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November 8, 2023

Metropolitan Hospital, New York State Nurses Association, DC 37 Local 420 and Local 1549 worked diligently on developing an executable staffing plan that ensures high quality care, as well as the safety of patients and healthcare providers. Consensus was met for all outpatient/ambulatory care staffing plans. Although a great deal of cooperation and consensus was noted throughout this process, Metropolitan Hospital was not able to come to a consensus with frontline staff on the following areas:

- Patient Support Staff, namely, PCAs
 - Metropolitan proposal: 1:12
 - Union proposal: 1:8
- Behavioral Health Units: (Behavioral Health Associates and support staff)
 - Metropolitan proposal: 1:7
 - Union proposal: 4 BHAs, 2 Psych Techs and 2 PCAs per unit
- Clerical Associates
 - Metropolitan proposal: adopt 2023 plan.
 - Union proposal: increase overnight clerical support by 1 (from 3)

I have reviewed the proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:

- Literature review
- Census, including discharges and admissions
- Level of intensity of all patients and nature of the care to be delivered on each shift
- Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership
- The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation areas and equipment
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations and other health professional organizations
- Strategies to enable registered nurses to take meal and rest breaks as required
- Review of quality data including nurse patient sensitive indicators, restraint episodes, staff and patient injuries and review of patient satisfaction surveys

I am grateful to the committee and members for their work, and am confident in the adopted staffing plan.

Sincerely,



Cristina Contreras, MPA, LMSW, FABC
Chief Executive Officer

Metropolitan Hospital Staffing Plan Submission

Updated for 2024, submission on June 30, 2023

Updated to include Ambulatory/Outpatient staffing plan for submission November 15, 2023

A. Ambulatory Staffing plan

I. Ambulatory staffing plan was approved by the staffing committee as follows:

Practice or Clinic	Registered Nurse (RN)		Licensed Practical Nurse (LPN)		Nursing Support (PCA)		Unit Clerk/Additional Ancillary Support	
	Shift 1	Shift 2	Shift 1	Shift 2	Shift 1	Shift 2	Shift 1	Shift 2
Geriatric OP Clinic Monday-Friday, 8-4pm	1	n/a	n/a	n/a	1	n/a	2	n/a
Primary Care (Adult, Family & Pride Health) Adult Primary Care: Monday-Thursday 8-8pm, Friday 8-4pm Family & Pride Health: Monday-Friday 8-4pm	8	2	n/a	n/a	12	2	6	2
Pediatrics & Pediatric Specialty Pediatrics: 8-4pm except Tuesday and Wednesday 8-7pm	3	1	3	1	4	n/a	3	1
Adult Medical Specialties Monday-Friday, 8-4pm	3	n/a	1	n/a	2		7	n/a
Adult Medical Subspecialties Monday-Friday, 8-4pm	2	n/a	1	n/a	1	n/a	2	n/a
Surgery Monday-Friday, 8-4pm	3	n/a	n/a	n/a	2	n/a	4	n/a

Women's Health Monday-Friday, 8-4pm, Except Thursdays, 8-7pm	4	1	n/a	n/a	7	n/a	4	n/a
OP Rehab Monday-Friday, 8-4pm	1	n/a	n/a	n/a	1	n/a	3	n/a
Dental/ Oral Surgery Monday-Friday, 8-4pm	1	1	n/a	n/a	n/a	n/a	7	3

Shift 1: 7:30am-4pm **Shift 2:** 4pm-12am

Specialized Service	Registered Nurse (RN) Ratio		Specialized Tech		Nursing Support (PCA)		Unit Clerk/Additional Ancillary Support	
	Shift 1	Shift 2	Shift 1	Shift 2	Shift 1	Shift 2	Shift 1	Shift 2
Endoscopy	1:1 intraprocedure 3:1 recovery	n/a	1:1 cases	n/a	1:1 cases	n/a	3	n/a
Dialysis	3:1	3:1	*3	*1	n/a	n/a	1	1
Infusion	3:1 infusions 1 RN for Clinic	n/A	n/a	n/a	1	n/a	1	n/a

Specialized Tech: Includes but not limited to dialysis tech, endoscopy tech, etc...

