

June 29, 2022

Via Electronic Submission
Stephanie Shulman, DrPH, MS
Director Division of Hospitals and Diagnostic & Treatment Centers
New York State Department of Health

**Re: Submission of Clinical Staffing Plan; PFI Number 1039
New York-Presbyterian/Hudson Valley Hospital**

Dear Dr. Schulman:

On behalf of New York-Presbyterian/Hudson Valley Hospital ("Hospital"), I submit the Hospital's Clinical Staffing Plan. This Staffing Plan encompasses in-patient nursing care units at the Hospital. Over the last six months Hospital management has worked collaboratively with the non-management members of the Clinical Staffing Committee discussing with them the working conditions, staffing, physical environment, available resources, census and acuity on each of these in-patient nursing units. While the Clinical Staffing Committee did not reach consensus on a plan for the Hospital, the discussions we had with our non-management partners were insightful and productive and led to enhancements and modifications to the Clinical Staffing Plan we submit to you now.

For each in-patient nursing care unit referenced in the Hospital's Clinical Staffing Plan, we have provided our last proposal and our plan for each unit in the form of a guideline, as well as the last proposal presented to the Hospital by the non-management staffing committee members. In addition, for each such unit, the Hospital has provided a brief narrative setting forth the reason(s) for our decision not to adopt, or not to adopt in whole, the non-management committee members' proposal.

In addition to the staffing enhancements indicated in the Hospital's Clinical Staffing plan we are also developing an enhanced float pool of nursing assistants and unit assistants dedicated to assist nursing units that encounter spikes in volume and acuity or other stressors. The Hospital also remains committed to supporting the nursing staff by responding to any material change in census or acuity.

In short, while the Clinical Staffing Plan we are submitting provides for safe and appropriate staffing levels and world-class patient care, we will continue to explore ways to enhance how we deliver patient care while caring for and supporting our exemplary workforce.

Very truly yours,

A handwritten signature in black ink, appearing to read "Stacey Petrower", with a long horizontal flourish extending to the right.

Stacey Petrower,
President

Enclosures: (Clinical Staffing Plan)

