

[001172][LINCOLN MEDICAL & MENTAL HEALTH CENTER]

Management's Proposal and Rationale for Areas with No Consensus

Lincoln Medical & Mental Health Center was not able to come to consensus with frontline staff on Nursing Support Staff ratios. Nursing Support includes Patient Care Associates (PCAs), Patient Care Technicians (PCTs), Psychiatric Social Health Technician (PSHTs), Nurses' Aides (NAs), Behavioral Health Associates (BHAs), and Clerical Staff. At Lincoln, the majority of Nursing Support are PCAs who check vital signs, weigh patients, obtain specimens, perform specimen-screening tests, record findings on patient charts, and assist patients in many other important patient related tasks.

PCAs

Our proposal for Nursing Support ratios is 1 nursing support person to every 12 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 support 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 in 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 Lincoln, RNs and nursing support work as a team with one another. By ensuring that RN ratios are robust, our model enables RNs to 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%."
- Lincoln is committed to ensuring that nursing support staff do not exceed twelve patients at a time by building a robust nursing support staff float pool.
 - This float pool will be prepared to address any unforeseen surges and ensure that requests for patient one to one coverage does not affect nursing support staff 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 Lincoln work primarily in Behavioral Health units and the Emergency Department. They perform crisis and de-escalation interventions, therapeutic communication and observations, and patient supervision. As a public health care hospital that sees some of New York City's most acute and vulnerable psychiatric patients, our BHAs are essential to the functioning of our behavioral health units.
- Our proposal for BHAs is 2 per unit per tour for the following reasons:

- Lincoln provides 1 PCA per unit per tour on the units mentioned above to support the clinical team with patient care needs
- BHAs are not assigned to specific patients, but rather perform de-escalation functions and routine observations. Our facility has staffed 2 per unit per tour for the last six years, and we have found this number to be sufficient to ensure patient and staff safety.

CLERICAL

- Clerical Associates at Lincoln on the overnight tour cover multiple areas to support the units with any patient admissions by entering the patient's demographic information into the system, answering phones, and performing any clerical responsibilities required of them to support patient care.
- Our proposal is for 4 Clerical Staff for the overnight tour (Shift 1) for the following reasons:
 - Each of the 4 Clerical Staff will be assigned to cover the units on the 4 Inpatient floors (9, 8, 6, 4) which have the greatest patient care activity.
 - Admission and discharge volumes are the lowest on the overnight tour, as are phone calls into the units.
 - The Clerical Staff are able to route phone calls from one unit to the other, thereby having the ability to answer any phone calls from multiple units.
 - The Clerical Staff are able to rotate coverage throughout the overnight tour to support each of the units with any clerical needs they may have.

Lillian Diaz, Chief Nursing Officer





Lincoln

234 Eugenio Maria De Hostos BLVD. (149th Street), Bronx NY 10451

[001172][LINCOLN MEDICAL & MENTAL HEALTH CENTER]

Union's Proposal and Rationale for Areas Where There Was No Consensus

Dear Lillian,

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. 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 Union proposal is for 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.

Clerical - we are in agreement with the 1 clerical per Tour 2 and Tour 3 per major medical units. We support the continuation of the identified units for Tour 1 as in the 2023 proposal. There should be a dedicated float pool for day and evening coverage of breaks and lunches.

We are in support of all proposals made by NYSNA.

Thank you for your attention to this matter.

Regards

Moira Dolan

Sr. Assistant Director

Research & Negotiations

212-815-7507

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Executive Summary Response

Lincoln Medical & Mental Health Center was not able to come to consensus with frontline staff on Nursing Support Staff ratios. Nursing Support includes Patient Care Associates (PCAs), Patient Care Technicians (PCTs), Psychiatric Social Health Technician (PSHTs), Nurses' Aides (NAs), Behavioral Health Associates (BHAs), and Clerical Staff. At Lincoln, the majority of Nursing Support are PCAs who check vital signs, weigh patients, obtain specimens, perform specimen-screening tests, record findings on patient charts, and assist patients in many other important patient related tasks.=

As the CEO, I wanted to look at each item objectively through the prism of the data and the most recent studies we have on workforce staffing and based on the data and the studies I'm committed to ensuring that nursing support staff do not exceed twelve patients at a time by building a robust nursing support staff float pool. Continue to provide BH with two BHAs, and 1 PCA₁ and provide four Clerical Staff for the overnight (Shift 1) for the inpatient units.