*1 dialysis tech shift – 1-6:30-2:30pm, 1- 8am-4pm, 1- 11am-7pm, 1- 2p-10:30p

- II. Staffing plan for ambulatory/outpatient services was approved for adoption by both management members and staff members of the committees. There were no disagreements noted.

B. Review of 2023 staffing plan and update/revisions

I. Review

- a. Staffing committee met on the following dates:
 - a. March 6, 2023
 - b. April 10, 2023
 - c. June 12, 2023
- b. Staffing committee has the following meeting scheduled:
 - a. October 30, 202
- c. Bargaining units data is as follows:

Bargaining Unit	# of Members represented	CBA Expiration
NYSNA	414	March 2, 2023
SEIU 1199	99	April 9, 2022
DC 37	894	November 6, 2026

- d. Average Daily Census for inpatient units covered by this staffing plan:

Name of Clinical Unit	Service	Descriptive Title	ADC
MET01 3A REHAB	Med/Surg	Rehab	12.3
MET01 6A MED/SURG	Med/Surg	M/S Telemetry	18.9
MET01 6B MED/SURG	Med/Surg	M/S Telemetry	19.3
MET01 8B MED/SURG	Med/Surg	M/S Telemetry	15.7
MET01 9B MED/SURG ICU	ICU/SD	ICU	10.0
IP NEONATAL ICU	Mat/Child	NICU	5.1
MET01 4C MOM BABY	Mat/Child	Mat/Child	8.1
MET01 5B PEDS	Mat/Child	PEDs	7.5
MET01 6W ADULT BH*	BH	Adult Psych	26.0
MET01 8W PSY ADULT BH*	BH	Adult Psych	26.0
MET01 9W ADULT BH*	BH	Adult Psych	26.0

*Psych units staffing is reviewed for and planned for at max capacity, not ADC

- e. The staffing plan adopted in 2022 for 2023 was reviewed by the staffing committee.
 - a. Management's proposal for the 2024 inpatient staffing plan is to adopt the 2023 staffing plan with the following adjustments:
 - i. Clerical Associates increase of clerical associates to 1 for the pediatric unit and NICU.
 - b. Consensus was not met on the following elements for support staff:
 - i. PCAs
 - ii. BHAs
 - iii. Unit Clerks
- f. Management's rationale for proposed ratios is unchanged from last year's proposal.
- g. Union proposal for areas that consensus were not met (as provided by Moira Dolan, representing DC 37 Local 420 and Local 1549):
 - a. Med Surgical Units - We are restating our 2022 proposal of 1:8 for PCA /Nurse Aide staffing on the medical surgical units. The timing ratio of 52 minutes per day versus 35 minutes per day, as we stated last year is much better for patient safety and quality of care. It also allows for coverage for lunch and breaks more effectively. We are pleased to hear that Metropolitan has the highest retention rate of staff, but in order to remain that way we believe it is best to lower ancillary staff to patient ratios and reduce the risk of burnout.
 - b. Behavioral Health Units - we understand that in BH 2.0, additional headcount in the form of Pysch Techs or PCA's where available will be added to the BH units. According to my notes, from 6/12 the Metropolitan proposal is unchanged from last year, 3 BHA's and 1 PCA per unit per tour for (4) 26 bed pysch units. This is in comparison to the Harlem model, with a 30 bed unit and proposed by Management staffing of 3 BHA's, 3 Psych Tech's 2 PCA's per unit, which is the best ratio we have seen so far. Even at Harlem we are still proposing 4 BHA's per tour due to the patient population they are serving.
 - c. Therefore, we are not in agreement with the BH staffing model and we propose 4 BHA's per unit, 2 Pysch Techs and 2 PCA's. Additionally the Union feels strongly that

BHA's should have assigned patients, or particular sides of the floor, to the greatest extent possible, in order to more closely monitor and assist individual patients in order to safely provide care.

- d. Clerical - we are in agreement with the 1 clerical per Tour 2 and Tour 3 per major medical units, and one FTE split between Labor and Delivery and NICU for Tour 2 and 3. The overnight float pool of 3 should be increased by 1 additional person and supplement weekend coverage.

