NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

July 31, 2024

Steven Corwin, CEO
New York Presbyterian Hospital Columbia Presbyterian Center
525 East 68th Street, Box 165
New York, NY 10021

Email: ceooff@nyp.org

New York Presbyterian Hospital Columbia Presbyterian Center (1464) (EVENT ID: KJEI11)

Dear Steven Corwin:

In response to the Statement of Deficiency that was issued to your facility, the Clinical Staffing Review Unit has carefully reviewed the Plan of Correction received on **July 18, 2024**. As a result of the review by the Clinical Staffing Review Unit, we have deemed your facility's Plan of Correction **acceptable**.

The deficiency citation(s) relate to non-compliance with the provisions of New York State Public Health Law 2805-t and does not preclude any additional administrative action by this Department. Due to the need to verify that all the actions indicated in your Plan of Correction, a survey team may return to your facility for a Plan of Correction verification survey.

Sincerely,

Clinical Staffing Review Unit
Division of Hospitals and
Diagnostic & Treatment Centers

cc: Bernadette Khan, bkhan@nyp.org

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HP0537A	A. BUILDING: _____ B. WING _____	01/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW YORK-PRESBYTERIAN HOSPITAL AT COLUMBIA PRES	622 WEST 168TH STREET NEW YORK, NY 10032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS STATE FAC ID: HP0537A OPERATING CERTIFICATE NUMBER: 7002054H The New York official compilation of codes, rules and regulations (10NYCRR) deficiencies below are cited as a result of a survey conducted 12/06/2023 – 01/19/2024, in accordance with Article 28 of the New York State Public Health Law. This survey was an evaluation of 102 complaints received by the Department between 07/14/2023 and 12/31/2023.	S 000		
S 134	405.2 (c) (1) GOVERNING BODY. Compliance with Laws. (1) The hospital shall comply with all applicable Federal, State and local laws, including the New York State Public Health Law, Mental Hygiene Law, and the Education Law. This Regulation is not met as evidenced by: Interviews of the facility's Clinical Staffing Committee, interviews of frontline staff members on units, document review, and survey observations, the facility failed to comply with Public Health Law - PBH § 2805-t. Specifically, the facility failed to comply with the following subsections: 4. Primary responsibilities. Primary responsibilities of the clinical staffing committee shall include the following functions: (d) Review, assessment, and response to complaints regarding potential violations of the adopted staffing plan, staffing variations, or other concerns regarding the implementation of the staffing plan and within the purview of the committee. 7. Implementation of clinical staffing plans. (a) Beginning January first, two thousand twenty-three, and annually thereafter, each general hospital shall implement the clinical staffing plan adopted by July first of the prior calendar year, and any subsequent amendments, and assign personnel to each patient care unit in accordance with the plan. Findings include:	S 134		

1) [redacted] This information was disclosed by the facility's Clinical Staffing Committee's hospital administration and frontline staff members during on-site interviews conducted on 12/06/2023 and 12/07/2023. Additionally, [redacted] This is a violation of Public Health Law 2805-t(4)(a).

2) During the on-site survey conducted from 12/06/2023 through 12/07/2023 the Department of Health staff observed a failure to assign personnel to patient care units in accordance with the facility's clinical staffing plan. This is a violation of Public Health Law 2805-t(7)(a). The following is a breakdown of the units found not in compliance with Public Health Law 2805-t(7)(a):

1. Cardiovascular Unit(s)

5GS Day Shift: 33 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	5GS	7:00AM	32	8	9
3/2	5GS	7:00AM	35	9	10
3/3	5GS	7:00AM	35	9	10
3/4	5GS	7:00AM	33	8	9
3/5	5GS	7:00AM	35	8	10
3/6	5GS	7:00AM	35	9	10
3/8	5GS	7:00AM	31	8	9
3/10	5GS	7:00AM	35	9	10
3/11	5GS	7:00AM	32	8	9
3/12	5GS	7:00AM	33	8	9
3/13	5GS	7:00AM	36	9	10
3/15	5GS	7:00AM	36	9	10
3/16	5GS	7:00AM	36	9	10
3/18	5GS	7:00AM	34	7	10
3/19	5GS	7:00AM	36	8	10
3/20	5GS	7:00AM	36	9	10
3/21	5GS	7:00AM	35	9	10
3/22	5GS	7:00AM	36	9	10
3/25	5GS	7:00AM	36	9	10
3/26	5GS	7:00AM	36	9	10
3/27	5GS	7:00AM	35	8	10
3/28	5GS	7:00AM	34	8	10
3/29	5GS	7:00AM	35	8	10
3/30	5GS	7:00AM	34	9	10
3/31	5GS	7:00AM	35	9	10

4/1	5GS	7:00AM	36	8	10
4/2	5GS	7:00AM	34	7	10
4/5	5GS	7:00AM	35	8	10
4/6	5GS	7:00AM	36	9	10
4/11	5GS	7:00AM	36	8	10
4/12	5GS	7:00AM	36	9	10
4/14	5GS	7:00AM	34	8	10
4/15	5GS	7:00AM	33	8	9

5GS Night Shift: 29 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	5GS	7:00PM	36	8	10
3/3	5GS	7:00PM	31	8	9
3/4	5GS	7:00PM	34	9	10
3/5	5GS	7:00PM	34	8	10
3/13	5GS	7:00PM	35	9	10
3/14	5GS	7:00PM	34	9	10
3/15	5GS	7:00PM	34	9	10
3/16	5GS	7:00PM	36	9	10
3/17	5GS	7:00PM	34	8	10
3/18	5GS	7:00PM	36	8	10
3/19	5GS	7:00PM	36	8	10
3/20	5GS	7:00PM	35	9	10
3/21	5GS	7:00PM	36	9	10
3/22	5GS	7:00PM	35	9	10
3/23	5GS	7:00PM	34	8	10
3/25	5GS	7:00PM	34	9	10
3/26	5GS	7:00PM	35	9	10
3/27	5GS	7:00PM	34	8	10
3/28	5GS	7:00PM	32	8	9
3/31	5GS	7:00PM	33	8	9
4/1	5GS	7:00PM	35	8	10
4/2	5GS	7:00PM	34	7	10
4/5	5GS	7:00PM	31	8	9
4/6	5GS	7:00PM	33	8	9
4/7	5GS	7:00PM	30	8	9
4/9	5GS	7:00PM	31	8	9
4/10	5GS	7:00PM	34	8	10
4/11	5GS	7:00PM	34	9	10
4/13	5GS	7:00PM	34	8	10

5HN Day Shift: 19 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	5HN	7:00AM	27	7	9
3/3	5HN	7:00AM	28	9	10
3/4	5HN	7:00AM	28	9	10
3/5	5HN	7:00AM	29	9	10
3/8	5HN	7:00AM	29	9	10
3/13	5HN	7:00AM	27	8	9
3/14	5HN	7:00AM	30	8	10
3/15	5HN	7:00AM	30	9	10
3/16	5HN	7:00AM	30	9	10
3/18	5HN	7:00AM	29	8	10
3/19	5HN	7:00AM	30	9	10
3/20	5HN	7:00AM	29	9	10
3/25	5HN	7:00AM	29	9	10
3/26	5HN	7:00AM	28	9	10
3/29	5HN	7:00AM	29	9	10

4/5	5HN	7:00AM	28	8	10
4/9	5HN	7:00AM	26	8	9
4/12	5HN	7:00AM	28	8	10
4/15	5HN	7:00AM	25	8	9

5HN Night Shift: 19 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/4	5HN	7:00PM	29	9	10
3/5	5HN	7:00PM	26	8	9
3/7	5HN	7:00PM	28	9	10
3/12	5HN	7:00PM	25	7	9
3/13	5HN	7:00PM	28	8	10
3/15	5HN	7:00PM	29	9	10
3/16	5HN	7:00PM	30	8	10
3/17	5HN	7:00PM	29	9	10
3/19	5HN	7:00PM	28	7	10
3/20	5HN	7:00PM	29	7	10
3/21	5HN	7:00PM	26	8	9
3/22	5HN	7:00PM	28	9	10
3/25	5HN	7:00PM	28	8	10
3/28	5HN	7:00PM	27	8	9
4/2	5HN	7:00PM	25	8	9
4/4	5HN	7:00PM	28	9	10
4/7	5HN	7:00PM	29	9	10
4/13	5HN	7:00PM	28	9	10
4/15	5HN	7:00PM	26	8	9