Based on my findings I propose:

PCAs

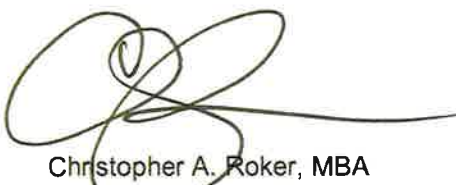
- a 1:12 ratio

BHAs

- BHAs is 2 per unit per tour for the following reasons:
- 1 PCA per unit per tour on the units mentioned above to support the clinical team with patient care needs

CLERICAL

- 4 Clerical Staff for the overnight tour (Shift 1) for the following reasons: cover the units on the 4 Inpatient floors (9, 8, 6, 4) which have the greatest patient care activity.



Christopher A. Roker, MBA

Chief Executive Officer
NYC Health + Hospitals/Lincoln

**NYC Health + Hospitals/Lincoln Core Staffing Plan
Ambulatory Services**

Outpatient Practice	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	Shift 3
Immunology Adult	3	3	0	0	0	0	2	0	0
Surgical Adult	8	8	0	0	12	12	6	0	0
Radiology Diagnostic - Radiology	10	10	0	0	5	2	12	3	3
Ear, Nose & Throat	1	1	1	1	1	1	2	0	0
Ophthalmology	5	5	0	0	5	5	2	0	0
Dermatology	3	3	0	0	2	0	2	0	0
Renal	3	3	0	0	3	3	3	0	0
Rehabilitation – Adult Physical Therapy	3	3	0	0	4	4	3	0	0
Pulmonary - Asthma Primary Care	2	2	0	0	2	2	1	0	0
Pediatrics Primary Care	15	6	4	4	3	3	7	0	0
Radiology Diagnostic – Nuclear Medicine	1	0	0	0	0	0	1	0	0
Behavioral Health Adult	3	0	0	0	1	0	2	2	0
Radiology Diagnostic - MRI	1	1	0	0	0	0	0	0	0
Urology – Cystoscopy Suite	2	2	0	0	3	3	3	0	0

Infusion Center	6	6	0	0	3	3	3	0	0	0
Hemodialysis	9	5	0	0	3	3	1	0	0	0
Dental	4	4	0	0	2	2	5	0	0	0
Cardiology	3	3	0	0	2	2	2	0	0	0
Oncology	1	1	1	1	3	3	3	0	0	0
Women's Health	15	15	0	0	15	15	6	0	0	0
Neurology	1	1	0	0	2	2	1	0	0	0
Primary Care	16	16	1	1	12	6	13	0	0	0
Geriatrics	2	2	1	1	3	3	3	0	0	0
Ambulatory Surgery – Endoscopy	6	6	0	0	1	0	2	0	0	0
Ambulatory Surgery – Same Day Surgery	5	5	0	0	3	0	1	1	0	0

RN/LPN/PCA - Shift 1: Days Shift 2: Evenings/Nights

Unit Clerk/Additional Ancillary Support – Shift 1: Days Shift 2: Evenings Shift 3: Nights

