

MEMO

Date: July 1st, 2022
To: New York State Department of Health
From: Abbi-Gail Baboolal, Chief Nursing Officer
Subject: NYS Staffing Plan Submission
PFI# 001633
H+H NYC- Queens Hospital Center



Final Plan

Medical/Surgical units:

PCA Ratio: 1:12 (*3BE PCA N/A)

A4E/W, 3BE, 4BE, 4BW, 5BE, 5BW

RN Ratios: 1:6 Med/surg and 1:4 Telemetry

5BW Medsurg/Psych

PCA Ratio: 1:12

BHA: 1 per shift

RN Ratios: 1:6 Med/surg and 1:4 Telemetry

Stepdown 3BE

PCA Ratio: N/A

RN Ratios: 1:4

ICU

PCA Ratio: 1:12

RN Ratios: 1:2

MOTHER/CHILD 2BE

PCA Ratio: 1:12

RN Ratio: 1:3

NICU

PCA Ratio: 1:12

RN Ratio: 1:2

Labor & Delivery 2AW

PCA Ratio: 1:12

RN Ratio: 1:2

Behavioral Health units

P5N & S

PCA Ratio: 1 per shift

BHA: 2 per shift

RN Ratio: 1:7

N3

RN Ratio: 1:7

PCA Ratio: 1 per shift

BHA: 1 per shift

Emergency Department

Adult ED RN RATIOS

**ESI-1 1:1
ESI-2 1:2
ESI-3 1:5
ESI-4/5 1:8**

**PCA Ratio: 1:12
Sitters: 3 per shift**

BHA: 2 per shift

PEDS ED RN RATIOS

**ESI-1 1:1
ESI-2 1:2
ESI-3 1:5
ESI-4/5 1:8**

**PCA Ratio: 1:12
Sitters: N/A**

BHA: N/A

Operating Room

SURGICAL TECH 1:1

RN Ratio: 1:1

Clerical Associates:

Medsurg

**A4E/W 1 per shift (day, evening & nights)
4BE
5BE
ICU**

Mother/Child 2BE 1 day and evening shift

NICU 1 day and evening shift

L&D N/A

Behavioral health

**N3: 1 for day shift & 1 evening shift
P5: 1 for day shift & 1 evening shift**

The Union's Proposal

NYSNA

NYSNA proposed 1:6 Ratio for ESI 4/5 PEDs ED. They stated due to 'instability and unstable nature of pediatric patients' and 'time required to administer meds/injections and/or patient education'.

NICU ratio they wanted it at 1:2 as per the Collective Bargaining Agreement.

DC 37/Local 420/Local 1549

They proposed 1:8 PCA/PCT/CNAs ratios throughout the hospital for patient safety, care, outcomes and HCAHP scores. They also included falls, elopements and medical conditions to take care of the patients.

BHAs 4 per shift for Behavioral health and 5BW
For AED 4 BHAs, 10 PCA/PCTs/NA per shift
Peds ED 3 PCAs/PCT/NA per shift

For Clerical staff, they proposed 2 clerks per shift for every unit in the hospital or 1:8 ratios.

Management Proposal

Management proposed for NICU 1:1, 1:2 and 1:3 based upon the acuity of the patient that has a mix blend of level of care in the NICU.

For Peds ED, management proposed to remain at 1:8 RN ratio ESI level 4/5 as sufficient RNs to care for the pediatric patient.

Management proposed 1:12 PCA ratios throughout the facility. For BHAs they proposed 2 per unit per shift for patient safety and positive outcomes for Behavioral health and 5BW.

For clerical staff, management proposed one on each unit is sufficient for day shift and evening shift. However, for night shift they specified the large units to have one clerks each for A4E/E, 4BE, 5BE and ICU

Management stated for Adult ED and Peds ED the staffing model was sufficient as displayed. This showed the same in the 'final' plan staffing ratios for the Adult and Pediatric Emergency department.

For our PCAs staffing, Queens hospital was not able to come to a consensus with frontline staff on Nursing Support which includes our Patient Care Associates (PCAs), Psychiatric Social Health Technicians (PSHTs), Nurses Aides (C.N.As) and Behavioral Health Associates (BHAs). At our Facility, the majority are PCAs who check vital signs, weigh and measure patients, obtain specimens screening tests, help dress wounds and record findings in patients' charts, among many other important tasks at Queens hospital.

Our proposal for Nursing support ratios is one nursing support person to twelve patients. The rationale behind the 1:12 nursing support ratio is:

- The staffing studies and literature support 1:12 ratio
- 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 1:2.5 ratio
- 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/surg units, with Stepdown, ICU and other critical care units 1:2 to 1:4.

Our RN ratios are robust.

- As noted in the plan, all RN ratios were agreed upon by both frontline staff and management alike.
- At Queen's 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.
- 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%."

Queens hospital is committed to ensuring that nursing support staff do not exceed twelve patients at a time by building a robust nursing support pool.

- 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.
- 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.

Behavioral Health Associates (BHAs) at Queen's 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 units.

Our proposal for BHAs is one per unit P5, N3 and 5BW for the following reasons:

- The PCAs are present at a 1:12 ratio as a nursing support
- BHAs perform de-escalation functions and routine observations. Our facility has staffed P5, N3 and 5BW with one BHA per shift and have found the number to be sufficient to ensure patient and staff safety.

Neil J. Moore, MBA, MPA, FACHE
Chief Executive Officer
Executive Administration
82-68 164th Street
Jamaica, NY 11432
mooren11@nychhc.org
718-883-2355

MEMO

DATE: July 1, 2022
TO: New York State Department of Health
FROM: Neil J. Moore
SUBJECT: Staffing Plan for NYC Health + Hospitals/Queens



I have had the opportunity to review the Staffing Plans for NYC Health + Hospitals/Queens and I am in full agreement with the staffing models as set forth and outlined by management as in the 'Final Plan'.

The exceptions which did not gain consensus for the staffing ratios are Patient Care Associate (PCA), Clericals, Pediatrics Emergency Department for ESI 4 & 5, Patient Care Associates and Behavioral Health Associate assigned to Emergency Department. My agreement with management is based on literature and data reviewed which was published by The Healthforce Center at the University of California San Francisco published a "Health Workforce Baseline and Surge ratio" chart based on 'best available literature' and crowd sourced information on March 21, 2020.

If further information is needed please contact me.

Management proposed for NICU 1:1, 1:2 and 1:3 based upon the acuity of the patient that has a mix blend of level of care in the NICU. The 1:2 ratio will suffice. For Peds ED management proposed to remain at 1:8 RN ratio ESI level 4/5 as sufficient RNs to care for Pediatric patient.

Management proposed 1:12 PCA ratios throughout the facility. For BHAs they proposed 2 per unit per shift for patient safety and positive outcomes for Behavioral health and 5BW. However, 5.4 FTEs will cover sufficiently at 1 per shift.

For clerical staff, management proposed one on each unit is sufficient for day shift and evening shift. However, for night shift they specified the large units to have one clerks each for A4E/E, 4BE, 5BE and ICU.

Management stated for Adult ED and Peds ED the staffing model was sufficient as displayed. This showed the same in the 'final' plan.