II. Ambulatory staffing plan was approved by the staffing committee as follows:

Practice or Clinic	Registered Nurse (RN)		Licensed Practical Nurse (LPN)		Nursing Support (PCA)		Unit Clerk/Additional Ancillary Support	
	Shift 1	Shift 2	Shift 1	Shift 2	Shift 1	Shift 2	Shift 1	Shift 2
Geriatric OP Clinic Monday-Friday, 8-4pm	1	n/a	n/a	n/a	1	n/a	2	n/a
Primary Care (Adult, Family & Pride Health) Adult Primary Care: Monday-Thursday 8-8pm, Friday 8-4pm Family & Pride Health: Monday-Friday 8-4pm	8	2	n/a	n/a	12	2	6	2
Pediatrics & Pediatric Specialty Pediatrics: 8-4pm except Tuesday and Wednesday 8-7pm	3	1	3	1	4	n/a	3	1
Adult Medical Specialties Monday-Friday, 8-4pm	3	n/a	1	n/a	2		7	n/a
Adult Medical Subspecialties Monday-Friday, 8-4pm	2	n/a	1	n/a	1	n/a	2	n/a

Surgery Monday-Friday, 8-4pm	3	n/a	n/a	n/a	2	n/a	4	n/a
Women's Health Monday-Friday, 8-4pm, Except Thursdays, 8-7pm	4	1	n/a	n/a	7	n/a	4	n/a
OP Rehab Monday-Friday, 8-4pm	1	n/a	n/a	n/a	1	n/a	3	n/a
Dental/ Oral Surgery Monday-Friday, 8-4pm	1	1	n/a	n/a	n/a	n/a	7	3

Shift 1: 7:30am-4pm Shift 2: 4pm-12am

Specialized Service	Registered Nurse (RN) Ratio		Specialized Tech		Nursing Support (PCA)		Unit Clerk/Additional Ancillary Support	
	Shift 1	Shift 2	Shift 1	Shift 2	Shift 1	Shift 2	Shift 1	Shift 2
Endoscopy	1:1 intraprocedure 3:1 recovery	n/a	1:1 cases	n/a	1:1 cases	n/a	3	n/a
Dialysis	3:1	3:1	*3	*1	n/a	n/a	1	1
Infusion	3:1 infusions 1 RN for Clinic	n/A	n/a	n/a	1	n/a	1	n/a

Specialized Tech: Includes but not limited to dialysis tech, endoscopy tech, etc...

*1 dialysis tech shift – 1-6:30-2:30pm, 1- 8am-4pm, 1- 11am-7pm, 1- 2p-10:30p

C. 2023 Staffing Plan

i. Staffing Plan

- a. The staffing plan for 2023 is adapted as outlined following extensive discussion and effort by Metropolitan Hospital, New York State Nurses Association (NYSNA), DC 37, Local 420 and Local 1549.
- b. Metropolitan Hospital, New York State Nurses Association (NYSNA), DC 37, Local 420 and Local 1549 reached a consensus for all areas except as outlined in section II and III.
- c. Inpatient Staffing Plan

- i. Inpatient Unit definitions and explanations:

Dept Name	Service	Functional Service
ME IPR 3A REHAB	Med/Surg	Rehab
ME IP 6A MEDICINE	Med/Surg	Medical and Surgical with Telemetry

ME IP 6B MEDICINE	Med/Surg	Medical and Surgical with Telemetry
ME IP 8B MED/SUR	Med/Surg	Medical Surgical
ME IP 9B MICU	ICU	ICU
ME IP 4DN NICU	Mat/Child	NICU
ME IP 4C MOTHER BABY	Mat/Child	Mat/Child
ME IP 5B PEDS	Mat/Child	PEDs
ME IPP 6W PSYCH	BH	Adult Psych
ME IPP 7S PSYCH	BH	Adult Psych
ME IPP 9W PSYCH	BH	Adult Psych
ME IP LABOR & DLVRY	L&D	Labor and Delivery
FLOAT POOL	Other	Other
ME IPP 1 to 1 Patient Coverage Pool	Staff Pool	1 to 1 Patient Coverage Assignments

ii. Inpatient Shift definitions by discipline

Registered Nurse	Shift 1 1930-0800	Shift 2 0730-2000	
Patient Care Associates Behavioral Health Associates Clerical Associates Sitter Surgical Tech	Shift 1 0000-0730	Shift 2 0730-1600	Shift 3 1530-0000
Head Nurse	Shift 2 0730-1600		

iii. Registered Nurse (RN) staffing plan adopted:

Dept Name	Shift 1 Ratio	Shift 2 Ratio
ME IPR 3A REHAB	1:7	1:7
ME IP 6A MEDICINE	1:6	1:6
ME IP 6B MEDICINE*	1:6	1:6
ME IP 8B MED/SUR	1:6	1:6
ME IP 9B MICU	1:2	1:2
ME IP 4DN NICU	1:2	1:2
ME IP 4C MOTHER BABY	1:3	1:3
ME IP 5B PEDS	1:6	1:6
ME IPP 6W PSYCH	1:7	1:7
ME IPP 7S PSYCH	1:7	1:7
ME IPP 9W PSYCH	1:7	1:7
ME IP LABOR & DLVRY	1:2	1:2
FLOAT POOL	2:Shift	2:Shift

*When RNs are assigned to care for patients with increased acuity (ventilator) their assignment will be 1:4.

- iv. Nursing Support to include Patient Care Associates and Behavioral Health Associates staffing plan adopted:

Dept Name	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
ME IPR 3A REHAB	1:12	1:12	1:12
ME IP 6A MEDICINE	1:12	1:12	1:12
ME IP 6B MEDICINE	1:12	1:12	1:12
ME IP 8B MED/SUR	1:12	1:12	1:12
ME IP 9B MICU	1:12	1:12	1:12
ME IP 4DN NICU	1:12	1:12	1:12
ME IP 4C MOTHER BABY	1:12	1:12	1:12
ME IP 5B PEDS	1:12	1:12	1:12
ME IPP 6W PSYCH	1:7	1:7	1:7
ME IPP 7S PSYCH	1:7	1:7	1:7
ME IPP 9W PSYCH	1:7	1:7	1:7
ME IP LABOR & DLVRY	1:12	1:12	1:12
FLOAT POOL	3:Shift	3:Shift	3:Shift

- v. Clerical Associates staffing plan adopted:

Dept Name	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
ME IPR 3A REHAB	N/A	1:Unit	1:Unit
ME IP 6A MEDICINE	N/A	1:Unit	1:Unit
ME IP 6B MEDICINE	N/A	1:Unit	1:Unit
ME IP 8B MED/SUR	N/A	1:Unit	1:Unit
ME IP 9B MICU	N/A	1:Unit	1:Unit
ME IP 4DN NICU	N/A	0.5:Unit*	0.5:Unit*
ME IP 4C MOTHER BABY	N/A	1:Unit	1:Unit
ME IP 5B PEDS	N/A	0.0	0.0
ME IPP 6W PSYCH	N/A	1:Unit	1:Unit
ME IPP 7S PSYCH	N/A	1:Unit	1:Unit
ME IPP 9W PSYCH	N/A	1:Unit	1:Unit
ME IP LABOR & DLVRY	N/A	0.5:Unit*	0.5:Unit*
OVERNIGHT CLERICAL	3:Shift	N/A	N/A

*Clerical Associate assignment for NICU and L&D will be shared with one Clerical Associate supporting both areas.

- vi. Head Nurse: A head nurse role is maintained in the following departments. Head nurses are generally assigned to shift 2.

