

[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 nonRN 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



[001172][LINCOLN MEDICAL & MENTAL HEALTH CENTER]

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

Thank you for the opportunity to attend the HH staffing meetings with our members from Local 420 and Local 1549. After careful review of the plans, we have the following responses.

DC 37 Local 420 and Local 1549, along with our NYSNA sisters and brothers, support the staffing figures outlined below. The safe staffing legislation is about providing safe patient care by providing sufficient staff. The safe staffing legislation is about ensuring that the staff have a safe workplace. The safe staffing legislation is about ensuring that the experience that the patients have is the best possible one, where they get the excellent care and attention, which will be reflected in better health outcomes and better overall HCAPS scores.

- * In order to provide safe care for patients with bedsores, fall risks, diabetes, multiple medications, just to name a few, we need to insure that each patient is getting the appropriate attention.
- * A 7-hour day for a PCA equals 420 minutes. With 12 patients, that equals 35 minutes per patient per day, which is not enough to safely take care of all the patients' needs and do the necessary documentation.
- * At 1:8 ratio, which is what the union supports; it equals 52 minutes per day. Since patients need to be seen several times a day, and some patients take much more time than others, this is a much better ratio. Patients are often waiting for an additional staff person to be available, a nurse or a PCA to move someone from bed to bed who has come from ICU to med surg or vice versa, and this cannot be done by one person.

HH staff have endured short staffing for many years and pushed back against it with no success. The safe staffing legislation was not passed for several years after introduction. NYSNA was able to achieve staffing ratios in their most recent collective bargaining agreement while simultaneously pursuing the legislation. The pandemic exposed to the world the critical need for safe staffing at all levels, not just nurses.

Together with our management partners, we are able to turn a crisis into an opportunity. We can establish true safe staffing ratios in our inpatient units that will lead to better health outcomes and a safer workplace.

LINCOLN

- * Nursing Support staffing in Med/Surg/ the union supports a staffing ratio of 1:8 per unit per tour for PCA/PCT/Nurse Aides, not the formula of 1:12 proposed by HH for all the reasons above.
- * Behavioral Health - the Union supports 4 BHA's per unit per tour, not 2 per unit per tour. The two units of up to 30 beds, which if full, would generate additional heads, we understand and that sitters or 1:1 are not included. Nevertheless, the dangerous nature of this work, to both the patients and the staff warrants a higher staff to patient ratio.
[001172][LINCOLN MEDICAL & MENTAL HEALTH CENTER]
- * Clerical - The Union supports the 1 Clerical per Tour 2 and Tour 3. However, since there are 5 units with a bed count of 40, we strongly recommend at least 2 additional float staff for relief of breaks and lunches. We do not support the overnight float pool of 4. There are 14 uncovered units overnight and 4 is not enough.
- * Emergency Department - The Union recommends 3 BHA per tour in the Adult ED, not 2.
- * Operating Room - consensus on one surgical tech per patient.

Regards,
Maira Dolan
Sr. Assistant Director
Research & Negotiations
212- 815-7507

[001172][LINCOLN MEDICAL & MENTAL HEALTH CENTER]

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 PCA, 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

LI						RN		Nursing Support			BHA			HN			Clerical		
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	
LI IP 6BS SURG	Med/Surg	Med/Surg	40.0	EPIC	1 : 6	1 : 6	1 : 12	1 : 12	1 : 12	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 : 6	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A		N/A		N/A	1 : Unit	1 : Unit	
LI IP 8BM MEDICINE	Med/Surg	Med/Surg	40.0	EPIC	1 : 6	1 : 6	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A		N/A		N/A	1 : Unit	1 : Unit	
		Telemetry		27% of ADC	1 : 4	1 : 4													
		Monitor Tech	N/A	N/A	N/A	N/A	1 : Unit	1 : Unit	1 : Unit	N/A	N/A	N/A		N/A	N/A	N/A			
LI IP 8CM MEDICINE	Med/Surg	Med/Surg	40.0	EPIC	1 : 6	1 : 6	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A		N/A		N/A	1 : Unit	1 : Unit	
		Telemetry		12% of ADC	1 : 4	1 : 4													
		Monitor Tech	N/A	N/A	N/A	N/A	1 : Unit	1 : Unit	1 : Unit	N/A	N/A	N/A		N/A	N/A	N/A			
LI IP 2C5I ICU	ICU	ICU	13.0	EPIC	1 : 2	1 : 2	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A		1 : Unit		N/A	1 : Unit	1 : Unit	
LI IP 9BM MEDICINE	Stepdown	Stepdown	40.0	EPIC	1 : 4	1 : 4	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A		N/A		N/A	1 : Unit	1 : Unit	
LI IP 9BM MEDICINE	ICU	Monitor Tech	N/A	N/A	N/A	N/A	1 : Unit	1 : Unit	1 : Unit	N/A	N/A	N/A		N/A		N/A	N/A	N/A	
LI IP 9CMI MICU1	ICU	ICU	15.0	EPIC	1 : 2	1 : 2	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A		0.0		0.0	1 : Unit	1 : Unit	
LI IP 9CMI MICU2	ICU	ICU	7.0	EPIC	1 : 2	1 : 2	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A		1 : Unit		N/A	0.0	0.0	
LI IP 4BPE PEDS	Mat/Child	PEDs	24.0	EPIC	1 : 6	1 : 6	None	None	None	N/A	N/A	N/A		1 : Unit		N/A	1 : Unit	1 : Unit	
LI IP 4DPI PICU	Mat/Child	PICU	8.0	EPIC	1 : 2	1 : 2	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A		1 : Unit		0.0	1 : Unit	1 : Unit	
LI IP 5BOB MOTHER BABY	Mat/Child	Mat/Child	28.0	EPIC	1 : 3	1 : 3	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A		1 : Unit		N/A	1 : Unit	1 : Unit	
LI IP 4DNI NICU	Mat/Child	NICU	22.0	EPIC	1 : 2	1 : 2	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A		1 : Unit		N/A	0.0	0.0	
LI IPP 10AP PSY	BH	Adult Psych	30.0	EPIC	1 : 7	1 : 7	1 : Unit	1 : Unit	1 : Unit	2 : Unit	2 : Unit	2 : Unit		1 : Unit		N/A	1 : Unit	1 : Unit	
LI IPP 10C PSY	BH	Adult Psych	30.0	EPIC	1 : 7	1 : 7	1 : Unit	1 : Unit	1 : Unit	2 : Unit	2 : Unit	2 : Unit		1 : Unit		N/A	1 : Unit	1 : Unit	
LI IP 5AO LABOR & DLVRY	L&D	Labor and Delivery		EPIC	1 : 2	1 : 2	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A				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	4 : Shift	N/A	N/A	
LI IPP 1 to 1 Patient Coverage Pop	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		ICU Float Pool for MICU 1 & 2					2 : Shift	2 : Shift	2 : Shift										

