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PI: 001301

Kings County Hospital Center

Dear Sir/Madam:

On behalf of *NYC Health and Hospitals/Kings County*, thank you for the opportunity to submit this staffing plan for *RN* and *Frontline Nurse Support* staffing ratios. Kings County Hospital is committed to providing the highest quality healthcare to our patients and the community we serve. This plan was developed in collaboration with the hospital's Chief Nurse Officer and Chief Financial Officer, in addition to our leadership stakeholders to ensure that we build and maintain adequate staffing ratios necessary to meet our patients' and community needs.

Please see below the rationale for our staffing ratios for Frontline Nurse Support, including PCAs, BHAs and Clerical staff.

#### **Nurses**

Kings County Hospital agrees with the proposed ***RN staff ratio of 1:6***. At Kings, our RNs and Nurse Support staff work together as a team to ensure patient goals are met effectively and safely. Our model ensures a robust RN staff ratio, which enables RNs to step in to support nursing support staff during those times when the 1:12 ratio is in place.

#### **PCAs**

Kings County Hospital supports the proposed ***Nursing Support staff ratio of 1:12***. Kings County is committed to ensuring that nursing support staff do not exceed the ratio of twelve patients at a time. We do this by building and maintaining an RN staffing model of 1:6 ratio, and ensuring that we maintain access to a robust nursing support pool. The pool was implemented to address any unforeseen surges, and will ensure that 1:1 coverage does not impact the nursing support staff assigned to units. It is important to note that recent staffing studies and literature also support a 1:12 ratio.

#### **BHAs**

Kings County Hospital's proposed staffing ratios for ***Behavioral Health Associates (BHAs) is 1/Unit***, excluding the Developmental Disabled unit (**2/unit on tour 2**), which is subject to a specialized staffing plan outside of the established ratios. BHAs 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.

Also, BHAs are not assigned to specific patients, but rather perform de-escalation functions and routine observations. Our facility has staffed at this proposed ratio and have found the number to be sufficient to ensure patient and staff safety.

**CPEP/psychiatric ED:**

This staffing ratio is Pending.

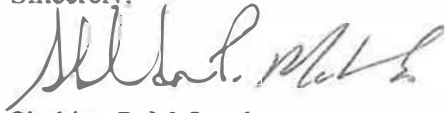
**OR**

Kings County Hospital is committed to a **ratio of 1:1 for RN and surgical technicians** in the operating room.

**Clerical**

Kings County Hospital agrees with the proposal for a pool of **6 Clerical Workers for coverage on Tour 1**. We continue to work toward filling vacant positions on Tours 2 and 3.

Sincerely,

A handwritten signature in black ink, appearing to read "Sheldon P. McLeod". The signature is fluid and cursive, with the first name being the most prominent.

Sheldon P. McLeod

Opal Sinclair-Chung, BSN, MS, MSNE

Chief Nursing Officer

Patient Care Services

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PFI: 001301

Kings County Hospital Center

Dear Sir/Madam:

Thank you for the opportunity to submit the staffing plan on behalf of Kings County Hospital Center. Our hospital leadership, Nursing colleagues and entire team remain committed to ensuring the provision of the highest quality health care for our patients and to our community. Below is an explanation on the areas for which consensus was not met.

#### PCAs

Kings County Hospital Center 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 Nurse's Aides. At our facility, the majority are PCAs who check vital signs, weigh and measure patients, obtain specimen, perform specimen screening tests, EKG's, glucose checks, and record findings on patients' charts, among many other important tasks at Kings County Hospital Center.

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

- The staffing studies and literature support a 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 1:12.5 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/surge units, with Stepdown, ICU and other critical care units 1:2-1:4.
- Our RN ratios are robust.
  - As noted in the plan, all RN ratios were agreed upon by both frontline staff and management alike.
  - At Kings County Hospital Center 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%."

- Kings County Hospital Center 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.

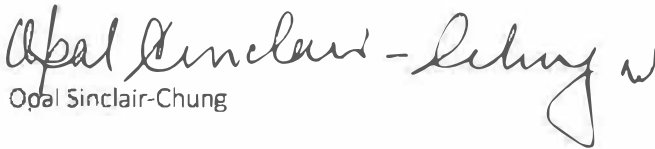
#### BHAs

- Behavioral Health Associates (BHAs) at Kings County Hospital Center 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 1/unit in the Behavioral Health Units with the exception of R5W where we propose 2 BHA's on tour 2 for the following reasons:
  - We have 2/3 PCAs on the unit in support.
  - BHAs are not assigned to specific patients, but rather perform de-escalation functions and routine observations. Our facility has staffed 1/unit for all BH units and have found the number to be sufficient to ensure patient and staff safety.

OR: Operating room ratios were not an active part of our committee's discussions and were not voted on, but Kings County Hospital Center is committed to a ratio of one to one for RN and surgical technicians in the operating room.

