation

Peds 3100 will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Oxygen Therapy
- Pulse Oximetry
- Chest Physiotherapy/Suctioning
- Maintenance of drainage tubes
- IVF administration
- EEG monitoring
- Antibiotic administration
- Tracheostomy care
- Gastrostomy Care
- NGT / Gastrostomy feedings
- Dressing Changes- Wound Care

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Music Therapists, Child Life Specialists; Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Pediatrics, Trauma, Oncology, and Neonatology. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Pediatric 3100 unit are: *General Staff Nurse, Intermediate Nurse's aides, Hospital Clerk*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Pediatrics	8467	PEDS 3100	1: 4	4 AM/ 4 PM	2 AM/ 1 PM

Peds 3200 is a 31-Bed unit located on the 3rd floor of the Maria Fareri Children's Hospital. The unit provides nursing services 24 hours a day, 7 days a week. Patients require nursing assessment and interventions every 4 hours **with an average daily census of 27.7.**

The Arts neighborhood is Oncology/Hematology/BMT; the Theater and Literature neighborhoods house children who are Oncology/Hematology in treatment. In addition, there are generally older children and adolescents on the pediatric 32 unit. Many children receiving chemotherapy require a 1:2 or 1:3 nurse to patient ratio for monitoring and multiple infusion management.

The top 5 diagnosis for Peds 3200 are:

- Oncological disorders, including HSCT
- Gastrointestinal disorders
- Neurologic disorders, seizures
- Eating disorders anorexia, depression, suicidal ideation
- Trauma ortho and urology

Additional diagnosis treated on Peds 3200 include, but are not limited to:

- Metabolic disorders
- Respiratory illnesses
- Burns

Peds 3200 will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Administer High dose chemo and biotherapy
- Participate in care of patients enrolled in clinical trials
- HSCT (allogeneic and autologous)
- End of life care/Palliative care
- Central line management
- Management and care of adolescent patients and their specific needs (anorexia, suicide)
- Care of surgical patients

- Monitoring, teaching and caring for diabetic patients
- Management and assessment of pain
- Monitoring and assessment of patients with neurological diagnosis.
- Management, care, and teaching of children, with cancer including those undergoing BMT.
- Care of Patients with Hematology / Oncology diagnoses

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Occupational Therapists and Speech Therapists, Music Therapists, Child Life Specialists; Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Pediatrics, Trauma, Oncology, and Neonatology. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Pediatric 3200 unit are: **General Staff Nurse, Intermediate Nurse’s aide, Hospital Clerk**

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse’s Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Pediatrics	8465	PEDS 3200	1: 3	3 AM/ 3 PM	2 AM/ 1 PM

Behavioral Health Center Overview:

The Behavioral Health Center (BHC) houses a 24/7 inpatient psychiatry program treating pediatric and adult patients on a voluntary and involuntary basis for acute occurrences of mental illness. The facility is licensed to operate 101 beds divided among five co-ed nursing units described in the following table:

Table 1 - BHC Nursing Units, Beds and Census

Unit	Location	Patients	Beds	Average Daily Census CY’21
A1	BHC 1 st Floor	Children 5-12	15	11.7
A2	BHC 2 nd Floor	Adults 18 and older	16	13.3
B1	BHC 1 st Floor	Adolescents 13-17	20	17.1
B2	BHC 2 nd Floor	Adults 18 and older	23	18.7
B3	BHC 3 rd Floor	Adults 18 and older; select medical care	23	20.1

Additional support for this unit includes: Nurse Clinicians, Case Managers and Discharge Planners; Psych Social workers, Transporters; Dietary Aides; Dietitians; Pharmacists, Physical Therapists, Occupational Therapists and Speech Therapists, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Behavioral Health and Child

Life Specialists. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Behavioral Health Center are: ***General Staff Nurse, Intermediate Nurse's aide, Hospital Clerk***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate Nurse's Aide Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
BHC	8465	Units-A1, A2, B2	1: 6	4 AM/ 3 PM	8A-4P M-F
BHC	8465	Units- B1, B3	1: 6	5 AM/ 4 PM	8A-4P M-F

BHC operates General Acute Psychiatric Care

According to a three-phase crisis intervention model: stabilization of a psychiatric emergency situation; assessment, diagnosis and treatment of a psychiatric condition; and disposition, planning and arrangements post hospitalization. Each patient and their clinical team develop a comprehensive assessment and treatment plan that is designed to provide an individualized treatment focus and holistic approach to patient care.

