

Date: 6/30/2024

To: NYS Department of Health  
From: Robert Dembicki, DNP, MS, RN



Director Nursing Operations  
NYC H+H @Harlem Hospital Center 506  
Lenox Ave, New York 10037

Subject: NYC H+H Harlem Hospital Staffing Plan PFI # 001445

There are four main components of the submission of the NYC H+H Harlem Hospital Staffing Plan PFI #1445:

1. The final plan
2. Management's proposal and rationale for areas with no consensus-
3. The union's proposal and rationale for areas where there was no consensus-
4. CEO's written submission explaining the elements that did not gain consensus and brief explanation of determination.

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No additional changes since the 2023 response (see below).

Good Afternoon Keisha,

We are writing in response to the staffing meeting and proposals from management on the ratios for clerical, ancillary and behavioral health staff for 2024 year.

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.

In addition there 12th floor there are 55 total patients and it often full. Weekends have been a particular challenge to adequately staff. As of the day the day I am drafting this, Friday 6/23, there was an extreme shortage of staff across the facility. Agency staff come late, leave early and are not as committed to the work. We appreciate that Mr. Leconte is trying to get agency staff to commit to full time positions. There are supposed to be 19 PCA's in the float pool, with an additional person available for 1:1 backups. We all acknowledge the difficulty in hiring and retention but one factor in retention is stress and overwork.

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. The Harlem proposal is 3 BHA's, 3 Psych Tech's 2 PCA's per unit. This is the best ratio we have seen so far. However, the Union is still strongly advocating for FOUR BHA's per unit on the regular BH units for the Harlem population. In the Adult ED our proposal is 3 BHA's per unit and in the Pediatric ED 1 BHA and 1 sitter.

Clerical - we are in agreement with the 1 clerical per Tour 2 and Tour 3 per major medical units. We support the continuation of identified units for Tour 1 as in the 2022 proposal. There should be a dedicated float pool for day and evening coverage.



# Harlem

We are in support of all proposals made by NYSNA.

Thank you for your attention to this matter.

Regards

Moira Dolan

Sr. Assistant Director

212-815-7507

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Date: 6/30/2024

To: NYS Department of Health From:

Robert Dembicki, DNP, MS, RN



Director, Nursing Operations

NYC H+H @Harlem Hospital Center

506 Lenox Ave, New York 10037

Subject: NYC H+H Harlem Hospital Staffing Plan PFI #1445- Management Proposal and rationale for areas with no consensus.

### **PCAs/ Nursing Support**

NYC Health and Hospitals @ Harlem 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, and records findings on patients' charts, among many other important tasks at NYC H+H @ Harlem 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 Health force 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 [our facility] 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%.”
- NYC H+H @ Harlem 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 NYC H+H @Harlem 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 2: Unit for the following reasons:
  - Our Behavioral Health Units are staffed with 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 X/unit for X and have found the number to be sufficient to ensure patient and staff safety.
  - Add follow up to geographical concerns
  - 1:1 FP to transport patients.


## **Clerical Support**

- Clerical support is vital to the running of our Nursing Department at NYC H+H @ Harlem Hospital Center. They assist the nursing staff primarily around answering telephone calls, making follow-up appointments as needed, ordering and retrieving supplies and support the routing of patient and family request especially during visitation hours. With the implementation of the Electronic Medical Records (EMR) at NYC H+H @Harlem Hospital the role of the Clerical support in on inpatient units has changed. Many of the functions such as transcribing physician orders, manually entering written orders into the computer system, creating hard copy versions of a medical record during an inpatient stay, completing manual requisitions for radiological and laboratory studies;

- no longer requires a clerical staff to these functions as they are completed automatically within the EMR.
- Our proposal for 2 clerical support staff per unit in the busiest medical surgical units (12<sup>th</sup>,13<sup>th</sup>, and 14th floors), 1 clerical support in all other units for tour 2 and 3 and coverage from a float pool to provide 3 clerical support on the overnight tour 12am - 8am for the following two reasons:
- With the implementation of the Electronic Medical Records (EMR) at NYC H+H @Harlem Hospital the role of the Clerical support in on inpatient units has changed. Many of the functions such as transcribing physician orders, manually entering written orders into the computer system, creating hard copy versions of a medical record during an inpatient stay, completing manual requisitions for radiological and laboratory studies; no longer requires a clerical staff to these functions as they are completed automatically within the EMR.
- During the overnight tour a significant component of the workload for a clerical support staff is not required for example the requisitioning for supplies, making follow up appointments and support with visitation of families.