INTENSIVE CARE UNIT 2022							INTENSIVE CARE UNIT 2022							INTENSIVE CARE UNIT 2022						
Cost Center		415420					Cost Center		415420					Cost Center		415420				
Unit Name		ICU					Unit Name		ICU					Unit Name		ICU				
Available Beds		10					Available Beds		10					Available Beds		10				
Staffing Grid - Management Proposal & Adopted							Staffing Grid - Non-management Proposal							Narrative justification of adopted plan: The clinical staffing committee reached consensus regarding nurse coverage on the ICU except for when there is a patient census of 9-10. The Hospital disagrees with and did not accept the final proposal of the non-management members of the Staffing Committee to increase nurse staffing in the ICU by one nurse when the patient census is 9-10 because Nursing Quality Indicators exceed the benchmark on this unit and the current staffing coverage is appropriate for the volume. The Hospital also disagrees with and did not accept the non-management members' recommendation to add a PCT to cover the overnight shifts. The Hospital intends to focus the PCT coverage on the day shift because that is where the majority of care, interdisciplinary rounds, visitation, and patient flow happen. Finally, the Hospital disagrees with and did not accept the recommendation from the non-management members of the staffing committee to add a Unit Secretary for coverage on the overnight shift. The Hospital disagrees with this recommendation, as all staff members at the Hospital have been issued a mobile communication device for direct communication. This is particularly true given the fact that visitation and patient flow declines drastically at night. In addition, the hospital will establish a float pool composed of Unit Secretaries and PCTs to support nursing care.						
RN Shifts		PCT Shifts			Unit Sec. Shifts		RN Shifts		PCT Shifts			Unit Sec. Shifts								
Census	Day	Night	Day	Night	Day	Night	Census	Day	Night	Day	Night	Day	Night							
9-10	5	5	0-1	0-1	1	0	9-10	6	6	1	1	1	1							
7-8	4	4	0-1	0-1	1	0	7-8	4	4	1	1	1	1							
5-6	3	3	0-1	0-1	1	0	5-6	3	3	1	1	1	1							
3-4	2	2	0-1	0-1	1	0	3-4	2	2	1	1	1	1							
PCU 2022							PCU 2022							PCU 2022						
Cost Center		415457					Cost Center		415457					Cost Center		415457				
Unit Name		PCU					Unit Name		PCU					Unit Name		PCU				
Available Beds		18					Available Beds		18					Available Beds		18				
Staffing Grid - Management Proposal & Adopted							Staffing Grid - Non-management Proposal							Narrative justification of adopted plan: The clinical staffing committee reached consensus regarding nurse coverage and unit secretary coverage for the PCU. However, the Hospital does not agree with and did not accept the non-management members' recommendation regarding additional PCT coverage for the overnight shifts. The Hospital intends to focus the PCT coverage for the day shift because that is where the majority of care, interdisciplinary rounds, visitation, and patient flow happen. In addition, the hospital will establish a float pool composed of Unit Secretaries and PCTs to support nursing care.						
RN Shifts		PCT Shifts			Unit Sec. Shifts		RN Shifts		PCT Shifts			Unit Sec. Shifts								
Census	Day	Night	Day	Night	Day	Night	Census	Day	Night	Day	Night	Day	Night							
17-18	5	5	2	2	1	1	17-18	5	5	2	2	1	1							
13-16	4	4	2	1-2	1	1	13-16	4	4	2	2	1	1							
11-12	3	3	2	1	1	1	11-12	3	3	2	2	1	1							
7-10	3	3	0-1	0-1	1	1	7-10	3	3	1	1	1	1							
1-6	2	2	0	0	1	1	1-6	2	2	0	0	1	1							
MEDSURG 2022							MEDSURG 2022							MEDSURG 2022						
Cost Center		415107					Cost Center		415107					Cost Center		415107				
Unit Name		3 SOUTH					Unit Name		3 SOUTH					Unit Name		3 SOUTH				
Available Beds		33					Available Beds		33					Available Beds		33				
Staffing Grid - Management Proposal & Adopted							Staffing Grid - Non-management Proposal							Narrative justification of adopted plan: The clinical staffing committee reached consensus regarding nurse and PCT coverage for 3 South, a Medical Surgical Unit in the Hospital. However, the Hospital does not agree with and did not accept the non-management members' recommendation to add a Unit Secretary for coverage on the overnight shifts. We disagree with this proposal and believe it is not warranted because all staff members at the Hospital have been issued a mobile communication device for direct communication. This is particularly true given the fact that visitation and patient flow declines drastically at night. In addition, the hospital will establish a float pool composed of Unit Secretaries and PCTs to support nursing care.						
RN Shifts		PCT Shifts			Unit Sec. Shifts		RN Shifts		PCT Shifts			Unit Sec. Shifts								
Census	Day	Night	Day	Night	Day	Night	Census	Day	Night	Day	Night	Day	Night							
31-33	7	7	4	4	1	0	31-33	7	7	4	4	1	1							
26-30	6	6	3-4	3-4	1	0	26-30	6	6	3-4	3-4	1	1							
21-25	5	5	2-3	2-3	1	0	21-25	5	5	2-3	2-3	1	1							
16-20	4	4	1-2	1-2	1	0	16-20	4	4	1-2	1-2	1	1							
11-15	3	3	2	2	1	0	11-15	3	3	2	2	1	1							
6-10	2	2	0-1	0-1	1	0	6-10	2	2	0-1	0-1	1	1							
MEDSURG 2022							MEDSURG 2022							MEDSURG 2022						
Cost Center		415108					Cost Center		415108					Cost Center		415108				
Unit Name		4 SOUTH					Unit Name		4 SOUTH					Unit Name		4 SOUTH				
Available Beds		33					Available Beds		33					Available Beds		33				
Staffing Grid - Management Proposal & Adopted							Staffing Grid - Non-management Proposal							Narrative justification of adopted plan: The clinical staffing committee reached consensus regarding nurse and PCT coverage for 4 South, a Medical Surgical Unit in the Hospital. However, the Hospital does not agree with and did not accept the non-management members' recommendation to add a Unit Secretary for coverage on the overnight shifts. We disagree with this proposal and believe it is not warranted because all staff members at the Hospital have been issued a mobile communication device for direct communication. This is particularly true given the fact that visitation and patient flow declines drastically at night. In addition, the hospital will establish a float pool composed of Unit Secretaries and PCTs to support nursing care.						
RN Shifts		PCT Shifts			Unit Sec. Shifts		RN Shifts		PCT Shifts			Unit Sec. Shifts								
Census	Day	Night	Day	Night	Day	Night	Census	Day	Night	Day	Night	Day	Night							
31-33	7	7	4	4	1	0	31-33	7	7	4	4	1	1							
26-30	6	6	3-4	3-4	1	0	26-30	6	6	3-4	3-4	1	1							
21-25	5	5	2-3	2-3	1	0	21-25	5	5	2-3	2-3	1	1							
16-20	4	4	1-2	1-2	1	0	16-20	4	4	1-2	1-2	1	1							
11-15	3	3	2	2	1	0	11-15	3	3	2	2	1	1							
6-10	2	2	0-1	0-1	1	0	6-10	2	2	0-1	0-1	1	1							