In addition to 24/7 RN and supportive nursing care, each unit is staffed with a multi-disciplinary treatment team of psychiatrists, licensed mental health therapists, recreational and expressive therapists, and discharge planners. Treatment teams take biological, physical, and psychosocial aspects into consideration when developing the interdisciplinary treatment plans. Most treatment plans include family meetings, individual psychotherapy, medication therapy, group therapy, recreational therapy, and discharge planning. A multidisciplinary team approach is utilized daily to assess the needs of patients.

BHC provides comprehensive care aimed at the diagnosis and treatment of Psychiatric conditions, and specializes in the management patients suffering with:

- Disturbances of mood or anxiety that manifest in self-destructive and/or assaultive behaviors.
- Intermittent explosive disorders.
- Conduct disorders.
- Severe attention deficit disorders.
- Self-abusive and/or assaultive behaviors resulting from a developmental disability or autism.
- Psychosis.

The following have been identified as criteria for admission:

- Suicidal or other self-injurious behavior.
- Homicidal or dangerous assaultive behavior.
- Psychiatric symptoms of scope or magnitude that preclude patient from performing activities of daily living.
- Psychiatric symptoms that cannot be treated effectively at less restrictive levels of care, as evidenced by patient non-participation in treatment programs.
- Lack of response to treatment plan interventions in an outpatient setting.
- Noncompliance with medication regimen

- Exacerbation of symptoms with poorly controlled risky behavior.
- Patient symptoms which require the initiation of medication which necessitates systematic monitoring due to potentially complicated medical or psychiatric conditions or potential side effects.
- Severe psychiatric disorders necessitating need for additional observation, evaluation and treatment.

Specialized Medical/Psychiatric Care

As noted in Table 1, Unit B3 is a specialized unit that treats both Psychiatric and select co-morbid medical conditions. In addition to the psychiatric treatment modalities provided on all other units, B3 also operates a Supervised Supportive Area (SSA) to accommodate specific medical treatment modalities, such as physical therapy, occupational therapy, and dialysis, as part of the patient's comprehensive treatment plan, and can safely manage use of select medical equipment such as walkers, wheelchairs, CPAP machines, IVs, and continuous O2 treatment, among others.

Emergency Department

UNIT DESCRIPTION:

The Emergency Department is located on the 1st floor of the Maria Ferrari Children's Hospital. The unit provides nursing services 24 hours a day serving Adults and Pediatric patients *7 days a week with an average of 113 patients seen daily.*

The Intensive Care patients require continuous cardiac monitoring, may be hemodynamically unstable and require nursing interventions every 2 hours on a regular basis, or more frequently as patient condition requires.

The Intermediate Care patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions at least every 4 hours, and not more than every 2 hours on a regular basis.

Telemetry patients require continuous cardiac monitoring, are hemodynamically stable and require nursing interventions no more than every 4 hours. They do not require vasoactive agents.

BED STATISTICS:

Total number of beds in Emergency Department (Adult) 25 beds plus available 3 trauma rooms

Total number of beds in Emergency Department (Peds) 19 beds plus available 3 trauma rooms

ADULT PATIENT POPULATION:

The top 10 admission diagnoses for Emergency Department (Adult) are:

- Injury, unspecified
- Cerebral Infarction
- Sepsis
- Non-ST elevation Myocardial Infarction
- Pneumonia
- Heart Failure
- Fever
- Altered mental Status

- Abdominal Pain
- Urinary Tract Infection
- Additional diagnosis treated in the Adult Emergency Department includes but are not limited to:
- Traumatic Subdural Hemorrhage
- Syncope and collapse
- Acute kidney failure
- Congestive Heart Failure

Emergency Department (Adult) will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Level 1 trauma care
- Emergent care
- Routine care
- Tertiary care
- Referral center
- Chronic and Acute conditions

PEDIATRIC PATIENT POPULATION:

The top 10 admission diagnoses for Emergency Department (Pediatric) are:

- Asthma with Status Asthmaticus
- Pneumonia
- Fever
- Acute Bronchiolitis
- Immune Thrombocytopenic Purpura
- Dehydration
- Type 1 Diabetes
- Neutropenia
- Urinary Tract Infection
- Seizure

Additional diagnosis treated in Emergency Department (Pediatric) includes but are not limited to:

- Other pancytopenia
- Acute bronchiolitis due to other infectious organism
- Peritonsillar abscess

Emergency Department (Pediatric) will perform and or request the following evaluation, monitoring, diagnostic and treatment functions as related to the presenting complaint or as indicated, including but not limited to:

- Level 1 trauma care
- Emergent care
- Routine care
- Tertiary care
- Referral center
- Chronic and Acute conditions

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Phlebotomists; Respiratory Therapists; Case Managers and Discharge Planners; Transporters; Dietary Aides; Dietitians; Pharmacists, Palliative Care Nurses; Pain Management NPs, Physical Therapists, Child Life, Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists. Centers of Excellence are supported by Nursing Clinical Coordinators such as Bariatrics, Trauma, Oncology, Transplant and Stroke. Patient care units are supported by Head Nurses and/or Nurse Managers, Nursing Directors, Senior Directors and Nursing Vice Presidents. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Emergency Room unit are: **General Staff Nurse, Hospital Clerk, Patient Care Tech**

Dept	Cost Ctr	Description	RN Ratio	Patient Care	Hosp Clerk
			Per 12 Hour Shift	Tech Per 12 Hour Shift	Per 12 Hour Shift
Emergency	8717	Emergency Room	1: 4	1:10	2 AM/ 2 PM

WMC Heart and Vascular Imaging Center

This service is an out-patient imaging center for patients needing Echocardiograms, Nuclear Stress tests, Stress Echo, Exercise Treadmill tests, Vein Closures, Holter Monitoring, Vascular Ultrasounds. Staffing skill mix includes physicians, echocardiography technologists, vascular technologists, nuclear technologists, physician assistant, nurse practitioners, vascular surgeons, registered nurses and medical assistants. Core staffing is designed to meet patient needs. The hours of operation are Monday through Friday, 7:30a-6p **with an average daily number of patients seen is 19.**

Additional support for this unit includes: Nurse Clinicians, Nurse Practitioners, Environmental Services, Biomedical Engineering, Central Sterile Processing Department, Courier Services, Phlebotomists, Respiratory Therapists, Radiology Technicians, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, Scheduling, Security, Head Nurses, Nursing Directors, Nursing Vice President. Included in the staffing plan, is a Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Heart Institute unit is: **General Staff Nurse, Intermediate Nurse's aide, Hospital Clerk**

Dept	Cost Ctr	Description	RN Ratio	Surgical Tech	Hosp Clerk
			Per 12 Hour Shift	Per 12 Hour Shift	Per 12 Hour Shift
Outpatient/ Peri-Op	9980	Outpatient	1:1	3 on AM	1 AM

Wound Care and Hyperbaric Center

The Westchester Medical Center Valhalla wound Care and Hyperbaric Center is a contract service, which provides a comprehensive and multidisciplinary approach for patients that require wound healing and Hyperbaric treatments. The center is composed of experienced staff devoted to care of patients with wounds and features hyperbaric chambers. The service is dedicated to the treatment of non-healing, slowly healing, or poorly healing wounds. The care focus is inpatient and outpatient **with an average daily census of 9.5 patients per day.**

The Hyperbaric Unit (3 monoplace chambers) has the initial capacity to treat eight to 12 patients per day during normal business hours and the Wound Care Unit has the capacity to treat approximately 20-25 patients per day. The center is in operation Monday through Friday from 8:00 am -4:00pm. They provide emergent hyperbaric care after normal business hours Monday through Friday and 24 hours on the weekends.

The staff of the Wound Care and Hyperbaric Medicine Center possess the knowledge, experience, and clinical expertise to provide high standard of patient care. The staff skill mix in the center consist of:

1. RN's and LPN's who provide direct patient care within the Center.
2. Hyperbaric Technicians who provide oversight for patients that are receiving Hyperbaric Oxygen therapy. Requirements include: an EMT certification or LPN and/or similar education/certification as well as training in Hyperbaric Oxygen and Basic Life Support.
3. Department Secretary who maintains an orderly patient flow via telephone, computers, fax machines and strong interpersonal skills.
4. Physicians: specialties and sub specialties on a patient need basis.
5. Medical Director of the Unit
6. Program Director
7. The Westchester medical Center Valhalla Wound Care and Hyperbaric Center physical setting consists of a room with three monoplace chambers, two wound care treatment rooms, two changing rooms with toilets, one waiting room, one front desk area, one administrative office for the Program Director.