MEMORANDUM

TO: New York State DOH

FROM: Georges Leconte, MPA, FAB, RRT   
Chief Executive Officer

DATE: June 30, 2024

SUBJECT: NYC Health + Hospitals Harlem Staffing Plan – PFI# 1445 CEO Written  
Submission (Attachment #4)

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I have determined and endorse the staffing plan for NYC Health + Hospitals Harlem. My endorsement extends to the elements that the committee was not able to reach consensus on including nursing, BHAs, and clerical support because of the detailed reasoning outlined in the management's proposal.

Thank you.

					Day Shift															
EPIC Unit Name	Name of Clinical Unit (Dept Name)	Service	Descriptive Title (Functional Service)	ADC	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift? (fractional)	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Shift?	Planned average number of patients on the unit per day on the Shift?	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Shift?	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Shift?	PCA/T	Planned average number of ancillary members of the frontline team on the unit per day on the Shift? FRACTIONAL	Planned average number of ancillary members of the frontline team on the unit per day on the Shift?	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Shift?	Clerical FTE	HN FTE	Description of additional resources available to support unit level patient care on the Shift (for example, unit secretary, admission/di
HA IP 11SU	HAR01 11F MED/SURG	Med/Surg	M/S	0.0	#DIV/0!	#DIV/0!	#DIV/0!	0.0		N/A	N/A		#DIV/0!	#DIV/0!	#DIV/0!	N/A	N/A			
HA IP 13MD	HAR01 13F MED/SURG	Med/Surg	M/S	34.4	4.24	5	1.57	25.5	6	N/A	N/A	12	2.121333333	3	24	N/A	N/A	1	1	
			Telemetry		2.24	3	2.68	8.9	4	N/A	N/A	1 per	1	1	8	N/A	N/A			
HA IP 14MD	HAR01 14F MED/SURG	Med/Surg	M/S	35.5	5.92	6	1.35	35.5	6	N/A	N/A	12	2.958333333	3	24	N/A	N/A	1	1	
HA IP 12MD	HAR01 MLK12NS MED/SURG	Med/Surg	M/S	48.2	5.94	6	1.35	35.7	6	N/A	N/A	12	2.972333333	3	24	N/A	N/A	1	1	
			Telemetry		3.13	4	2.55	12.5	4	N/A	N/A	12	1.044333333	2	16	N/A	N/A			
HA IP 3MED	HAR01 3SE MED/SURG	Med/Surg	M/S	Closed						N/A	N/A					N/A	N/A			
HA IP 15ICU/SD	HAR01 15N C MED/SURG ICU/SD	ICU/SD	ICU	4.1	2.05	3	5.85	4.1	2	N/A	N/A	12	0.341666667	1	8	N/A	N/A	1	1	
HA IP 6ICU	HAR01 6A MED/SURG ICU/SDU	ICU/SD	ICU	12.1	6.05	7	4.63	12.1	2	N/A	N/A	12	1.008333333	2	16	N/A	N/A	1	1	
HA IP 6BCU	HAR01 6B MED/SURG ICU/SDU	ICU/SD	ICU	2.3	1.15	2	6.96	2.3	2	N/A	N/A	12	0.191666667	1	8	N/A	N/A			
HA IP 17PD	HAR01 17N PEDS	Mat/Child	PEDs	5.5	0.92	1	1.45	5.5	6	N/A	N/A	12	0.458333333	1	8	N/A	N/A	1	1	
HA IP 17PI	HAR01 17S PEDS ICU	Mat/Child	PICU	1.2	0.60	1	6.67	1.2	2	N/A	N/A	12	0.1	1	8	N/A	N/A			
HA IP 4NW MOT	HAR01 4NW MOM BABY	Mat/Child	Mat/Child	3.8	1.27	2	4.21	3.8	3	N/A	N/A	12	0.316666667	1	8	N/A	N/A	1	1	
HA IP 4SE NICU	HAR01 4SE NICU	Mat/Child	NICU	5.0	2.50	3	4.80	5.0	2	N/A	N/A	12	0.416666667	1	8	N/A	N/A	1	1	
HA IPP 10MH	HAR01 10F ADULT BH	BH	BH	44.0	6.29	7	1.27	44.0	7	N/A	N/A	40	1.1	2	16	N/A	N/A	1	1	