ME IPR 3A REHAB
ME IP 6A MEDICINE

ME IP 6B MEDICINE
ME IP 8B MED/SUR
ME IP 9B MICU
ME IP 4C MOTHER BABY
ME IPP 6W PSYCH
ME IPP 7S PSYCH
ME IPP 9W PSYCH
ME IP LABOR & DLVRY

d. Emergency Department Staffing Plan

- i. RN staffing plans for the Adult and Pediatric emergency department does not include psychiatric emergency and is designed to align with the Emergency Severity Index, a triage tool and algorithm utilized in the emergency services department.
- ii. RN staffing plans for the psychiatric emergency department is adopted on a ratio basis.
- iii. Registered Nurse staffing plan adopted for emergency services:

ESI Level	Shift 1 Ratio	Shift 2 Ratio
ESI I	1:1	1:1
ESI 2	1:2	1:2
ESI 3	1:5	1:5
ESI 4 and 5	1:8	1:8
Psychiatric ED	1:7	1:7

- iv. Nursing Support to include Patient Care Associates and Behavioral Health Associates staffing plan adopted:

Dept Name	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
Adult Emergency	1:12	1:12	1:12
Pediatric Emergency	1:12	1:12	1:12
Psychiatric ED	Pending	Pending	Pending

e. Operating Room Staffing Plan

- i. Registered Nurse staffing plan adopted for operating room:

Shift 1 Ratio	Shift 2 Ratio
1:1	1:1

- ii. Surgical Tech staffing plan adopted for operating room:

Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
1:1	1:1	1:1

- II. Union proposal for areas that consensus were not met (as provided by the DC 37 Local 420 and Local 1549):
- a. DC 37 Local 420 and Local 1549, along with our NYSNA sisters and brothers, support the staffing figures outlined below. The safe staffing legislation is about providing safe patient care by providing sufficient staff. The safe staffing legislation is about ensuring that the staff have a safe workplace. The safe staffing legislation is about ensuring that the experience that the patients have is the best possible one, where they get the excellent care and attention, which will be reflected in better health outcomes and better overall HCAPS scores.
 - i. In order to provide safe care for patients with bedsores, fall risks, diabetes, multiple medications, just to name a few, we need to insure that each patient is getting the appropriate attention.
 - ii. A 7 hour day for a PCA equals 420 minutes. With 12 patients, that equals 35 minutes per patient per day, which is not enough to safely take care of all the patients needs and do the necessary documentation.
 - iii. At 1:8 ratio, which is what the unions supports, it equals 52 minutes per day. Since patients need to be seen several times a day, and some patients take much more time than others, this is a much better ratio. Transferring a patient to an ICU bed, or from a surgery bed, requires two people and often staff are waiting for assistance.
 - b. HH staff have endured short staffing for many years and pushed back against it with no success. The safe staffing legislation was not passed for several years after introduction. NYSNA was able to achieve staffing ratios in their most recent collective bargaining agreement while simultaneously pursuing the legislation. The pandemic exposed to the world the critical need for safe staffing at all levels, not just nurses.
 - c. Together with our management partners we are able to turn a crisis into an opportunity. We can establish true safe staffing ratios in out in patient units that will lead to better health outcomes and a safer workplace.
 - d. Proposed staffing:
 - i. Nursing Support staffing in Med/Surg/ other inpatient units, the union supports a staffing ratio of 1:8 per unit per tour for PCA/PCT/Nurse Aides , not the formula of 1:12 proposed by HH.
 - ii. Behavioral Health - the Union supports 4 BHA's per unit per tour, not 2 per unit per tour. Today's document indicates 1:7 for three units of Adult Pysch with bed counts of up to 26 with a combination of BHA's and 1 PCA. Certainly this is an improvement over 2 per unit per tour, which could have led to 1:12 ratio. However we are not convinced of this model yet.
 - iii. Clerical - The Union supports the 1 Clerical per Tour 2 and Tour 3 and the overnight float pool of 3,. Consensus, except for one unit - Pediatrics-which has a bed count of 14 but no assigned clerk. Phones must be answered from parents, pediatricians, social workers and paperwork must be completed for this unit as well. We

acknowledge this unit may have a low average daily census and that person could also provide break and lunch relief for other units.

- iv. Emergency Department - The Union recommends 1:8 for PCA in the ED and 3 BHA per tour in the Adult ED. no consensus.
- v. Pediatric Emergency Department - The union recommends 1:8 PCA in the Pediatric emergency department.
- vi. Operating Room - consensus - 1 surgical tech per patient.