Each patient's needs are assessed during the intake/evaluation process. During the intake process, a comprehensive patient assessment is performed that includes but is not limited to: medical history, allergy list, medication use, wound/s assessment, level of pain, etc., and a Plan of Care. All patients are reassessed on an ongoing basis for the progress of wound/s healing. As discharge approaches the patient is prepared with a written discharge plan that may include physicians' referrals, medication use, wound care management and other items.

Communication with referring physician via status report will occur:

1. After initial consult
2. Monthly progress note
3. Discharge summary

Medical and surgical sub-specialties will be referred to on a consultation basis. Referrals to outside agencies are made on a case-by-case basis and are individualized to meet the patients' specific needs.

Additional support for this unit includes: Nurse Clinicians, Environmental Services, Biomedical Engineering, Central Sterile Processing Department, Courier Services, Phlebotomists, Respiratory Therapists, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, Scheduling, Security. Included in the staffing plan, is a Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Wound Care and Hyperbaric Center are: **General Staff Nurse, Hospital Clerk, Patient Care Tech**

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Patient Care Tech Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Wound Care	9880	Wound Care	1: 1	1:2	1 AM

Dialysis

Inpatient Dialysis at Westchester Medical Center (WMC) on the Valhalla campus is located on the 2nd floor of the Macy Pavilion Building. Dialysis Clinic, Inc. provides this contracted service. The staff mix consists of registered nurses, unit secretary, equipment technicians, and Certified Dialysis Technicians, with oversight by a Medical Director. Treatment may be provided in the 2nd floor location which is comprised of 8 treatment bays or at the patients' bedside. Dialysis services and continuous renal replacement therapy (CRRT) are available 24/7 Monday through Saturday for all inpatients at WMC. On Call Dialysis Nurses are available on Sundays and major holidays for all required dialysis related **services with a daily number of patients seen per day is 15.6.**

Additional support for this unit includes: Nurse Clinicians, Environmental Services, Biomedical Engineering, Central Sterile Processing Department, Courier Services, Phlebotomists, Respiratory Therapists, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, Scheduling, Security. Included in the staffing plan, is a Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for Dialysis Clinic are: **General Staff Nurse, Hospital Clerk, Patient Care Tech**

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Patient Care Tech Per 12 Hour Shift	Surgical Tech Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Dialysis	8740	Dialysis	1: 2	1:3	2- AM	1 AM

Vascular Interventional Radiology/Neuro-endovascular/Pain

The Interventional Radiology department at the Valhalla campus is located on the first floor in the Main tower and on the second floor of the Ambulatory Care Pavilion. The populations served include, but are not limited to all pediatric and adult inpatient and outpatient, multidisciplinary (i.e. neurology, hepatology, urology, oncology, obstetrics/gynecology, internal medicine, pulmonology, surgical services). The department is staffed with ICU trained registered nurses, registered IR technologist, surgical physician assistant credentialed in interventional procedures and attending physicians credentialed in interventional procedures. The hours of operation are 8:00am-6:00pm M-F; off hours on call, including weekends and holidays. **Average number of patients seen per day is 28.5.**

Additional support for this unit includes:

Nurse Clinicians, Nurse Practitioners, Pharmacists, Palliative Care Nurses; Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists, supported by Nursing Directors, Nursing Vice Presidents. Included in the staffing plan, is a Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Vascular Interventional Radiology are: **General Staff Nurse, Hospital Clerk, Patient Care Tech, Surgical Tech**

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Patient Care Tech Per 12 Hour Shift	Surgical Tech Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Interventional Radiology	8665	Radiology	1: 1	1:3	1- AM	1 AM

Radiation Oncology/Nuclear Medicine

Radiation Medicine is a full-service radiation oncology cancer treatment center located on the 1st floor of the Macy Building. Services are available from 8 am – 4pm Monday – Friday. A Radiation Oncologist is on call during non-working hours & a Radiation Therapist is on call from 8am-4pm on Saturdays, Sundays & holiday Mondays for emergencies. *Average number of patients seen per day are 20.*

Additional support for this unit includes:

Nurse Clinicians, Pharmacists, Palliative Care Nurses; Nursing Education; Chaplaincy; Nurse Epidemiologists; Nursing Quality Coordinators and Nurse Informaticists, environmental services. Radiation Safety Officer, Physicist, supported by Nursing Directors, Nursing Vice Presidents. Included in the staffing plan, is a Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Radiation Oncology/Medicine unit are: *General Staff Nurse, Hospital Clerk, Radiation Tech*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Radiation Tech Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Radiology	9257/8680	Radiation Oncology/medicine	1: 1	2 -AM	1- AM

Cardiac Catheterization /Electrophysiology Lab

Cardiac Cath/EP/Structural services are located on the 2nd floor Main Hospital across from Critical Care and 2nd Floor of the Ambulatory Care Pavilion. The Cardiac Catheterization and Electrophysiology laboratories provide diagnostic and therapeutic cardiovascular procedures for both adult and pediatric outpatients and inpatients. Patients in need of both diagnostic and interventional care involving coronary, cardiac, pulmonary, carotid and peripheral arteries are treated. This includes the full complement of structural procedures such as TAVR, MitraClip, ASD/PFO closure and Left Atrial Appendage Occlusion. In addition, patients who require EP studies and ablations, Pacemaker and ICD insertion are also cared for. Right heart catheterization, biopsy and percutaneous pulmonary embolism treatment are also performed, in addition to the institution of mechanical support such as ECMO, Impella devices and IABPs. The unit is staffed with registered nurses and licensed Radiology technologists. Each procedure is staffed with a complement of RNs and RTs and is flexible based on the patient needs. The hours of operation are Monday through Friday 7AM- 730PM. Off Hours and emergency services are provided on an on-call basis 24hours/7 days a week. *Daily Average number of patients is 19 per day.*

Additional support for this unit includes:

Nurse Clinicians, Nurse Practitioners, Sterile Processing Department, Courier Services, Phlebotomists, Respiratory Therapists, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Pathology, Anesthesia, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, Scheduling, Security, Head Nurses, Nursing Directors, Nursing Vice President. Included in the staffing plan, is a Charge Nurse/ASNC who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Cardiac Catheterization /Electrophysiology Lab

is: *General Staff Nurse, Hospital Clerk, Surgical Tech*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Surgical Tech Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Cardiology	9390	Cath Lab	1:1	1:2.5	1- AM

Main Operating Room is a 14 operating room suite, inclusive of a burn OR, with an average volume of 30 cases per day. Services include caring for adult and pediatric inpatients and outpatients in the following specialties: Burn, ENT, Gynecology, GI, Pulmonary, Colorectal, General, Oral/Maxillofacial, Plastics, Ophthalmology, Orthopedics, Neurosurgery, Trauma, Transplant, Robotics, Urology, Cardiac, Vascular, and Thoracic. The unit is open 24 hours per day, 7 days per week. Call teams are also utilized as added support from 10pm-7am Monday - Thursday and on the weekends and holidays 24 hours/day. Rooms are always available for trauma, urgent, and emergency cases. A modified block scheduling system is utilized by all procedural areas for elective booking of procedures.

Additional support for this unit includes: Nurse Clinicians, Environmental Services, Biomedical Engineering, Central Sterile Processing Department, Courier Services, Phlebotomists, Respiratory Therapists, Physical Therapists, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Pathology, Pharmacy, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, OR Scheduling, Security, Nurse Managers, Nurse Directors, and Assistants to relieve breaks for the frontline staff.

The mutually agreed upon ratios for the Emergency Room unit are: ***General Staff Nurse, Hospital Clerk, Patient Care/Surgical Technicians***

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	PCT/Per 12 Hour Shift	Surgical Tech Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Peri-Op /Outpatient	8650	Operating Room	1: 1	8-AM/8-PM	1:1	2- AM

Ambulatory Care Pavilion (ACP) Operating Room is an 8 operating room suite with an average volume of 18 cases per day. Services include caring for adult and pediatric am admit patients and outpatients in the following specialties: ENT, Gynecology, Pulmonary, Colorectal, General, Oral/Maxillofacial, Plastics, Ophthalmology, Orthopedics, Neurosurgery, Robotics, Urology, and Vascular. The unit is open Monday -Friday 7am-7pm. A modified block scheduling system is utilized by all procedural areas for elective booking of procedures.