Clerical: Management agrees with the proposal for a pool of 6 Clerical Workers for coverage on Tour 1. We will work to fill existing vacant positions on Tours 2 and 3.

Sincerely,

  
Opal Sinclair-Chung

## **DC 37 Response for the Safe Staffing Submission - NYC H+H /Kings County**

**Union Committee Members:** Vanessa Reid, Clerical, Local 1549 Shop Steward, Moira Dolan, Sr. Assistant Director, DC 37

### **Inpatient Units**

**Behavioral Health:** 4 BHAs per Unit and 2 PCAs per Unit. Due to the nature of the patients, the risk of violence and high rate of workers compensation related to injuries, the Union is supporting a higher ratio than the facility is proposing. This will ensure safety for the patients and the staff.

**Patient Care Associates:** 1:8 ratio. Nurses and PCAs are all clamoring for more assistance. It is not practical to expect 1 PCA to assist 12 patients with feeding, toileting, assistance with getting out of bed, or just general needs. Patients are waiting long times for a call bell to be answered and are not likely to rate patient satisfaction highly. PCAs are stressed because they cannot provide quality care. Often PCAs are assigned 1:1 or close observation and are not available to assist the rest of the patients.

**Emergency Department and CPEP:** PCAs 1:5 and BHAs 4 per tour based on the high needs and volatility of the area.

**Clerical Staff:** 1 per unit tour for day and evening and a float pool for overnight. There should be also at least two relief clericals per day and evening tours to cover lunch and breaks.

In addition, we are concerned that H+H may be implementing a tightening up of the 1:1 assignment and “more effective use of resources” with even more patients assigned to close observations of 1:4. Providers should have the appropriate latitude to determine when a patient requires a 1:1 even if it is not a suicide, elopement or risk of violence.

KC					RN				Consensus Reached	Nursing Support						Consensus Reached	BHA			Consensus Reached	HN			Consensus Reached	Clerical			Consensus Reached
Dept Name	Service	Functional Service	Physical Bed Count	ADC	Shift 1	Ratio	Shift 2	Ratio		Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio		Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio		Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio		Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
KC IP A4	Med/Surg	Med/Surg	20.0	EPIC	1:6		1:6		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP A51 FLEX	Med/Surg	Med/Surg	18.0	EPIC	1:6		1:6		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP A52 FLEX	Med/Surg	Med/Surg	18.0	EPIC	1:6		1:6		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			0.0				0.0	0.0	0.0	
KC IPR D2N REHAB	Med/Surg	Rehab	23.0	EPIC	1:7		1:7		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP D2S MED/SURG	Med/Surg	Med/Surg	36.0	EPIC	1:6		1:6		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
		Stepdown		27% of ADC	1:4		1:4		Y						N									Y				
KC IP D4N MED/SURG	Med/Surg	Med/Surg	36.0	EPIC	1:6		1:6		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP D4S MED/SURG	Stepdown	Stepdown	36.0	EPIC	1:4		1:4		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP D4S MED/SURG	Med/Surg	Telemetry War Room	N/A	N/A	N/A		N/A		Y	3:Unit	3:Unit	3:Unit			Y	N/A	N/A	N/A			N/A				N/A	N/A	N/A	
KC IP D6S MED/SURG/STR	Med/Surg	Med/Surg	28.0	EPIC	1:6		1:6		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP D7N MED/SURG	Med/Surg	Med/Surg	36.0	EPIC	1:6		1:6		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP D7S MED/SURG	Med/Surg	Med/Surg	36.0	EPIC	1:6		1:6		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP D3N SICU	ICU	ICU	10.0	EPIC	1:2		1:2		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	1:Unit	1:Unit	1:Unit	Y
KC IP D3S ICU/SDU	ICU	ICU	10.0	EPIC	1:2		1:2		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP D3S MICU	ICU	ICU	10.0	EPIC	1:2		1:2		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			0.0				0.0	0.0	0.0	
KC IP D3N NSICU	ICU	ICU	10.0	EPIC	Closed		Closed			Closed	Closed	Closed				N/A	N/A	N/A			0.0				N/A	N/A	N/A	
KC IP D5N NICU	Mat/Child	NICU	28.0	EPIC	1:2		1:2		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KIN01 B NICU	Mat/Child	NICU	0.0	EPIC	1:3		1:3		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			0.0				0.0	0.0	0.0	
KC IP D5S MOTHER BABY	Mat/Child	Mat/Child	30.0	EPIC	1:3		1:3		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP D6N PEDS	Mat/Child	PEDs	20.0	EPIC	1:6		1:6		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IP D6N PEDS ICU	Mat/Child	PCIU	7.0	EPIC	1:2		1:2		Y	1:12	1:12	1:12			N	N/A	N/A	N/A			0.0				0.0	0.0	0.0	
KC IPP R3E PSYCHIATRY	BH	Adult Psych	27.0	EPIC	1:6		1:6		Y	3:Unit	3:Unit	3:Unit			N	1:Unit	1:Unit	1:Unit			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IPP R3W PSYCHIATRY	BH	Child Psych	27.0	EPIC	Closed		Closed			Closed	Closed	Closed				Closed	Closed	Closed			Closed	Closed	Closed		Closed	Closed	Closed	
KC IPP R4E PSYCHIATRY	BH	Adult Psych	25.0	EPIC	1:6		1:6		Y	3:Unit	3:Unit	3:Unit			N	1:Unit	1:Unit	1:Unit			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IPP R4W PSYCHIATRY	BH	Adult Psych	25.0	EPIC	1:6		1:6		Y	3:Unit	3:Unit	3:Unit			N	1:Unit	1:Unit	1:Unit			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IPP R5E PSYCHIATRY	BH	Adult Psych	27.0	EPIC	1:6		1:6		Y	3:Unit	3:Unit	3:Unit			N	1:Unit	1:Unit	1:Unit			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IPP R5W PSYCHIATRY	BH	Dev Disabled Psych (Non Standard Unit)	12.0	EPIC	1:6		1:6			Non Stdrd Unit	Non Stdrd Unit	Non Stdrd Unit				0.0	2:Unit	0.0			1:Unit				N/A	1:Unit	N/A	
KC IPP R6W PSYCH ADOL	BH	Child Psych	15.0	EPIC	1:5		1:5		Y	2:Unit	2:Unit	2:Unit			N	1:Unit	1:Unit	1:Unit			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IPP R7W PSYCH CHILD	BH	Child Psych	15.0	EPIC	1:5		1:5		Y	2:Unit	2:Unit	2:Unit			N	1:Unit	1:Unit	1:Unit			1:Unit			Y	N/A	1:Unit	1:Unit	Y
KC IPP R6E PSYCH ADOL	BH	Child Psych	15.0	EPIC	Closed		Closed			Closed	Closed	Closed				Closed	Closed	Closed			Closed	Closed	Closed		Closed	Closed	Closed	
KC IP S5S L&D	L&D	Labor and Delivery		EPIC	1:2		1:2		Y	1:12	1:12	1:12			N	N/A	N/A	N/A										
OVERNIGHT CLERICAL	Other	Other	N/A	N/A	N/A		N/A			N/A	N/A	N/A				N/A	N/A	N/A			N/A	N/A	N/A		6:Shift	N/A	N/A	N
KC IPP 1 to 1 Patient Coverage Pool	Staff Pool	1 to 1 Patient Coverage Assignments	N/A	EPIC	N/A		N/A			1:1**	1:1**	1:1**				N/A	N/A	N/A			N/A	N/A	N/A		N/A	N/A	N/A	
Draft for Discussion only																												

