Institution Name:	South Shore Hospital
Hospital Contact Name:	
Title:	
E-mail Address:	
Phone Number:	

Reporting Period:	**1/1/2017 - 3/31/2017**			
Name of ICU	**Type of ICU**	**Average Daily Patient Census**	**Average Daily Staff Nurse Census**	**Average Daily Staff Nurse-to-Patient Ratio**
NICU	Neonatal Intensve Care Unit	18	10	1 : 1.8
CCU	Adult Critical Care Unit	20	13	1 : 1.6