Additional support for this unit includes:

Nurse Clinicians, Environmental Services, Biomedical Engineering, Courier Services, Phlebotomists, Respiratory Therapists, Physical Therapists, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Pathology, Pharmacy, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, Security, Head Nurses, Nursing Directors, Nursing Vice President. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff

The mutually agreed upon ratios for the Ambulatory Care Pavilion (ACP) Operating Room are: **General Staff Nurse, Patient Care Technicians, Hospital Clerk**

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	PCT Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Peri-OP Outpatient	8650	ACP OR	1: 1	1:10	1- AM

Children’s Operating Room- Maria Fareri is a 9 operating room suite, inclusive of a procedural room. Services include caring for pediatric inpatients and outpatients in the following specialties: Burn, ENT, Gynecology, General, GI, Oral/Maxillofacial, Plastics, Ophthalmology, Orthopedics, Neurosurgery, Trauma, Transplant, Robotics, Urology, Cardiac, Vascular, and Thoracic. The unit is open Monday -Friday 7am-9pm. Call teams are also utilized for emergent cases, performed in the main OR, as added support on the weekends and holidays, 24 hours/day. A work in room is always available for trauma, urgent, and emergency cases. A modified block scheduling system is utilized by all procedural areas for elective booking of procedures **with a daily average of 29.5 patients per day**.

Additional support for this unit includes:

Nurse Clinicians, Environmental Services, Biomedical Engineering, Courier Services, Phlebotomists, Respiratory Therapists, Physical Therapists, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Pathology, Pharmacy, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, Security, Head Nurses, Nursing Directors, Nursing Vice President. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the CHOR Children’s Operating Room are: **General Staff Nurse, Patient Care/Surgical Technicians, Hospital Clerk**

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	PCT/Surgical Tech Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Peri-OP Outpatient	8652	CHOR Children’s OR	1: 1	1:1	1- AM

PACU-Post Anesthesia Care Unit -Main Hospital is a 17-bay unit providing care for all Main OR procedural patients, as well as procedural patients from Radiology and VIR. The unit is open 24 hours per day 7 days per week and care focuses on the assessment for, the diagnosis of, intervention for, and evaluation of physical or psychosocial problems or risk for problems that may result from the administration of sedation/anesthetic agents and techniques. Care is provided to allow the patient to safely transition to the inpatient setting, critical care unit or to home.

The unit provides professional nursing care and recovery management for post-anesthesia patients under the direction of the Anesthesia department. Constant vigilance is required to meet the needs of the post-anesthesia patient.

Additional support for this unit includes: Nurse Clinicians, Environmental Services, Biomedical Engineering, Central Sterile Processing Department, Courier Services, Phlebotomists, Respiratory Therapists, Pharmacy, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Pathology, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, OR Scheduling, Security, Nurse Managers and Assistants to relieve breaks for frontline staff.

The mutually agreed upon ratios for the PACU are: *General Staff Nurse, Hospital Clerk, Patient Care/Surgical Tech*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate NA/PCT Per 12 Hour Shift	Hosp Clerk Per 12 Hour Shift
Peri- op/Outpatient	9390	PACU Recovery Room	1: 2	1:3	1- AM

Ambulatory Care Pavilion (ACP) Pre and Post Anesthesia Care Unit is a 27 bay unit with an average volume of 30 patients per day, providing care for all ACP OR procedural patients, as well as procedural patients from Radiology, VIR, and Pain Management. The unit is open from 5:30 am-10pm Monday through Friday and care focuses on the assessment for, the diagnosis of, intervention for, and evaluation of physical or psychosocial problems or risk for problems that may result from the administration of sedation/anesthetic agents and techniques. The pre-operative phase includes ensuring patients are prepared for surgery and is the final checkpoint before entry to the Operating Room. Post operatively, care is provided to allow the patient to safely transition to the inpatient setting or to home.

The unit provides professional nursing care and recovery management for pre-operative and post-anesthesia patients under the direction of the Anesthesia department. Constant vigilance is required to meet the needs of the post-anesthesia patients.