2. Intensive Care Unit(s) / Critical Care Unit(s)

CCU Day Shift: 18 Instances of Insufficient Clinical Staffing (03/15/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/15	CCU	7:00AM	28	17	19
3/16	CCU	7:00AM	27	17	19
3/17	CCU	7:00AM	27	18	19
3/18	CCU	7:00AM	28	18	19
3/19	CCU	7:00AM	28	17	19
3/23	CCU	7:00AM	26	17	18
3/27	CCU	7:00AM	24	15	16
3/29	CCU	7:00AM	23	15	16
3/30	CCU	7:00AM	26	17	18
3/31	CCU	7:00AM	27	17	19
4/1	CCU	7:00AM	28	16	19
4/2	CCU	7:00AM	26	17	18
4/3	CCU	7:00AM	26	17	18
4/5	CCU	7:00AM	27	17	19
4/6	CCU	7:00AM	26	17	18
4/8	CCU	7:00AM	28	17	19
4/9	CCU	7:00AM	24	14	16
4/10	CCU	7:00AM	23	15	16

CCU Night Shift: 24 Instances of Insufficient Clinical Staffing (03/15/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/16	CCU	7:00PM	27	18	19
3/17	CCU	7:00PM	28	17	19
3/18	CCU	7:00PM	28	17	19
3/19	CCU	7:00PM	28	16	19
3/20	CCU	7:00PM	28	18	19
3/21	CCU	7:00PM	28	18	19

3/22	CCU	7:00PM	26	16	18
3/23	CCU	7:00PM	27	17	19
3/25	CCU	7:00PM	23	15	16
3/30	CCU	7:00PM	28	17	19
3/31	CCU	7:00PM	28	18	19
4/1	CCU	7:00PM	27	17	19
4/3	CCU	7:00PM	27	18	19
4/4	CCU	7:00PM	27	17	19
4/5	CCU	7:00PM	26	17	18
4/6	CCU	7:00PM	25	16	17
4/7	CCU	7:00PM	28	14	19
4/8	CCU	7:00PM	26	15	18
4/9	CCU	7:00PM	23	14	16
4/10	CCU	7:00PM	26	16	18
4/11	CCU	7:00PM	26	16	18
4/13	CCU	7:00PM	28	15	19
4/14	CCU	7:00PM	28	16	19
4/15	CCU	7:00PM	28	15	19

CTICU Day Shift: 21 Instances of Insufficient Clinical Staffing (03/15/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/15	CTICU	7:00AM	29	23	26
3/16	CTICU	7:00AM	29	24	26
3/18	CTICU	7:00AM	28	23	25
3/19	CTICU	7:00AM	27	22	24
3/20	CTICU	7:00AM	27	24	26
3/21	CTICU	7:00AM	27	25	26
3/22	CTICU	7:00AM	26	24	25
3/23	CTICU	7:00AM	29	25	26
3/25	CTICU	7:00AM	29	25	26
3/27	CTICU	7:00AM	30	25	26
3/30	CTICU	7:00AM	29	21	26
3/31	CTICU	7:00AM	29	24	26
4/1	CTICU	7:00AM	29	23	26
4/2	CTICU	7:00AM	30	20	26
4/3	CTICU	7:00AM	27	23	24
4/7	CTICU	7:00AM	29	23	26
4/8	CTICU	7:00AM	29	22	26
4/9	CTICU	7:00AM	28	21	25
4/13	CTICU	7:00AM	29	24	26
4/14	CTICU	7:00AM	27	23	24
4/15	CTICU	7:00AM	30	21	26

CTICU Night Shift: 29 Instances of Insufficient Clinical Staffing (03/15/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/15	CTICU	7:00PM	27	22	24
3/16	CTICU	7:00PM	31	23	26
3/17	CTICU	7:00PM	29	25	26
3/18	CTICU	7:00PM	29	25	26
3/19	CTICU	7:00PM	28	21	25
3/20	CTICU	7:00PM	31	24	26
3/22	CTICU	7:00PM	27	21	24
3/23	CTICU	7:00PM	29	22	26
3/25	CTICU	7:00PM	29	23	26
3/26	CTICU	7:00PM	30	22	26
3/27	CTICU	7:00PM	29	25	26
3/28	CTICU	7:00PM	30	24	26
3/29	CTICU	7:00PM	29	23	26

3/30	CTICU	7:00PM	31	22	27
3/31	CTICU	7:00PM	28	23	25
4/1	CTICU	7:00PM	30	23	26
4/2	CTICU	7:00PM	31	23	27
4/3	CTICU	7:00PM	27	23	24
4/4	CTICU	7:00PM	26	22	23
4/6	CTICU	7:00PM	24	20	21
4/7	CTICU	7:00PM	30	20	26
4/8	CTICU	7:00PM	28	22	25
4/9	CTICU	7:00PM	27	21	24
4/10	CTICU	7:00PM	30	22	26
4/11	CTICU	7:00PM	29	23	26
4/12	CTICU	7:00PM	28	24	25
4/13	CTICU	7:00PM	28	21	25
4/14	CTICU	7:00PM	30	22	26
4/15	CTICU	7:00PM	30	21	26

MICU Day Shift: 11 Instances of Insufficient Clinical Staffing (03/15/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/15	MICU	7:00AM	23	15	16
3/16	MICU	7:00AM	24	16	17
3/19	MICU	7:00AM	24	16	17
3/22	MICU	7:00AM	24	16	17
3/23	MICU	7:00AM	24	16	17
4/1	MICU	7:00AM	23	15	16
4/2	MICU	7:00AM	24	16	17
4/9	MICU	7:00AM	23	12	16
4/10	MICU	7:00AM	21	14	15
4/11	MICU	7:00AM	23	15	16
4/13	MICU	7:00AM	23	15	16
4/14	MICU	7:00AM	23	15	16
4/15	MICU	7:00AM	24	14	17

MICU Night Shift: 13 Instances of Insufficient Clinical Staffing (03/15/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/15	MICU	7:00PM	23	15	16
3/17	MICU	7:00PM	24	16	17
3/23	MICU	7:00PM	24	16	17
3/27	MICU	7:00PM	24	16	17
3/28	MICU	7:00PM	23	15	16
4/1	MICU	7:00PM	24	15	17
4/7	MICU	7:00PM	23	13	16
4/8	MICU	7:00PM	24	15	17
4/9	MICU	7:00PM	24	16	17
4/10	MICU	7:00PM	24	16	17
4/15	MICU	7:00PM	24	16	17

NICU Day Shift: 21 Instances of Insufficient Clinical Staffing (03/15/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/15	NICU	7:00AM	18	11	12
3/16	NICU	7:00AM	17	11	12
3/18	NICU	7:00AM	16	9	11
3/19	NICU	7:00AM	12	8	9
3/20	NICU	7:00AM	13	11	12
3/22	NICU	7:00AM	18	10	12
3/23	NICU	7:00AM	14	11	12
3/30	NICU	7:00AM	12	9	11

3/31	NICU	7:00AM	15	10	11
4/1	NICU	7:00AM	17	11	12
4/3	NICU	7:00AM	13	10	11
4/4	NICU	7:00AM	17	11	12
4/5	NICU	7:00AM	18	11	12
4/6	NICU	7:00AM	18	11	12
4/8	NICU	7:00AM	18	10	12
4/9	NICU	7:00AM	18	9	12
4/10	NICU	7:00AM	18	8	12
4/11	NICU	7:00AM	16	11	12
4/12	NICU	7:00AM	18	11	12
4/14	NICU	7:00AM	18	11	12
4/15	NICU	7:00AM	18	10	12