Adult Emergency Department

		RN				Concensus Reached	Nursing Support						Concensus Reached	BHA						Concensus Reached	Sitter						Concensus Reached
		Shift 1	Ratio	Shift 2	Ratio		Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio		Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio		Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio	
		Applies to All Adult Emergency Departments	ESI 1	1 : 1		1 : 1		Y	1 : 12		1 : 12		1 : 12		2 : Unit		2 : Unit		2 : Unit		N	5 : Unit		5 : Unit		5 : Unit	
ESI 2	1 : 2			1 : 2																							
ESI 3	1 : 5			1 : 5																							
ESI 4 + 5	1 : 8			1 : 8																							

Ratio does not change based on ESI

PEDs Emergency Department

		RN				Concensus Reached	Nursing Support						Concensus Reached	BHA										
		Shift 1	Ratio	Shift 2	Ratio		Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio		Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio					
		Applies to All PEDs Emergency Departments	ESI 1	1 : 1		1 : 1		Y	1 : 12		1 : 12		1 : 12		N	N/A		N/A		N/A		N/A		N/A
ESI 2	1 : 2			1 : 2																				
ESI 3	1 : 5			1 : 5																				
ESI 4 + 5	1 : 8			1 : 8																				

Ratio does not change based on ESI

Sitter						Concensus Reached
Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio	
N/A		N/A		N/A		

Psychiatric Emergency Department

		RN			
		Shift 1	Ratio	Shift 2	Ratio
			ESI 1		
ESI 2					
ESI 3					
ESI 4 + 5					

Nursing Support					
Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio

BHA					
Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio

Sitter						Concensus Reached
Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio	

Ratio does not change based on ESI

CPEP

		RN			
		Shift 1	Ratio	Shift 2	Ratio
			ESI 1		
ESI 2					
ESI 3					
ESI 4 + 5					

Nursing Support					
Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio

BHA					
Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio

Sitter						Concensus Reached
Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio	

Ratio does not change based on ESI

**Operating Room**

RN		Surgical Tech			Nursing Support			Consensus Reached
Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
1 : 1	1 : 1	1 : 1	1 : 1	1 : 1	N/A	N/A	N/A	

Operating Room