Additional support for this unit includes:

Nurse Clinicians, Nurse Practitioners, Environmental Services, Biomedical Engineering, Courier Services, Phlebotomists, Respiratory Therapists, Physical Therapists, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Pathology, Pharmacy, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, Security, Head Nurses, Nursing Directors, Nursing Vice President. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff

The mutually agreed upon ratios for the Ambulatory Care Pavilion Pre and Post Anesthesia Care Unit are:

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift
Peri- Op/Outpatient	8635	Ambulatory Surgery Pre/Post	1: 3

Children’s Pre and Post Surgical Services CPAC- Maria Fareri is a 16 bay *unit with an average volume of 34 patients per day*, providing care for all pediatric procedural patients as well as procedural patients from Radiology, Cardiac Cath Lab and VIR. The unit is open from 5am-11pm Monday through Friday and care focuses on the assessment for, the diagnosis of, intervention for, and evaluation of physical or psychosocial problems or risk for problems that may result from the administration of sedation/anesthetic agents and techniques. The pre-operative phase includes ensuring patients are prepared for surgery and is the final checkpoint before entry to the Operating Room. Post operatively, care is provided to allow the patient to safely transition to the inpatient setting, critical care unit, or to home.

The unit provides professional nursing care and recovery management for pre-operative and post-anesthesia patients under the direction of the Anesthesia department. Constant vigilance is required to meet the needs of the post-anesthesia patient. In addition, may provide non-chemotherapy/chemotherapy infusion services for pediatric populations.

Additional support for this unit includes:

Nurse Clinicians, Nurse Practitioners, Environmental Services, Biomedical Engineering, Courier Services, Phlebotomists, Respiratory Therapists, Physical Therapists, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Pathology, Pharmacy, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, Security, Head Nurses, Nursing Directors, Nursing Vice President. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Children’s Surgical Services CPAC are: *General Staff Nurse, Intermediate Nurse’s Aide/PCT*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate NA/PCT Per 12 Hour Shift
Peri- op/Outpatient	8654	Children Surgical Services CPAC	1: 2	1:10

Endoscopy is a 5 procedural room suite with 12 pre/post anesthesia care bays *with an average volume of 24 procedures per day*. The suite is open for elective and urgent/emergent procedures Monday -Friday from 7am-7pm. All off hours procedures are supported by the Main OR. The Endoscopy Suite accommodates patients for GI, Urology lab, and Pulmonary endoscopic services. In addition to routine endoscopic procedures, their advanced procedures include but are not limited to complex endoscopy, ERCP, Photodynamic Therapy, and TEE.

Additional support for this unit includes:

Environmental Services, Biomedical Engineering, Courier Services, Phlebotomists, Respiratory Therapists, Anesthesiologists, Physical Therapists, Nursing Education, Chaplaincy Services, Volunteer Services, Legal Affairs, Radiology, Pathology, Pharmacy, Facilities Management, Patient Relations, Dietary Services, IT, Risk Management, Quality Management, Infection Control, Materials Management, Security, Head Nurses, Nursing Directors, Nursing Vice President. Included in the staffing plan, is an Assistant Nurse Manager (ASNC) or Charge Nurse who is assigned to covering breaks for the frontline staff.

The mutually agreed upon ratios for the Endoscopy Services are: *General Staff Nurse, Intermediate Nurse's Aide/PCT*

Dept	Cost Ctr	Description	RN Ratio Per 12 Hour Shift	Intermediate NA/PCT Per 12 Hour Shift	Hospital Clerk Per 12 Hour Shift
Peri- op/Outpatient	8645	Endoscopy	1: 2	1:6	2-AM