NICU Night Shift: 16 Instances of Insufficient Clinical Staffing (03/15/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/15	NICU	7:00PM	18	11	12
3/16	NICU	7:00PM	18	10	12
3/25	NICU	7:00PM	16	10	11
3/26	NICU	7:00PM	15	9	10
3/27	NICU	7:00PM	18	10	12
3/28	NICU	7:00PM	16	10	11
3/31	NICU	7:00PM	18	11	12
4/1	NICU	7:00PM	16	10	11
4/4	NICU	7:00PM	17	10	11
4/6	NICU	7:00PM	18	11	12
4/7	NICU	7:00PM	18	11	12
4/8	NICU	7:00PM	18	11	12
4/9	NICU	7:00PM	18	10	12
4/10	NICU	7:00PM	18	11	12
4/14	NICU	7:00PM	18	10	12
4/15	NICU	7:00PM	18	11	12

SICU Day Shift: 11 Instances of Insufficient Clinical Staffing (03/15/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/15	SICU	7:00AM	12	8	9
3/16	SICU	7:00AM	13	10	11
3/21	SICU	7:00AM	15	10	11
3/22	SICU	7:00AM	15	10	11
3/23	SICU	7:00AM	12	9	10
3/30	SICU	7:00AM	15	9	10
4/1	SICU	7:00AM	13	8	9
4/2	SICU	7:00AM	15	9	10
4/8	SICU	7:00AM	16	10	11
4/9	SICU	7:00AM	12	8	9
4/12	SICU	7:00AM	16	10	11

SICU Night Shift: 7 Instances of Insufficient Clinical Staffing (03/15/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/17	SICU	7:00PM	16	10	11
3/30	SICU	7:00PM	14	9	10
4/7	SICU	7:00PM	14	8	10
4/9	SICU	7:00PM	14	9	10
4/10	SICU	7:00PM	16	10	11
4/13	SICU	7:00PM	15	8	10
4/15	SICU	7:00PM	16	10	11

3. Medical / Surgical Unit(s)

6GN Day Shift: 23 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	6GN	7:00AM	36	8	9
3/2	6GN	7:00AM	35	8	9
3/3	6GN	7:00AM	35	8	9
3/4	6GN	7:00AM	34	8	9
3/5	6GN	7:00AM	35	8	9
3/6	6GN	7:00AM	35	8	9
3/7	6GN	7:00AM	33	7	9
3/13	6GN	7:00AM	36	7.75	9
3/14	6GN	7:00AM	36	8	9
3/15	6GN	7:00AM	34	8	9
3/18	6GN	7:00AM	33	8	9
3/19	6GN	7:00AM	36	8	9
3/20	6GN	7:00AM	36	7	9
3/21	6GN	7:00AM	36	8	9
3/22	6GN	7:00AM	33	8	9
3/28	6GN	7:00AM	35	8	9
3/30	6GN	7:00AM	34	8	9
4/2	6GN	7:00AM	34	8	9
4/7	6GN	7:00AM	34	8	9
4/9	6GN	7:00AM	33	8	9
4/11	6GN	7:00AM	34	8	9
4/12	6GN	7:00AM	34	8	9
4/14	6GN	7:00AM	34	8	9

6GN Night Shift: 28 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/2	6GN	7:00PM	34	7	9
3/3	6GN	7:00PM	34	8	9
3/4	6GN	7:00PM	34	8	9
3/5	6GN	7:00PM	34	8	9
3/6	6GN	7:00PM	32	8	9
3/7	6GN	7:00PM	34	8	9
3/11	6GN	7:00PM	35	8	9
3/12	6GN	7:00PM	33	8	9
3/13	6GN	7:00PM	36	8	9
3/15	6GN	7:00PM	34	8	9
3/16	6GN	7:00PM	34	8	9
3/20	6GN	7:00PM	35	8	9
3/23	6GN	7:00PM	31	8	9
3/25	6GN	7:00PM	33	8	9
3/26	6GN	7:00PM	36	8	9
3/28	6GN	7:00PM	35	8	9
3/29	6GN	7:00PM	33	8	9
3/31	6GN	7:00PM	34	8	9
4/1	6GN	7:00PM	34	8	9
4/2	6GN	7:00PM	33	8	9
4/4	6GN	7:00PM	35	8	9
4/5	6GN	7:00PM	33	8	9
4/6	6GN	7:00PM	32	8	9
4/7	6GN	7:00PM	35	8	9
4/8	6GN	7:00PM	31	8	9
4/9	6GN	7:00PM	34	7	9
4/10	6GN	7:00PM	33	7	9
4/14	6GN	7:00PM	34	8	9

6GS Day Shift: 30 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	6GS	7:00AM	36	9	10
3/2	6GS	7:00AM	34	9	10
3/3	6GS	7:00AM	34	9	10
3/4	6GS	7:00AM	35	9	10
3/5	6GS	7:00AM	34	9	10
3/13	6GS	7:00AM	36	8	10
3/14	6GS	7:00AM	33	8	9
3/15	6GS	7:00AM	32	8	9
3/16	6GS	7:00AM	34	9	10
3/22	6GS	7:00AM	34	9	10
3/26	6GS	7:00AM	36	9	10
3/27	6GS	7:00AM	36	8	10
3/28	6GS	7:00AM	35	8	10
3/29	6GS	7:00AM	34	8	10
3/30	6GS	7:00AM	34	9	10
3/31	6GS	7:00AM	31	8	9
4/1	6GS	7:00AM	34	8	10
4/2	6GS	7:00AM	34	8	10
4/3	6GS	7:00AM	35	9	10
4/4	6GS	7:00AM	34	9	10
4/5	6GS	7:00AM	36	8	10
4/6	6GS	7:00AM	35	9	10
4/7	6GS	7:00AM	32	8	9
4/8	6GS	7:00AM	36	9	10
4/9	6GS	7:00AM	34	8	10
4/10	6GS	7:00AM	34	9	10
4/12	6GS	7:00AM	34	8	10
4/13	6GS	7:00AM	32	8	9
4/15	6GS	7:00AM	33	8	9

6GS Night Shift: 31 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	6GS	7:00AM	36	9	10
3/2	6GS	7:00AM	34	9	10
3/3	6GS	7:00AM	34	9	10
3/4	6GS	7:00AM	35	9	10
3/5	6GS	7:00AM	34	9	10
3/13	6GS	7:00AM	36	8	10
3/14	6GS	7:00AM	33	8	9
3/15	6GS	7:00AM	32	8	9
3/16	6GS	7:00AM	34	9	10
3/22	6GS	7:00AM	34	9	10
3/26	6GS	7:00AM	36	9	10
3/27	6GS	7:00AM	36	8	10
3/28	6GS	7:00AM	35	8	10
3/29	6GS	7:00AM	34	8	10
3/30	6GS	7:00AM	34	9	10
3/31	6GS	7:00AM	31	8	9
4/1	6GS	7:00AM	34	8	10
4/2	6GS	7:00AM	34	8	10
4/3	6GS	7:00AM	35	9	10
4/4	6GS	7:00AM	34	9	10
4/5	6GS	7:00AM	36	8	10
4/6	6GS	7:00AM	35	9	10
4/7	6GS	7:00AM	32	8	9

4/8	6GS	7:00AM	36	9	10
4/9	6GS	7:00AM	34	8	10
4/10	6GS	7:00AM	34	9	10
4/12	6GS	7:00AM	34	8	10
4/13	6GS	7:00AM	32	8	9
4/15	6GS	7:00AM	33	8	9

7GS Day Shift: 19 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	7GS	7:00AM	36	8	9
3/4	7GS	7:00AM	35	8	9
3/7	7GS	7:00AM	36	8	9
3/12	7GS	7:00AM	35	8	9
3/13	7GS	7:00AM	35	8	9
3/15	7GS	7:00AM	36	8	9
3/16	7GS	7:00AM	35	8	9
3/17	7GS	7:00AM	33	7	8
3/19	7GS	7:00AM	35	7	9
3/20	7GS	7:00AM	36	7	9
3/21	7GS	7:00AM	36	8	9
3/26	7GS	7:00AM	34	8	9
3/27	7GS	7:00AM	36	8	9
4/2	7GS	7:00AM	34	8	9
4/4	7GS	7:00AM	34	8	9
4/7	7GS	7:00AM	34	8	9
4/9	7GS	7:00AM	34	8	9
4/14	7GS	7:00AM	36	8	9
4/15	7GS	7:00AM	34	8	9