NICU INTERMEDIATE							NICU INTERMEDIATE							NICU INTERMEDIATE						
Cost Center							Cost Center							Cost Center						
Unit Name							Unit Name							Unit Name						
Available Beds							Available Beds							Available Beds						
2022							2022							2022						
415230							415230							415230						
NICU							NICU							NICU						
6							6							6						
Staffing Grid - Management Proposal & Adopted							Staffing Grid - Non-management Proposal							Narrative justification of adopted plan: The clinical staffing committee agreed that PCTs and Unit Secretaries are not needed in the Hospital's Neonatal Intensive Care Unit ("NICU"). However, the Hospital does not agree with and did not accept the non-management members' recommendation that the Hospital add a nurse to both the day and night shifts on the unit when the census is 1-2 or 3-4. While the average daily census for the unit is between 1-2, the non-management members' recommendations were based on surge volume. Surge is a rare occurrence and the Hospital cannot staff for surge volumes at all times. That said, the Hospital is flexible and will endeavor to adjust as may be needed in order to facilitate adequate staffing during surge volumes. For example, the Maternal Child Health Unit and Float Pool are considering how to orient and educate their nurses to assist the NICU when there is surge volume. In addition, the hospital will establish a float pool composed of Unit Secretaries and PCTs to support nursing care.						
RN Shifts		PCT Shifts		Unit Sec. Shifts			RN Shifts		PCT Shifts		Unit Sec. Shifts									
Census	Day	Night	Day	Night	Day	Night	Census	Day	Night	Day	Night	Day	Night							
5-6	3	3	0	0	0	0	5-6	3	3	0	0	0	0							
3-4	2	2	0	0	0	0	3-4	3	3	0	0	0	0							
1-2	2	2	0	0	0	0	1-2	3	3	0	0	0	0							

NYP Hudson Valley
Nursing Staffing Guideline

Cost Center	416048		2022					
Unit Name	ED							
	Staffing Grid - Management Proposal & Adopted							
	RN Shifts (12.5 Hrs)			ED TECH Shifts (12.5 Hours)			Unit Sec. Shifts (11.75 Hrs)	
	Day	Mid	Night	Day	Mid	Night	Day	Night
Mon - Fri	5	4	5	2	2	2	1	1
Sat	5	4	5	2	2	2	1	1
Sun	5	4	5	2	2	2	1	1

Cost Center	416048		2022					
Unit Name	ED							
	Staffing Grid - Non-management Proposal							
	RN Shifts			ED TECH Shifts			Unit Sec. Shifts	
	Day	Mid	Night	Day	Mid	Night	Day	Night
Mon - Fri	5	5	6	3	2	3	1	1
Sat	5	5	6	3	2	3	1	1
Sun	5	5	6	3	2	3	1	1

Cost Center 416048 **2022**
Unit Name ED

Narrative justification of adopted plan: The clinical staffing committee reached consensus regarding nurse coverage for the day shift and ED Tech coverage for the mid-day shift in the Hospital's Emergency Department. The Hospital does not agree with and did not accept the non-management members' recommendation to add a nurse to both the mid-day and night shifts on the unit. Notably, the Hospital added the mid-day shift nurses to provide coverage relating to the volume increase in the ED during the daytime hours and through the first half of the night, as volume generally decreases overnight. Further mitigating against the need to add additional nurses to the mid-day and night shift is the fact that the Hospital recently added a float pool to serve as a resource in times of surge and help cover inpatient holds. The Hospital also does not agree with and did not accept the non-management members' recommendation to add a PCT to cover the day and overnight shifts. With regards to the day shifts, the non-management members' recommendation was based upon the number of patients who require 1:1 PCT coverage, however, the Hospital maintains a float pool of PCTs to cover this type of scenario. With regards to the overnight shift, the Hospital maintains that additional overnight PCT coverage is not necessary because the majority of care, interdisciplinary rounds, visitation and patient flow happens during the day shift. In addition, the hospital will establish a float pool composed of Unit Secretaries and PCTs to support nursing care.