				Per 12 Hr Shift	Per 12 Hr Shift	Per 12 Hr Shift		
Department	Cost Center	Cost Center Description	RN RATIO	Intermediate NA/ PCT	Surgical Tech/LPN	Hospital Clerk	Notes	
Critical Care	8525	Cardiothoracic Intensive Care	1 : 2	2 AM/2 PM		1.25 per Day		
Critical Care	8545	CICU-Cardiac Intensive Care Unit	1 : 2	1 AM/ 1 PM		1.25 per Day		
Critical Care	8515	Surgical Intensive Care Unit	1 : 2	1 AM/ 1 PM		1.25 per Day		
Critical Care	8520	Medical Intensive Care Unit	1 : 2	2 AM/2 PM		1.25 per Day		
Critical Care	8550	Trauma ICU	1 : 2	2 AM/2 PM		1.50 per Day		
Critical Care	8457	NESICU (Neurosurg ICU)	1 : 1.5	2 AM/2 PM		1 AM/ 1 PM		
Critical Care	8560	Burn Care	1 : 2.5	2 AM/ 1PM		1 AM/ 1 PM		
Step Down	8640	4NW - CTS	1 : 4	1:10		16 Hrs /Day	1:3 for Devices	
Step Down	8442	4 NE - Cardiology	1 : 4	1:10		16 Hrs /Day	1:3 for Devices	
Step Down	8458	Neuro Step Down Unit	1 : 4	2 AM/2 PM		16 Hrs /Day		
Step Down	8630	6 South - Medicine	1 : 4	1:10		16 Hrs /Day		
Med Surg	8452	5 North - Med Surg	1 : 5	1:10		16 Hrs /Day	Only 2 BARIs per Assign	
Med Surg	8444	5 South - Medicine	1 : 5	1:10		16 Hrs /Day		
Med Surg	8627	6 North - Medicine	1 : 5	1:10		1 AM/ 1 PM		
Med Surg	8446	7 South - Oncology	1 : 4.5	1:10		16 Hrs /Day		
Med Surg	8454	7 North - Surg Onco Transplant	1 : 4.5	1:10		16 Hrs /Day		
Med Surg	8625	Inpatient Rehab	1 : 6	1:10		16 Hrs /Day		
Med Surg	8456	4 S Neuro (3 South under Construction)	1 : 5	1:10		16 Hrs /Day	1:4 EMU Assign	
Pediatrics	8467	Peds 31 - (ATHL,SAIL,FLT,HERO)	1 : 4	4 AM/4 PM		2 AM/1 PM		
Pediatrics	8465	Peds 32 - (ARTS,THTR,LIT)	1 : 3	3 AM/3 PM		2 AM/1 PM		
Pediatrics	8535	Peds ICU	1 : 2	1 AM/ 1 PM		1 AM/1 PM		
Maternity	9111	2 South - High Risk OB	1 : 4	1:10		1 - AM		
Maternity	9113	Labor Deliv & Recovery	1 : 2	1 AM/ 1 PM		1 AM/1 PM	1:2 Stable- 1:1 Unstable	
Maternity	9119	Neo Natal Icu	1 : 2	1 AM/ 1 PM		2 AM/2 PM	Milk Techs	
Behavioral Health	8472	A-1 Children	1 : 6	4 AM/3 PM		8A-4P M-F		
Behavioral Health	8473	B-1 Adolescent	1 : 6	5 AM/4 PM		8A-4P M-F		
Behavioral Health	8459	A-2 Stabilization Unit	1 : 6	4 AM/3 PM		8A-4P M-F		
Behavioral Health	8475	B-2 Adult	1 : 6	4 AM/3 PM		8A-4P M-F		
Behavioral Health	8477	B-3 Adult Med/Psych	1 : 6	5 AM/4 PM		8A-4P M-F		
Peri-op/Outpatient	9390	Card Cath Lab	1 : 1			1 : 2.5	1 -AM	Procedure Dependent 2 : 1
Peri-op/Outpatient	8717	Emergency Room	1 : 4	1:10		2 AM/2 PM	ED Trauma 1:1	
Peri-op/Outpatient	8645	Endoscopy Services	1 : 2	1 : 6		2 -AM		
Peri-op/Outpatient	9980	Heart Institute	1 : 1			3 - AM	1 -AM	
Peri-op/Outpatient	8650	Operating Room	1 : 1	8 AM/ 8 PM	1:1 Tech / 1LPN	2 -AM		
Peri-op/Outpatient	8660	P.A.C.U.(Recovery Room)	1 : 2	1 : 3		1 -AM	Complex 1:1	
Peri-op/Outpatient	8652	Children's OR	1 : 1		1 : 1	1 -AM		
Peri-op/Outpatient	8665	Vascular Interventional Radiology	1 : 1	1 : 3	1	1 -AM	Radiology Tech per Case	
Peri-op/Outpatient	9257	Radiation Medicine	1 : 1		2		Radiation Therapist per rm	
Peri-op/Outpatient	8680	Radiology Nuclear Medicine	1 : 1		2	1 -AM	Radiology Tech per rm	
Peri-op/Outpatient	8654	Children's Surgical Services (CPAC)	1 : 2	1:10				
Peri-op/Outpatient	8635	Ambulatory Surgery (PRE/POST)	1 : 3					
Peri-op/Outpatient	8650	ACP OR	1 : 1	1:10	1 : 1	1 -AM		
Peri-op/Outpatient	9880	Wound Care	1 : 1		1 : 2	1 -AM		
Peri-op/Outpatient	8740	Dialysis	1 : 2	1 : 3	2 - AM	1 -AM		