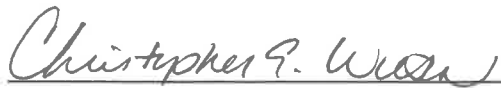
III. Management's proposal and rationale for areas that consensus was not met:

a. Nursing Support

- i. Metropolitan Hospital was not able to come to consensus with frontline staff on Nursing Support ratios. Nursing Support include Patient Care Associates (PCAs), Patient Care Technicians (PCTs), Psychiatric Social Health Technician (PSHTs), and Nurses Aides. At our facility, the majority are PCAs who check vital signs, weigh and measure patients, obtain specimen, performs specimen screening tests, dresses wounds, and records findings on patients' charts, among many other important tasks at Metropolitan Hospital.
- ii. Our proposal for Nursing Support ratios is one nursing support person to ever twelve patients. The rationale behind the 1:12 nursing support ratio is:
 - 1. The staffing studies and literature support a 1:12 ratio.
 - a. The most robust study of RNs and supporting frontline staff supported a model of two non-RN nursing personnel for every 25 patients, equating to a 1:12.5 ratio.
 - b. The Healthforce Center at the University of California San Francisco published a Health Workforce Baseline and Surge Ratio chart based on the "best available literature" and crowd sourced information on March 21, 2020. They also endorsed a 1:12 nursing support ratio where the RN ratio is 1:6, as it is in all of our med/surge units, with Stepdown, ICU and other critical care units 1:2-1:4.
 - 2. Our RN ratios are robust.
 - a. As noted in the plan, all RN ratios were agreed upon by both frontline staff and management alike.
 - b. At Metropolitan Hospital RNs and nursing support work as a team with one another. By ensuring that RN ratios are robust, our model enables RNs can step in and help nursing support staff during times when they are at a 1:12 ratio.
 - c. In the same study as cited above, "The effect of substituting one nurse assistant for one professional nurse to care for every 25 patients—thus reducing the skill mix from 66.7% to 50%, or by 16.7%—would be to increase the odds on mortality by 21%."
 - 3. Metropolitan Hospital is committed to ensuring that nursing support staff do not exceed twelve patients at a time by building a robust nursing support pool.
 - a. The pool will be prepared to address any unforeseen surges and ensure that one to one coverage does not impact nursing support assigned to units.

- b. Our review of the average daily census and bed count at the units in our hospital indicate that nursing support staff will often have fewer than twelve patients.
- iii. Metropolitan Hospital was not able to come to a consensus with frontline staff on Behavioral Health Associates for inpatient psychiatric units.
 1. Behavioral Health Associates (BHAs) at Metropolitan Hospital work primarily in behavioral health units. They perform crisis and de-escalation interventions, therapeutic observations, and patient supervision. As a public health care hospital that sees some of New York City's most acute psychiatric patients, our BHAs are essential to the functioning of our behavioral health unit
 2. Our proposal was a 1:7 staffing ration dependent on census. With the staffing being any combination of BHAs or PCAs with preference for robust BHA staffing. The proposal was made considering the following factors:
 - a. Censuses will fluctuate, ratio staffing dependent on staffing allows the hospital to timely and effectively respond to increase or decrease in census staffing.
 - b. The BHAs assigned to the unit will not be utilized for one to ones and will therefore be available at all times on the unit.
 - c. BHAs are not assigned to specific patients, but rather perform de-escalation functions and routine observations. Our facility has staffed 3/unit and have found the number to be sufficient to ensure patient and staff safety.
 - d. The 1:7 ratio would allow for 4 BHAs (or support staff) per unit when the census requires it.
- iv. Metropolitan Hospital was not able to come to consensus with frontline staff on Clerical Associates for the inpatient Pediatric Unit. Our proposal was to have unit associates on every unit except for pediatrics. This proposal was made considering the following factors:
 1. Average daily census, discharges and admissions.
 2. Availability of clerical associates from other units able to provide support.
 3. Size of unit in relation to the staffing ratios including robust RN, PCA and other supports.

Respectfully submitted,



Christopher Wilson, MSN, RN, CNML, CENP, NEA-BC, FACHE
Chief Nursing Officer