7GS Night Shift: 27 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	7GS	7:00PM	34	8	9
3/2	7GS	7:00PM	33	7	8
3/3	7GS	7:00PM	35	8	9
3/5	7GS	7:00PM	36	8	9
3/6	7GS	7:00PM	35	8	9
3/9	7GS	7:00PM	34	8	9
3/10	7GS	7:00PM	34	8	9
3/11	7GS	7:00PM	35	8	9
3/12	7GS	7:00PM	35	7	9
3/13	7GS	7:00PM	34	8	9
3/15	7GS	7:00PM	34	8	9
3/17	7GS	7:00PM	34	8	9
3/20	7GS	7:00PM	36	8	9
3/21	7GS	7:00PM	36	8	9
3/23	7GS	7:00PM	34	8	9
3/26	7GS	7:00PM	35	8	9
3/27	7GS	7:00PM	35	7	9
3/28	7GS	7:00PM	35	8	9
3/31	7GS	7:00PM	32	7	8
4/1	7GS	7:00PM	31	7	8
4/2	7GS	7:00PM	36	7	9
4/5	7GS	7:00PM	34	7	9
4/6	7GS	7:00PM	35	8	9
4/7	7GS	7:00PM	35	8	9
4/9	7GS	7:00PM	31	7	8
4/10	7GS	7:00PM	34	8	9
4/15	7GS	7:00PM	34	7	9

9GS Day Shift: 16 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	9GS	7:00AM	38	8	9
3/4	9GS	7:00AM	37	8	9
3/13	9GS	7:00AM	37	8	9
3/14	9GS	7:00AM	37	8	9
3/15	9GS	7:00AM	38	8	9
3/19	9GS	7:00AM	37	8	9
3/20	9GS	7:00AM	38	8	9
3/27	9GS	7:00AM	37	8	9
3/31	9GS	7:00AM	36	8	9
4/1	9GS	7:00AM	36	8	9
4/2	9GS	7:00AM	34	7	8
4/8	9GS	7:00AM	36	8	9
4/9	9GS	7:00AM	35	8	9
4/10	9GS	7:00AM	35	8	9
4/14	9GS	7:00AM	37	8	9
4/15	9GS	7:00AM	36	8	9

9GS Night Shift: 21 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	9GS	7:00PM	37	8	9
3/2	9GS	7:00PM	36	8	9
3/6	9GS	7:00PM	38	8	9
3/11	9GS	7:00PM	37	8	9
3/12	9GS	7:00PM	37	8	9
3/13	9GS	7:00PM	37	8	9
3/15	9GS	7:00PM	36	8	9
3/17	9GS	7:00PM	36	8	9
3/19	9GS	7:00PM	37	8	9
3/26	9GS	7:00PM	37	8	9
3/28	9GS	7:00PM	36	8	9
4/1	9GS	7:00PM	35	7	9
4/2	9GS	7:00PM	35	7	9
4/5	9GS	7:00PM	35	8	9
4/6	9GS	7:00PM	37	8	9
4/7	9GS	7:00PM	36	8	9
4/9	9GS	7:00PM	38	8	9
4/10	9GS	7:00PM	33	7	8
4/11	9GS	7:00PM	35	8	9
4/14	9GS	7:00PM	35	8	9
4/15	9GS	7:00PM	36	8	9

BMT Day Shift: 19 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	BMT	7:00AM	18	6	7
3/2	BMT	7:00AM	17	6	7
3/3	BMT	7:00AM	18	6	7
3/5	BMT	7:00AM	16	5	7
3/11	BMT	7:00AM	17	6	7
3/12	BMT	7:00AM	17	6.5	7
3/15	BMT	7:00AM	18	6	7
3/16	BMT	7:00AM	18	6	7
3/18	BMT	7:00AM	16	6	7
3/19	BMT	7:00AM	15	5	6
3/20	BMT	7:00AM	16	6	7

3/27	BMT	7:00AM	18	6	7
3/28	BMT	7:00AM	17	6	7
3/31	BMT	7:00AM	17	6	7
4/5	BMT	7:00AM	18	6	7
4/7	BMT	7:00AM	18	6	7
4/9	BMT	7:00AM	17	6	7
4/10	BMT	7:00AM	18	5.5	7
4/11	BMT	7:00AM	17	6	7

BMT Night Shift: 14 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/2	BMT	7:00PM	17	6	7
3/10	BMT	7:00PM	17	6	7
3/11	BMT	7:00PM	18	6	7
3/12	BMT	7:00PM	18	6.5	7
3/13	BMT	7:00PM	18	6	7
3/17	BMT	7:00PM	17	6	7
3/20	BMT	7:00PM	18	6	7
3/23	BMT	7:00PM	17	6	7
3/26	BMT	7:00PM	18	6	7
3/27	BMT	7:00PM	17	6	7
4/2	BMT	7:00PM	18	6	7
4/7	BMT	7:00PM	18	5	7
4/8	BMT	7:00PM	17	6	7
4/11	BMT	7:00PM	18	6	7

HP10 Day Shift: 5 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	HP10	7:00AM	12	4	5
3/15	HP10	7:00AM	12	4	5
4/5	HP10	7:00AM	11	4	5
4/12	HP10	7:00AM	11	4	5
4/14	HP10	7:00AM	12	4	5

HP10 Night Shift: 1 Instance of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	HP10	7:00PM	13	3	4

4. Neurology Unit(s)

8HS/HN Day Shift: 28 Instances of Insufficient Clinical Staffing (03/01/23 - 03/31/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	8 HS	7:00AM	33	8	10
3/2	8 HS	7:00AM	35	9	10
3/2	8 HN	7:00AM	30	8	9
3/4	8 HS	7:00AM	34	9	10
3/4	8 HN	7:00AM	26	7	8
3/5	8 HS	7:00AM	32	8	9
3/6	8 HS	7:00AM	32	8	9
3/7	8 HS	7:00AM	31	8	9
3/12	8 HS	7:00AM	33	9	10
3/12	8 HN	7:00AM	26	7	8
3/15	8 HS	7:00AM	34	8	10
3/16	8 HS	7:00AM	33	8	10
3/17	8 HS	7:00AM	33	9	10
3/18	8 HN	7:00AM	27	7	8
3/19	8 HS	7:00AM	32	8	9
3/19	8 HN	7:00AM	28	7	8

3/20	8 HS	7:00AM	33	8	10
3/21	8 HS	7:00AM	31	8	9
3/22	8 HS	7:00AM	33	9	10
3/22	8 HN	7:00AM	30	8	9
3/25	8 HS	7:00AM	33	9	10
3/26	8 HS	7:00AM	33	9	10
3/26	8 HN	7:00AM	29	8	9
3/27	8 HS	7:00AM	33	9	10
3/28	8 HS	7:00AM	34	8	10
3/28	8 HN	7:00AM	29	8	9
3/29	8 HN	7:00AM	30	8	9
3/31	8 HS	7:00AM	36	9	10

8HS/HN Night Shift: 25 Instances of Insufficient Clinical Staffing (03/01/23 - 03/31/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	8 HS	7:00PM	36	9	10
3/1	8 HN	7:00PM	27	7	8
3/2	8 HS	7:00PM	32	8	9
3/2	8 HN	7:00PM	25	7	8
3/6	8 HS	7:00PM	32	8	9
3/6	8 HN	7:00PM	29	8	9
3/10	8 HS	7:00PM	29	8	9
3/11	8 HN	7:00PM	29	8	9
3/12	8 HS	7:00PM	31	8	9
3/12	8 HN	7:00PM	28	7	8
3/13	8 HN	7:00PM	30	7	9
3/14	8 HS	7:00PM	31	8	9
3/15	8 HS	7:00PM	34	9	10
3/17	8 HS	7:00PM	30	8	9
3/18	8 HS	7:00PM	32	8	9
3/19	8 HS	7:00PM	31	8	9
3/20	8 HS	7:00PM	35	9	10
3/20	8 HN	7:00PM	28	7	8
3/26	8 HS	7:00PM	34	9	10
3/27	8 HS	7:00PM	33	9	10
3/28	8 HS	7:00PM	36	9	10
3/28	8 HN	7:00PM	30	8	9
3/29	8 HS	7:00PM	33	9	10
3/30	8 HS	7:00PM	35	9	10
3/31	8 HS	7:00PM	32	8	9

