Institution Name:	Baystate Wing Hospital
Hospital Contact Name:	Molly Gray/Karen Ostiguy
Title:	
E-mail Address:	
Phone Number:	

Reporting Period:	**7/2016-9/2016**			
Name of ICU	**Type of ICU**	**Average Daily Patient Census**	**Average Daily Staff Nurse Census**	**Average Daily Staff Nurse-to-Patient Ratio**
ICU	Mixed Medical/Surgical	3	2	1 : 1.8