LI		RN		Nursing Support			BHA			HN			Clerical			
Dept Name	Service	Functional Service	Physical Bed Count	ADC	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
LI IP 6B5 SURG	Med/Surg	Med/Surg	40.0	EPIC	1:6	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1: Unit	1: Unit
LI IP 6CS SURG	Med/Surg	Med/Surg	40.0	EPIC	1:6	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1: Unit	1: Unit
LI IP 8BM MEDICINE	Med/surg	Telemetry	40.0	27% of ADC	1:4	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1: Unit	1: Unit
LI IP 8CM MEDICINE	Med/surg	Monitor Tech Telemetry	N/A	N/A	N/A	1: Unit	1: Unit	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LI IP 2C51 ICU	ICU	Monitor Tech	40.0	12% of ADC	1:4	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1: Unit	1: Unit
LI IP 9BM MEDICINE	ICU	ICU	N/A	N/A	N/A	1: Unit	1: Unit	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LI IP 9BM MEDICINE	Stepdown	Stepdown	13.0	EPIC	1:2	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1: Unit	1: Unit
LI IP 9BM MEDICINE	ICU	Monitor Tech	40.0	EPIC	1:4	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1: Unit	1: Unit
LI IP 9CM1 MICU1	ICU	ICU	N/A	N/A	N/A	1: Unit	1: Unit	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LI IP 9CM1 MICU2	ICU	ICU	15.0	EPIC	1:2	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1: Unit	1: Unit
LI IP 4BPE PEDS	Mat/Child	PEDS	7.0	EPIC	1:2	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.0	0.0
LI IP 4DPI PICU	Mat/Child	PICU SD	24.0	EPIC	1:6	None	None	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1: Unit	1: Unit
LI IP 5B0B MOTHER BABY	Mat/Child	Mat/Child	8.0	EPIC	1:2	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1: Unit	1: Unit
LI IP 4DNI NICU	Mat/Child	NICU	28.0	EPIC	1:3	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1: Unit	1: Unit
LI IPP 10AP PSY	BH	Adult Psych	22.0	EPIC	1:2	1:12	1:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.0	0.0
LI IPP 10C PSY	BH	Adult Psych	30.0	EPIC	1:7	1:12	1:12	2: Unit	2: Unit	2: Unit	2: Unit	2: Unit	2: Unit	N/A	1: Unit	1: Unit
LI IP 5A0 LABOR & DLVRY	L&D	Labor and Delivery	30.0	EPIC	1:7	1:12	1:12	1: Unit	1: Unit	1: Unit	1: Unit	1: Unit	1: Unit	N/A	1: Unit	1: Unit
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	4: Shift	N/A
LI IP 200 Patient Coverage Pool	Staff Pool	1 to 1 Patient Coverage Assignments	N/A	EPIC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LI IP 200 Patient Coverage Pool	Staff Pool	ICU Float Pool for MICU 1 & 2	N/A	EPIC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Draft for Discussion only																

Nursing Support Titles

PCA

PCT

PSHT

Nurses Aide

Adult Emergency Department

	RN		Nursing Support		BHA		Sitter		Consensus Reached
	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	
ESI 1	1 : 1	1 : 1	1 : 12	1 : 12	2 : Unit	2 : Unit	4 : Unit	4 : Unit	
ESI 2	1 : 2	1 : 2	1 : 12	1 : 12	2 : Unit	2 : Unit	4 : Unit	4 : Unit	
ESI 3	1 : 5	1 : 5	1 : 12	1 : 12	2 : Unit	2 : Unit	4 : Unit	4 : Unit	
ESI 4 + 5	1 : 8	1 : 8	1 : 12	1 : 12	2 : Unit	2 : Unit	4 : Unit	4 : Unit	

Ratio does not change based on ESI

PEDs Emergency Department

	RN		Nursing Support		BHA		Sitter		Consensus Reached
	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	
ESI 1	1 : 1	1 : 1	1 : 12	1 : 12	N/A	N/A	N/A	N/A	
ESI 2	1 : 2	1 : 2	1 : 12	1 : 12	N/A	N/A	N/A	N/A	
ESI 3	1 : 5	1 : 5	1 : 12	1 : 12	N/A	N/A	N/A	N/A	
ESI 4 + 5	1 : 8	1 : 8	1 : 12	1 : 12	N/A	N/A	N/A	N/A	

Ratio does not change based on ESI

Psychiatric Emergency Department

	RN		Nursing Support		BHA		Sitter		Consensus Reached
	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	
ESI 1									
ESI 2									
ESI 3									
ESI 4 + 5									

Ratio does not change based on ESI

CPEP

	RN		Nursing Support		BHA		Sitter		Consensus Reached
	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	
ESI 1									
ESI 2									
ESI 3									
ESI 4 + 5									

Ratio does not change based on ESI

Nursing Support Titles

PCA

PCT

PSHT

Nurses Aide

Operating Room

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

Surgical Tech		
Shift 1 Ratio	1 : 1	1 : 1
Shift 2 Ratio	1 : 1	1 : 1
Shift 3 Ratio	1 : 1	1 : 1

Nursing Support			Concensus Reached
Shift 1 Ratio	N/A	Shift 2 Ratio	N/A
		Shift 3 Ratio	N/A

Operating Room

Nursing Support Titles

PCA

PCT

PSHT

Nurses Aide