5. Oncology Unit(s)

6HN/7HS Day Shift: 31 Instances of Insufficient Clinical Staffing (03/01/23 - 04/30/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	6HN	7:00AM	38	11	12
3/3	6HN	7:00AM	38	11	12
3/4	7HS	7:00AM	34	8	9
3/5	7HS	7:00AM	34	8	9
3/7	6HN	7:00AM	38	10	12
3/11	6HN	7:00AM	36	10	11
3/13	6HN	7:00AM	37	10	11
3/14	7HS	7:00AM	34	8	9
3/18	7HS	7:00AM	34	8	9
3/19	6HN	7:00AM	36	9	11
3/19	7HS	7:00AM	34	7	9
3/20	7HS	7:00AM	34	8	9
3/21	6HN	7:00AM	37	10	11

3/23	6HN	7:00AM	37	10	11
3/26	7HS	7:00AM	34	8	9
3/28	6HN	7:00AM	36	9	11
3/31	6HN	7:00AM	38	11	12
4/7	6HN	7:00AM	38	11	12
4/9	6HN	7:00AM	38	9	12
4/10	6HN	7:00AM	38	10	12
4/11	6HN	7:00AM	38	11	12
4/12	6HN	7:00AM	36	10	11
4/15	6HN	7:00AM	37	10	11
4/16	7HS	7:00AM	31	8	9
4/17	6HN	7:00AM	37	10	11
4/19	6HN	7:00AM	38	11	12
4/23	6HN	7:00AM	37	10	11
4/24	6HN	7:00AM	37	9	11
4/25	6HN	7:00AM	36	10	11
4/28	6HN	7:00AM	38	10	12
4/30	6HN	7:00AM	37	10	11

6HN/7HS Night Shift: 39 Instances of Insufficient Clinical Staffing (03/01/23 - 04/30/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	6HN	7:00PM	38	10	12
3/1	7HS	7:00PM	33	8	9
3/7	7HS	7:00PM	34	8	9
3/11	6HN	7:00PM	38	10	12
3/11	7HS	7:00PM	34	8	9
3/12	6HN	7:00PM	35	10	11
3/12	7HS	7:00PM	32	7	9
3/13	6HN	7:00PM	38	9	12
3/14	6HN	7:00PM	37	10	11
3/15	6HN	7:00PM	36	10	11
3/16	6HN	7:00PM	35	10	11
3/17	6HN	7:00PM	36	9	11
3/17	7HS	7:00PM	34	8	9
3/18	6HN	7:00PM	34	9	10
3/18	7HS	7:00PM	33	7	9
3/19	7HS	7:00PM	31	8	9
3/20	6HN	7:00PM	36	10	11
3/21	6HN	7:00PM	38	11	12
3/22	6HN	7:00PM	38	11	12
3/23	6HN	7:00PM	38	11	12
3/25	6HN	7:00PM	36	10	11
3/26	6HN	7:00PM	37	10	11
3/28	6HN	7:00PM	38	11	12
3/29	6HN	7:00PM	38	10	12
3/30	6HN	7:00PM	38	10	12
3/31	6HN	7:00PM	37	10	11
3/31	7HS	7:00PM	34	7	9
4/4	6HN	7:00PM	35	10	11
4/7	6HN	7:00PM	38	10	12
4/8	6HN	7:00PM	37	10	11
4/13	6HN	7:00PM	38	11	12
4/15	6HN	7:00PM	38	11	12
4/18	6HN	7:00PM	37	10	11
4/19	7HS	7:00PM	32	8	9
4/26	7HS	7:00PM	32	8	9
4/27	7HS	7:00PM	34	8	9
4/29	7HS	7:00PM	33	8	9
4/30	6HN	7:00PM	37	10	11

4/30	7HS	7:00PM	32	8	9

6. Rehabilitation Unit(s)

8GN Day Shift: 4 Instances of Insufficient Clinical Staffing (03/15/23 - 04/30/23)

Date	Unit	Shift	Census	Actual	Grid
3/30	8GN	7:00AM	16	3	4
3/31	8GN	7:00AM	16	3	4
4/1	8GN	7:00AM	16	3	4
4/21	8GN	7:00AM	11	2	3

8GN Night Shift: 2 Instances of Insufficient Clinical Staffing (03/15/23 - 04/30/23)

Date	Unit	Shift	Census	Actual	Grid
4/25	8GN	7:00PM	16	3	4
4/30	8GN	7:00PM	13	2	3

7. Stepdown Unit(s)

5GN Day Shift: 32 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	5GN	7:00AM	35	13	14
3/2	5GN	7:00AM	30	11	13
3/3	5GN	7:00AM	30	12	13
3/4	5GN	7:00AM	32	13	14
3/5	5GN	7:00AM	31	11	13
3/6	5GN	7:00AM	35	13	14
3/7	5GN	7:00AM	35	13	14
3/10	5GN	7:00AM	36	13	14
3/11	5GN	7:00AM	34	12	14
3/12	5GN	7:00AM	33	13	14
3/13	5GN	7:00AM	35	13	14
3/14	5GN	7:00AM	34	12	14
3/17	5GN	7:00AM	33	13	14
3/18	5GN	7:00AM	33	12	14
3/19	5GN	7:00AM	34	10	14
3/20	5GN	7:00AM	34	10	14
3/21	5GN	7:00AM	32	10	14
3/22	5GN	7:00AM	30	11	13
3/23	5GN	7:00AM	33	12	14
3/30	5GN	7:00AM	32	13	14
4/3	5GN	7:00AM	31	10	13
4/4	5GN	7:00AM	33	13	14
4/5	5GN	7:00AM	32	13	14
4/6	5GN	7:00AM	33	12	14
4/7	5GN	7:00AM	34	13	14
4/8	5GN	7:00AM	31	12	13
4/9	5GN	7:00AM	32	12	14
4/11	5GN	7:00AM	30	10	13
4/12	5GN	7:00AM	33	13	14
4/13	5GN	7:00AM	35	12	14
4/14	5GN	7:00AM	35	13	14
4/15	5GN	7:00AM	32	13	14

5GN Night Shift: 31 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	5GN	7:00PM	28	11	12

3/3	5GN	7:00PM	32	10	14
3/4	5GN	7:00PM	33	13	14
3/5	5GN	7:00PM	36	13	14
3/6	5GN	7:00PM	35	12	14
3/7	5GN	7:00PM	32	12	14
3/9	5GN	7:00PM	35	13	14
3/10	5GN	7:00PM	34	13	14
3/11	5GN	7:00PM	35	13	14
3/12	5GN	7:00PM	32	13	14
3/14	5GN	7:00PM	34	13	14
3/15	5GN	7:00PM	36	11	14
3/16	5GN	7:00PM	36	13	14
3/17	5GN	7:00PM	35	11	14
3/18	5GN	7:00PM	34	11	14
3/19	5GN	7:00PM	33	12	14
3/20	5GN	7:00PM	34	13	14
3/22	5GN	7:00PM	30	12	13
3/23	5GN	7:00PM	30	12	13
3/29	5GN	7:00PM	31	11	13
3/30	5GN	7:00PM	29	11	12
4/3	5GN	7:00PM	33	13	14
4/5	5GN	7:00PM	33	13	14
4/6	5GN	7:00PM	32	13	14
4/7	5GN	7:00PM	32	12	14
4/9	5GN	7:00PM	32	12	14
4/10	5GN	7:00PM	32	13	14
4/11	5GN	7:00PM	30	11	13
4/13	5GN	7:00PM	33	13	14
4/14	5GN	7:00PM	33	11	14
4/15	5GN	7:00PM	33	10	14