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 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	1 : 12	1 : 12	1 : 12	2 : Unit	2 : Unit	2 : Unit	4 : Unit	4 : Unit	4 : 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		Nursing Support			BHA			Sitter			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	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
Applies to All PEDs Emergency Departments	ESI 1	1 : 1	1 : 1	1 : 12	1 : 12	1 : 12	N/A	N/A	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

Psychiatric Emergency Department

		RN		Nursing Support			BHA			Sitter			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	Shift 1 Ratio	Shift 2 Ratio	Shift 3 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 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
	ESI 1												
	ESI 2												
	ESI 3												

NYC Health + Hospitals/Lincoln Ambulatory Services Staffing Plan

Functional Service(Outpatient)	Dept Name	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	IMMUNOLOGY ADULT	3	3	0	0	0	0	2
Surgical Adult	SURGICAL CLINIC	8	8	0	0	12	12	6	0	0
Radiology Diagnostic - Radiology	RADIOLOGY DIAGNOSTIC	10	10	0	0	5	2	12	3	3
Ear, Nose & Throat	EAR NOSE & THROAT	1	1	1	1	1	1	2	0	0
Ophthalmology	OPHTHALMOLOGY	5	5	0	0	5	5	2	0	0
Dermatology	MEDICAL CLINIC	3	3	0	0	2	0	2	0	0
Renal	RENAL DIALYSIS	3	3	0	0	3	3	3	0	0
Rehabilitation – Adult Physical Therapy	PHYSICAL THERAPY	3	3	0	0	4	4	3	0	0
Pulmonary - Asthma Primary Care	ASTHMA PRIMARY CARE	2	2	0	0	2	2	1	0	0
Pediatrics Primary Care	PED PRIMARY CARE	15	6	4	4	3	3	7	0	0
Radiology Diagnostic – Nuclear Medicine	RADIOLOGY DIAGNOSTIC	1	0	0	0	0	0	1	0	0
Behavioral Health Adult	OP BEHAVIORAL HEALTH ADULT	3	0	0	0	1	0	2	2	0
Radiology Diagnostic - MRI	RADIOLOGY DIAGNOSTIC	1	1	0	0	0	0	0	0	0
Urology – Cystoscopy Suite	OPERATING ROOM	2	2	0	0	3	3	3	0	0
Infusion Center	INFUSION CENTER	6	6	0	0	3	3	3	0	0
Hemodialysis	RENAL DIALYSIS	9	5	0	0	3	3	1	0	0
Dental	DENTISTRY	4	4	0	0	2	2	5	0	0
Cardiology	ELECTROCARDIOGRAM	3	3	0	0	2	2	2	0	0
Oncology	CANCER SCREENING SERVICE	1	1	1	1	3	3	3	0	0
Women’s Health	GYNECOLOGY	15	15	0	0	15	15	6	0	0
Neurology	MEDICAL CLINIC	1	1	0	0	2	2	1	0	0
Primary Care	MEDICAL CLINIC	16	16	1	1	12	6	13	0	0
Geriatrics	GERIATRICS PRIMARY CARE	2	2	1	1	3	3	3	0	0
Ambulatory Surgery – Endoscopy	SURGICAL PREP AND HOLDING	6	6	0	0	1	0	2	0	0
Ambulatory Surgery – Same Day Surgery	SURGICAL PREP AND HOLDING	5	5	0	0	3	0	1	1	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										