				Evening Shift																	
Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: * (Y or N)	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary	ADC	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift?	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Shift?	Planned average number of patients on the unit per day on the Shift?	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Shift?	PCA/T	Planned average number of ancillary members of the frontline team on the unit per day on the Shift? FRACTIONAL	Planned average number of ancillary members of the frontline team on the unit per day on the Shift?	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Shift?	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Shift?	Clerical FTE	HN FTE	Description of additional resources available to support unit level patient care on the Shift (for example, unit secretary, admission/discharge	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit: * (Y or N)
				0.0	#DIV/0!	#DIV/0!	#DIV/0!	0.0		N/A	N/A		#DIV/0!	#DIV/0!	#DIV/0!	N/A	N/A				
				34.4	4.24	5	1.57	25.5	6	N/A	N/A	12	2.121333333	3	24	N/A	N/A				
					2.24	3	2.68	8.9	4	N/A	N/A	1 per	1	1	8	N/A	N/A				
				35.5	5.92	6	1.35	35.5	6	N/A	N/A	12	2.958333333	3	24	N/A	N/A				
				48.2	5.94	6	1.35	35.7	6	N/A	N/A	12	2.972333333	3	24	N/A	N/A				
					3.13	4	2.55	12.5	4	N/A	N/A	12	1.044333333	2	16	N/A	N/A				
				Closed						N/A	N/A					N/A	N/A				
				4.1	2.05	3	5.85	4.1	2	N/A	N/A	12	0.341666667	1	8	N/A	N/A				
				12.1	6.05	7	4.63	12.1	2	N/A	N/A	12	1.008333333	2	16	N/A	N/A				
				2.3	1.15	2	6.96	2.3	2	N/A	N/A	12	0.191666667	1	8	N/A	N/A				
				5.5	0.92	1	1.45	5.5	6	N/A	N/A	12	0.458333333	1	8	N/A	N/A				
				1.2	0.60	1	6.67	1.2	2	N/A	N/A	12	0.1	1	8	N/A	N/A				
				3.8	1.27	2	4.21	3.8	3	N/A	N/A	12	0.316666667	1	8	N/A	N/A				
				5.0	2.50	3	4.80	5.0	2	N/A	N/A	12	0.416666667	1	8	N/A	N/A				
				44.0	6.29	7	1.27	44.0	7	N/A	N/A	40	1.1	2	16	N/A	N/A				

			Night Shift																
If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary	ADC	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift? (fractional)	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift?	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Shift?	Planned average number of patients on the unit per day on the Shift?	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Shift? (Please provide a number with	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Shift?	PCA/T	Planned average number of ancillary members of the frontline team on the unit per day on the Shift? FRACTIONAL	Planned average number of ancillary members of the frontline team on the unit per day on the Shift?	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Shift?	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Shift?	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Shift?	Clerical FTE	HN FTE	Description of additional resources available to support unit level patient care on the Shift (for example, unit secretary, admission/di
			0.0	#DIV/0!	#DIV/0!	#DIV/0!	0.0		N/A	N/A		#DIV/0!	#DIV/0!	#DIV/0!	N/A	N/A			
			34.4	4.24	5	1.57	25.5	6	N/A	N/A	12	2.121333333	3	24	N/A	N/A	1		
				2.24	3	2.68	8.9	4	N/A	N/A	1 per	1	1	8	N/A	N/A			
			35.5	5.92	6	1.35	35.5	6	N/A	N/A	12	2.958333333	3	24	N/A	N/A	1		
			48.2	5.94	6	1.35	35.7	6	N/A	N/A	12	2.972333333	3	24	N/A	N/A	1		
				3.13	4	2.55	12.5	4	N/A	N/A	12	1.044333333	2	16	N/A	N/A			
			Closed						N/A	N/A					N/A	N/A			
			4.1	2.05	3	5.85	4.1	2	N/A	N/A	12	0.341666667	1	8	N/A	N/A	1		
			12.1	6.05	7	4.63	12.1	2	N/A	N/A	12	1.008333333	2	16	N/A	N/A	1		
			2.3	1.15	2	6.96	2.3	2	N/A	N/A	12	0.191666667	1	8	N/A	N/A			
			5.5	0.92	1	1.45	5.5	6	N/A	N/A	12	0.458333333	1	8	N/A	N/A	1		
			1.2	0.60	1	6.67	1.2	2	N/A	N/A	12	0.1	1	8	N/A	N/A			
			3.8	1.27	2	4.21	3.8	3	N/A	N/A	12	0.316666667	1	8	N/A	N/A	1		
			5.0	2.50	3	4.80	5.0	2	N/A	N/A	12	0.416666667	1	8	N/A	N/A	1		
			44.0	6.29	7	1.27	44.0	7	N/A	N/A	40	1.1	2	16	N/A	N/A	1		