7GN Day Shift: 25 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	7GN	7:00AM	30	9	11
3/3	7GN	7:00AM	30	10	11
3/6	7GN	7:00AM	30	10	11
3/7	7GN	7:00AM	28	9	11
3/13	7GN	7:00AM	27	9	10
3/16	7GN	7:00AM	28	10	11
3/19	7GN	7:00AM	26	8	10
3/20	7GN	7:00AM	29	8	11
3/21	7GN	7:00AM	28	10	11
3/26	7GN	7:00AM	28	10	11
3/28	7GN	7:00AM	28	10	11
3/29	7GN	7:00AM	28	10	11
3/31	7GN	7:00AM	29	10	11
4/1	7GN	7:00AM	25	9	10
4/2	7GN	7:00AM	31	10	12
4/3	7GN	7:00AM	32	11	12
4/5	7GN	7:00AM	30	10	11
4/6	7GN	7:00AM	31	11	12
4/7	7GN	7:00AM	30	10	11
4/9	7GN	7:00AM	31	9	12
4/10	7GN	7:00AM	31	9	12
4/11	7GN	7:00AM	29	10	11
4/12	7GN	7:00AM	31	11	12
4/14	7GN	7:00AM	33	11	12
4/15	7GN	7:00AM	32	11	12

7GN Night Shift: 28 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/2	7GN	7:00PM	27	9	10
3/3	7GN	7:00PM	30	10	11
3/8	7GN	7:00PM	31	11	12
3/12	7GN	7:00PM	28	10	11
3/14	7GN	7:00PM	31	11	12
3/16	7GN	7:00PM	28	10	11
3/17	7GN	7:00PM	28	10	11
3/18	7GN	7:00PM	25	9	10
3/19	7GN	7:00PM	29	9	11
3/20	7GN	7:00PM	30	10	11
3/23	7GN	7:00PM	25	9	10
3/27	7GN	7:00PM	30	10	11
3/28	7GN	7:00PM	28	10	11
3/29	7GN	7:00PM	27	9	10
3/30	7GN	7:00PM	30	10	11
3/31	7GN	7:00PM	27	9	10
4/2	7GN	7:00PM	33	10	12
4/4	7GN	7:00PM	32	11	12
4/5	7GN	7:00PM	31	11	12
4/6	7GN	7:00PM	30	10	11
4/7	7GN	7:00PM	28	10	11
4/8	7GN	7:00PM	31	11	12
4/9	7GN	7:00PM	31	11	12
4/10	7GN	7:00PM	31	10	12
4/11	7GN	7:00PM	31	9	12
4/13	7GN	7:00PM	33	11	12
4/14	7GN	7:00PM	31	11	12
4/15	7GN	7:00PM	32	11	12

7HN Day Shift: 38 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	7HN	7:00AM	35	10	12
3/2	7HN	7:00AM	36	10	12
3/3	7HN	7:00AM	33	10	12
3/4	7HN	7:00AM	36	11	12
3/5	7HN	7:00AM	34	9	12
3/6	7HN	7:00AM	33	11	12
3/7	7HN	7:00AM	36	10	12
3/10	7HN	7:00AM	36	11	12
3/11	7HN	7:00AM	36	11	12
3/12	7HN	7:00AM	33	10	12
3/13	7HN	7:00AM	36	10	12
3/14	7HN	7:00AM	36	11	12
3/15	7HN	7:00AM	36	10	12
3/16	7HN	7:00AM	35	11	12
3/18	7HN	7:00AM	36	10	12
3/19	7HN	7:00AM	32	9	11
3/20	7HN	7:00AM	34	9	12
3/21	7HN	7:00AM	33	9	12
3/26	7HN	7:00AM	35	11	12
3/27	7HN	7:00AM	34	10	12
3/29	7HN	7:00AM	35	11	12
3/30	7HN	7:00AM	35	11	12
3/31	7HN	7:00AM	36	10	12
4/1	7HN	7:00AM	36	10	12
4/2	7HN	7:00AM	35	11	12

4/3	7HN	7:00AM	34	10	12
4/4	7HN	7:00AM	35	10	12
4/5	7HN	7:00AM	35	10	12
4/6	7HN	7:00AM	36	11	12
4/7	7HN	7:00AM	36	11	12
4/8	7HN	7:00AM	34	11	12
4/9	7HN	7:00AM	32	10	11
4/10	7HN	7:00AM	34	9	12
4/11	7HN	7:00AM	35	10	12
4/12	7HN	7:00AM	36	11	12
4/13	7HN	7:00AM	36	11	12
4/14	7HN	7:00AM	35	10	12
4/15	7HN	7:00AM	35	10	12

7HN Night Shift: 41 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	7HN	7:00PM	35	10	12
3/2	7HN	7:00PM	34	10	12
3/3	7HN	7:00PM	36	11	12
3/4	7HN	7:00PM	36	11	12
3/5	7HN	7:00PM	34	10	12
3/6	7HN	7:00PM	36	11	12
3/7	7HN	7:00PM	36	11	12
3/8	7HN	7:00PM	36	11	12
3/10	7HN	7:00PM	33	11	12
3/11	7HN	7:00PM	34	10	12
3/12	7HN	7:00PM	35	10	12
3/13	7HN	7:00PM	33	9	12
3/14	7HN	7:00PM	36	10	12
3/15	7HN	7:00PM	36	11	12
3/17	7HN	7:00PM	33	10	12
3/18	7HN	7:00PM	31	9	11
3/19	7HN	7:00PM	33	9	12
3/20	7HN	7:00PM	35	9	12
3/21	7HN	7:00PM	36	10	12
3/23	7HN	7:00PM	33	10	12
3/25	7HN	7:00PM	34	10	12
3/26	7HN	7:00PM	31	10	11
3/27	7HN	7:00PM	34	10	12
3/28	7HN	7:00PM	36	11	12
3/29	7HN	7:00PM	33	10	12
3/30	7HN	7:00PM	35	10	12
3/31	7HN	7:00PM	36	10	12
4/1	7HN	7:00PM	34	10	12
4/2	7HN	7:00PM	33	10	12
4/3	7HN	7:00PM	31	10	11
4/4	7HN	7:00PM	36	10	12
4/5	7HN	7:00PM	35	11	12
4/6	7HN	7:00PM	32	9	11
4/7	7HN	7:00PM	35	10	12
4/8	7HN	7:00PM	33	10	12
4/9	7HN	7:00PM	30	10	11
4/10	7HN	7:00PM	31	9	11
4/11	7HN	7:00PM	35	10	12
4/13	7HN	7:00PM	35	10	12
4/14	7HN	7:00PM	36	11	12
4/15	7HN	7:00PM	35	10	12

8. Transplant Unit(s)

9H Day Shift: 12 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/4	9 H	7:00AM	41	13	14
3/6	9 H	7:00AM	41	13	14
3/12	9 H	7:00AM	41	13	14
3/13	9 H	7:00AM	40	12	14
4/1	9 H	7:00AM	43	12	15
4/2	9 H	7:00AM	43	13	15
4/5	9 H	7:00AM	42	13	14
4/6	9 H	7:00AM	42	13	14
4/7	9 H	7:00AM	41	13	14
4/8	9 H	7:00AM	40	13	14
4/9	9 H	7:00AM	39	11	13
4/15	9 H	7:00AM	42	13	14

9H Night Shift: 14 Instances of Insufficient Clinical Staffing (03/01/23 - 04/15/23)

Date	Unit	Shift	Census	Actual	Grid
3/1	9 H	7:00PM	41	13	14
3/5	9 H	7:00PM	40	13	14
3/8	9 H	7:00PM	43	14	15
3/12	9 H	7:00PM	43	14	15
3/13	9 H	7:00PM	41	12	14
3/15	9 H	7:00PM	41	13	14
3/20	9 H	7:00PM	43	14	15
3/26	9 H	7:00PM	40	13	14
3/30	9 H	7:00PM	41	13	14
3/31	9 H	7:00PM	43	14	15
4/1	9 H	7:00PM	42	12	14
4/6	9 H	7:00PM	43	14	15
4/7	9 H	7:00PM	43	13	15
4/14	9 H	7:00PM	43	14	15

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

January 29, 2024

Steven Corwin, CEO
New York Presbyterian Hospital - Columbia Presbyterian Center
525 East 68th Street, Box 165
New York, NY 10039

Email: corwist@nyp.org

Facility (PFI): New York Presbyterian Hospital - Columbia Presbyterian Center (1464)
Type of Survey: Article 28 (New York State Public Health Law § 2805-t)
Event ID: KJEI11 **| CSRU ID(s):** 0117-0165, 0241-0272, 0344-0363, 0797
Survey Completion Date: 01/15/2024

Dear Steven Corwin:

Staff from the New York State Department of Health completed an investigation into a complaint regarding **New York Presbyterian Hospital - Columbia Presbyterian Center** on **01/15/2024**. The purpose of this surveillance activity was to assess the hospital's compliance with New York State Public Health Law Section 2805-t.