Cost Center	415223		2022			
Unit Name	MCH / L&D					
	Staffing Grid - Management Proposal & Adopted					
	RN Shifts		PCT Shifts		Unit Sec. Shifts	
	Day	Night	Day	Night	Day	Night
Mon - Fri	4	4	1	1	1	0-1
Sat	4	4	1	1	1	0-1
Sun	4	4	1	1	1	0-1

Note: Perinatal Techs are not included this grid, and can be function as PCT.

Cost Center	415223		2022			
Unit Name	MCH / L&D					
	Staffing Grid - Non-management Proposal					
	RN Shifts		PCT Shifts		Unit Sec. Shifts	
	Day	Night	Day	Night	Day	Night
Mon - Fri	6	6	1	1	1	1
Sat	6	6	1	1	1	1
Sun	6	6	1	1	1	1

Note: Perinatal Techs are not included this grid, and can be function as PCT.

Cost Center 415223 **2022**
Unit Name MCH / L&D

Narrative justification of adopted plan: The clinical staffing committee reached consensus regarding PCT coverage for the Maternal Child Health Unit at the Hospital. However, the Hospital does not agree with and did not accept the non-management members' recommendation to add 2 more nurses for both the day and night shifts on the unit. Nursing Quality Indicators exceed the benchmark on this unit and the nurse staffing coverage is appropriate for the volume. The need for additional nursing coverage is further mitigated by the fact that nurses on the unit have the support of respiratory therapists, phlebotomists and transport. Finally, it is important to note that the Hospital has started a float pool with step-down trained nurses who will be available to assist in the post-partum unit when there is a census surge. The Hospital also disagrees with and did not accept the non-management members' recommendation regarding additional Unit Secretary coverage for the overnight shift. We disagree with this proposal and believe it is not warranted because all staff members at the Hospital have been issued a mobile communication device for direct communication. This is particularly true given the fact that visitation and patient flow declines drastically at night. In addition, the hospital will establish a float pool composed of Unit Secretaries and PCTs to support nursing care.

**NYP Hudson Valley
Nursing Staffing Guideline**

Campus	Hudson Valley Hospital
Cost Center	415852
Unit	ASU
Total Available Bays	14

Total ASU Bays in Use	RN	Charge RN	PCT	Unit Assistant
14	5	1 (assists with assignments and flex)	1 (during peak turnarounds)	1 (during peak turnarounds)
13	5			
12	4			
11	4			
10	4			
9	3			
8	3			
7	3			
6	2			
5	2			
4	2			
3	1			
2	1			
1	1			

PAT	RN	Unit Assistant
Appointment based & phone calls	1	1

**NYP Hudson Valley
Nursing Staffing Guideline**

Campus	Hudson Valley Hospital
Cost Center	415326
Unit	PACU
Total Available Bays	10

Total Bays Rooms in Use	RN	Charge RN	PCT
10	4	1 (assists with assignments and flex)	1 (during peak turnarounds)
9	3		
8	3		
7	3		
6	2		
5	2		
4	2		
3	1		
2	1		
1	1		

**NYP Hudson Valley
Nursing Staffing Guideline**

Campus	Hudson Valley Hospital
Cost Center	415320
Unit	Operating Room
Total Available Rooms	6

Total OR Rooms in Use	RN	CST	ORA	Charge RN
6	6	6	1 (based on turnaround needs)	1
5	5	5		
4	4	4		
3	3	3		
2	2	2		
1	1	1		

**NYP Hudson Valley
Nursing Staffing Guideline**

Campus	Hudson Valley Hospital
Cost Center	416819
Unit	Endoscopy
Total Available Rooms	3

Total Rooms in Use	RN	Endo Tech/RN	Charge RN
3	3	3	1 (assists with assignments and flex)
2	2	2	
1	1	1	

Prep/Recovery	RN
7	3
6	2
5	2
4	2
3	1
2	1
1	1