Please submit an acceptable Plan of Correction to hospitalstaffingplans@health.ny.gov within forty-five (45) calendar days of the date of this letter or no later than **March 14, 2024.**

An acceptable Plan of Correction must address how the hospital will obtain compliance with NYS PHL Section 2805-t. It must contain the following elements:

1. The plan for correcting each specific deficiency cited;
2. The plan for improving the processes that led to the deficiency cited;
3. The procedure for implementing the acceptable plan of correction for each deficiency cited;
4. The title of the person responsible for implementing the acceptable plan of correction; and
5. The process for how the facility has incorporated the improvement action into its Quality Assessment and Performance Improvement (QAPI) program, including monitoring and tracking procedures to ensure the plan of correction is effective, and that specific deficiencies cited remain corrected.

As you prepare a specific Plan of Correction on the attached Statement of Deficiencies (STATE FORM 6899), please ensure the following:

1. Corrective actions and the title of the party responsible for each corrective action are entered in the column labeled “Provider’s Plan of Correction”.
2. Completion date for each action plan is entered in the (X5) column.
3. The first page of the Plan of Correction is signed by a duly authorized representative of your facility in the (X6) section.

Sincerely,

Clinical Staffing Review Unit
Division of Hospitals and
Diagnostic & Treatment Centers

Cc: Bernadette Khan, bkhan@nyp.org

NewYork-Presbyterian

Marcia Brinson, MPH, RD
Senior Director, QPS

New York-Presbyterian
525 East 68th Street
New York, NY 10065

TEL: 646-771-5321
EMAIL: MAB9108@NYP.ORG

July 18, 2024

Clinical Staffing Review Unit
New York State Department of Health
Division of Hospitals and Diagnostic & Treatment Centers, MARO
90 Church Street,
New York, NY 10007

Re: Article 28 (New York State Public Health Law § 2805-t)
Event ID: KJEI11 | CSRU ID(s): 0117-0165, 0241-0272, 0344-0363, 0797
Survey Completion Date: 01/15/2024

Dear Clinical Staffing Review Unit:

Attached please find the Hospital's revised plan of correction response for the above survey. Please note that the signature is on the last page of the document.

If you have any questions, I can be reached at 646-771-5321.

Sincerely,

Marcia Brinson

Marcia Brinson

RESPONSE TO FACILITY PLAN OF CORRECTION

FACILITY: New York-Presbyterian Columbia Presbyterian

COMPLAINT #: 0117-0165, 0241-0272, 0344-0363, 0797

OPERATING CERTIFICATE #: 7002054H

FACILITY ID: 1464

The facility's submitted Plan of Correction has been reviewed and found not totally acceptable.

DEFICIENCY:	FINDINGS & REQUIRED HOSPITAL ACTION
405.2 (c) (1) GOVERNING BODY. Compliance with Laws. Public Health Law - PBH § 2805-t(4)(d)	The facility was found in violation of Public Health Law - PBH § 2805-t(4)(d) as the facility's Clinical Staffing Committee had not implemented policies and procedures that outline the process or the review, assessment, and response to complaints submitted to the Clinical Staffing Committee. The submitted plan of correction is determined to be not totally acceptable as it fails to correct the specific deficiency cited. Note, per Public Health Law - PBH § 2805-t, the process for complaint submission, review, and tracking shall be developed and adopted by consensus of the Clinical Staffing Committee. The facility must submit a revised plan of correction.
405.2 (c) (1) GOVERNING BODY. Compliance with Laws. Public Health Law - PBH § 2805-t(7)(a)	The facility was found in violation of Public Health Law - PBH § 2805-t(7)(a) as there was a failure to assign personnel to each patient care unit in accordance with the adopted clinical staffing plan. The submitted plan of correction is determined to be unacceptable as it fails to correct each specific deficiency cited as well as the procedure for implementing the acceptable plan of correction for each deficiency cited. The facility must submit a revised plan of correction.

DEFICIENCY: 405.2 (c) (1) GOVERNING BODY.
Compliance with Laws.
Public Health Law - PBH §2805-t(4)(d)

FINDINGS & REQUIRED HOSPITAL ACTION: The facility was found in violation of Public Health Law – PBH § 2805-t(4)(d) as the facility's Clinical Staffing Committee had not implemented policies and procedures that outline the process or the review, assessment, and response to complaints submitted to the Clinical Staffing Committee.

HOSPITAL RESPONSE:

The Hospital takes seriously its obligation to provide high quality care to its patients and appropriate staffing and working conditions for its caregivers. Public Health Law - PBH § 2805-t states, "the process for complaint submission, review, and tracking shall be developed
and adopted by consensus of the Clinical Staffing Committee".

Process for Complaint Submission, Review and Tracking

The complaint submission, review and tracking process was developed by the full Clinical Staffing Committee (CSC), comprising both Management and frontline staff members since the committee's inception in August 2022. This inclusive approach focused on allowing all voices within the committee to be heard and that the process was fair and comprehensive. The CSC worked collaboratively to establish a system that allowed for efficient handling of complaints and providing a structured method for members to voice concerns and seek resolutions.

Since its inception, the process has been refined based on feedback from the frontline staff members of the CSC. In 2023, the clinical staffing process workflow was reviewed by the CSC and updated to include the issuance of reference numbers for complaints. This enhancement was implemented to improve tracking and warrant that each complaint could be monitored until resolution, thereby closing the loop more effectively. This marked an important step in making the process more transparent and accountable. Policy 277 Clinical Staffing Committee, Clinical Staffing Plan, and Complaint Process was created in January 2024 in accordance with the New York State Department of Health (NYS DOH) regulations, Public Health Law - PBH § 2805-t. The policy was reviewed with both management and frontline staff members, who agreed with the complaint submission and review process.

While the committee members generally agreed with both the policy and the system itself, they disagreed with the system's method of resolution, insofar as they did not agree on what constitutes a complaint being resolved. Specifically, frontline staff members of the committee maintain that staffing issues are not resolved unless the staffing numbers match the target number in the unit staffing grid at the beginning of the shift. Management members of the committee, meanwhile, disagree with this narrow interpretation of what steps qualify as resolving staffing issues. While the committee continues to work towards a resolution, frontline staff committee members maintain that they will not resolve complaints unless immediately addressed at the beginning of the shift.

This ongoing issue highlights the challenges in balancing timely responses with thorough investigations in the complaint resolution process. Despite best efforts to reach consensus on the status of the complaints during the CSC committee meetings, the committee is unable to resolve the complaints reviewed. Importantly, NYS Public Health Law - PBH § 2805-t Section 11(e) provides guidelines for addressing complaint resolution, *"…If the department finds that the frontline staff representatives on the clinical staffing committee were responsible for a*

pattern of not resolving complaints or for a pattern of not reaching consensus, the department shall not require the general hospital to submit a corrective action plan or impose a civil penalty on the general hospital pursuant to subdivision twelve of this section."

The CSC complaint process development timeline is attached. Please see Attachment A (Complaint process development timeline).

DEFICIENCY: 405.2 (c) (1) GOVERNING BODY.
Compliance with Laws.
Public Health Law - PBH §2805-t(7)(a)

FINDINGS & REQUIRED HOSPITAL ACTION: The facility was found in violation of Public Health Law – PBH§ 2805-t(7)(a) as there was a failure to assign personnel to each patient care unit in accordance with the adopted clinical staffing plan.

HOSPITAL RESPONSE:

The Hospital takes seriously its obligation to provide high quality care to its patients and appropriate staffing and working conditions for its caregivers.

In furtherance of the POC response document submitted on March 14, 2024, outlined below are the actions implemented by management with regards to staffing:

1. Standardization of the current staff scheduling process for nurse leaders, which includes escalation triggers for any unresolved variances between the unit's posted CSC staffing plan and staff schedule. Unit nursing leaders will escalate unresolved variances to their immediate Supervisor for assistance with achieving resolution.

    - The Hospital conducted a review of the current staff scheduling process and standardized the nurse leader's role and requirements for the review and escalation of known unresolved variances between the staffing schedule and the CSC staffing plan. Nurse leaders will escalate to their immediate supervisor as needed for assistance and reallocation of resources. Before posting the balanced staffing schedule, the PCD is accountable for notifying the DON of any variance with the clinical staffing plan at the time of posting. The PCDs are expected to supplement staffing with overtime, travel nurses and per diem nurses. The DON is responsible for assisting with any unresolved staffing issues and will escalate to the CNO as needed.

    - Requirements were reviewed with nurse leaders at each campus site during leadership meetings with the CNO by 3/13/2024.

2. Review and enhance current staffing resource programs and incentives to promote internal sourcing and recruitment of staff to correct variances, taking into consideration acuity and census and other unit-based needs.

    - The CNO, nursing leadership, Human Resources and Finance collaborate to routinely evaluate staffing needs based on census, acuity and staffing levels. Efforts will continue to be made to

further supplement any identified gaps with the clinical staffing plan based on the trends identified by the CSC to include the following:

- Addition of agency nurses to the float pool to address short term staffing needs; twenty-nine agency nurse positions were posted on February 23, 2024.
- Increase utilization of per diem nurses.
- Overtime (OT) incentive programs for voluntary overtime for clinical staff nurses; the OT incentive program will be enacted to expand the float pool. Nurses will be able to sign up for OT in the float pool and assigned to a unit based on staffing needs. This program will be used on an as needed basis or when other resource options are not available or exhausted. The CNO determines when the OT Float Pool incentive program is activated.
- Working with HR to reduce turn-around time to fill clinical nurse vacancies.

In 2023, all units were allocated adequate budgets to meet their staffing requirements. The numerous vacancies hindered our ability to meet the planned staffing levels. Specifically, there were 83.9 vacant RN positions in March 2023 across the specific inpatient units (as outlined in the charts below).

To address this issue, the Hospital strategically filled the vacancies with nurse travelers, which greatly alleviated the staffing shortages. This approach allowed us to continue providing high quality services while actively recruiting and onboarding permanent nursing staff. The table presentations below highlight the substantial improvements and enhancements made to our staffing levels in the specific patient care units. The data demonstrates a marked reduction in vacancies and an overall stabilization of our workforce, reflecting our commitment to maintaining adequate staffing and safeguarding operational continuity. The improvements in staffing have been crucial in supporting our organizational goals and enhancing the overall work environment.

Intensive Care Units

From March 2023 to June 2024, 20.6 permanent full time RN staff were hired to fill the vacancies in these intensive care units. Throughout the hiring process, the Hospital utilized nurse travelers, float pool, per diem nurses, and incentivized voluntary overtime to supplement staffing in addressing the vacancies, including absences and normal attrition. Most recently, the Hospital requisitioned 23 nurse travelers to sustain staffing on an on-going basis and supplement the intensive care units and critical care float pool.

Unit	RN Vacancy March 2023	Newly RN Hired March 2023 - June 2024
CTICU	9.0	8.5
CCU	6.0	6.0
SICU	3.0	3.0
MICU	1.0	0.0
NICU	5.5	3.1
	24.5	20.6

Oncology Units

From March 2023 to June 2024, 2.7 permanent full time RN staff were hired to fill vacancies in these specialty units. Throughout the hiring process, the Hospital utilized nurse travelers, float pool, per diem nurses, and incentivized voluntary overtime to supplement staffing in addressing the vacancies, including absences and normal attrition. Most recently, the Hospital requisitioned 20 nurse travelers in March 2024 for the float pool to cover oncology and medical surgical units.

Unit	RN Vacancy March 2023	Newly RN Hired March 2023 - June 2024
6HN	4.0	1.2
7HS	2.0	1.5
BMT	1.0	0.0
	7.0	2.7

Step Down Units

From March 2023 to June 2024, 22 permanent full time RN staff were hired to fill the vacancies. Throughout the hiring process, the Hospital utilized nurse travelers, float pool, per diem nurses, and incentivized voluntary overtime to supplement staffing in addressing the vacancies, including absences and normal attrition.

Unit	RN Vacancy March 2023	Newly RN Hired March 2023 - June 2024
5GN	4.0	4.8
5HN	3.0	3.5
7GN	7.0	3.6
7HN	7.0	8.8
9 Hudson	0.0	0.0
8 HS	1.0	1.3
8 HN	0.0	0.0
	22.0	22.0

Medical Surgical Units

From March 2023 to June 2024, 13.2 permanent full time RN staff were hired to fill the vacancies in these medical surgical units. Throughout the hiring process, the Hospital utilized nurse travelers, float pool, per diem nurses, and incentivized voluntary overtime to supplement staffing in addressing the vacancies, including absences and normal attrition. Most recently, the Hospital requisitioned 20 nurse travelers in March 2024 for the float pool to cover oncology and medical surgical units.

Unit	RN Vacancy March 2023	Newly RN Hired March 2023 - June 2024
5GS	4.5	0.3
6GS	3.6	0.6
6GN	6.3	6.7
9GS	4.0	1.7
7GS	5.0	0.0
8MA	2.0	2.0
8GN	0.0	0.0
HP10	5.0	1.9
9GN	0.0	0.0
	30.4	**13.2**

Responsible Person: Chief Nursing Officer

Respectfully Submitted:

Colleen Koch

Colleen Koch, MD, MS, MBA
Group Senior Vice President and Chief Operating Officer
NewYork-Presbyterian Columbia University Irving Medical Center

July 18, 2024

CUIMC CSC COMPLAINT PROCESS DEVELOPMENT TIMELINE

1 Aug 30, 2022

- CSC Complaint Process Initial Meeting held
- Workgroup established (management and non-management) to develop template for complaint form

2 Jan 31, 2023

- CSC workgroup discussed process for submitting complaints as well as mechanism for submission
- Initial form template reviewed and non-management made recommendations to enhance form

3 Mar 16, 2023

- Electronic, desktop complaint form reviewed with the Committee after edits were made based on non-management feedback
- Committee discusses emailing staff for introductions to complaint process

4 Mar 28, 2023

- CSC Workgroup reported out to committee the work that was done to establish the Complaint Process and form
- CSC Process Map was reviewed and updated based on feedback from non-management
- Complaint form links and process were socialized with staff and leaders

5 Apr 6 & 21, 2023

- Complaint form continued to be reviewed with Committee
- Additional revisions were made based on feedback from non-management
- Form was modified to include more inclusive shift times as well as with dropdown selections to reduce errors and ensure accuracy

6 July 19, 2023

- Committee discussed the process for closing the loop with the complainant
- Committee consensus for reference numbers to be issued with complaints for better tracking and closing the loop

7 July 26, 2023

- Committee discussed process for how to best respond to complaints
- Committee consensus to have Staffing Action Plans displayed on visibility boards for each unit

8 Sep 27, 2023

- Committee reached consensus on Complaint Form Response Letter template with input from non-management

9 Dec 20, 2023

- Committee discussed work that needed to be done regarding complaint resolution and implementation of a standardized status for each complaint
- Committee reviewed CSC process and discussed the following:

Implementation of Complaint Process
Analyzing Complaints for Patterns
Developing Action Plans
Response to Complainants

10 Jan 31, 2024

- CSC Policy created in accordance with the established process as well as the NYS Law
- CSC Policy reviewed with non-management

11 Feb 28, 2024

- CSC Process and process map reviewed with Committee in detail
- Committee consensus on each unit posting of its Staffing Action Plans
- Committee consensus on one complaint not constituting a pattern
- Committee consensus on the trigger point for requesting action plans to be presented to CSC from the PCD or unit leaders
- Committee discussed and agreed on the process for CSC Complaint Response Letter