

NYS Staffing Committee Grid SOUTH BROOKLYN HEALTH

CI						RN						Nursing Support			BHA			HN			Clerical			
Dept Name	Service	Functional Service	Physical Bed Count	ADC	ADC Carve-out (if appl.)	Shift 1 Ratio	Shift 1 Ratio 2 (if appl.)	Ratio	Shift 2 Ratio	Shift 2 Ratio 2 (if appl.)	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	
CI IP M3TE MED/SURG	Med/Surg	Med/Surg	24.0	EPIC	EPIC	1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CI IP M3TW MED/SURG	Med/Surg	Med/Surg	18.0	EPIC	EPIC	1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CI IP M4TE MED/SURG	Stepdown	Stepdown	24.0	EPIC	EPIC	1 : 4			1 : 4			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			1 : Unit	1 : Unit	1 : Unit	
CI IP M4TW MED/SURG	Stepdown	Stepdown	18.0	EPIC	EPIC	1 : 4			1 : 4			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			1 : Unit	1 : Unit	1 : Unit	
CI IP MS6T MED/SURG	Med/Surg	Med/Surg	18.0	EPIC	EPIC	1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CI IP MS8T MED/SURG	Med/Surg	Med/Surg	20.0	EPIC	EPIC	1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CI IP CC6T CCU	ICU	ICU	9.0	EPIC	EPIC	1 : 2			1 : 2			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			1 : Unit	1 : Unit	1 : Unit	
CI IP M17T MICU	ICU	ICU	14.0	EPIC	EPIC	1 : 2			1 : 2			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			1 : Unit	1 : Unit	1 : Unit	
CI IP S17T SICU	ICU	ICU	10.0	EPIC	EPIC	1 : 2			1 : 2			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			1 : Unit	1 : Unit	1 : Unit	
CI IP SD7T STEP DOWN	Stepdown	Stepdown	4.0	EPIC	EPIC	1 : 4			1 : 4			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	0.0			N/A	N/A	N/A	
CI IP CR6T CRU	Stepdown	Stepdown	5.0	EPIC	EPIC	1 : 4			1 : 4			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	0.0			N/A	N/A	N/A	
CI IP P8ET PEDS	Mat/Child	Mat/Child	9.0	EPIC	EPIC	Closed			Closed			Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	
CI IP OB8T MOM/BABY	Mat/Child	Mat/Child	14.0	EPIC	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	
CI IP SP8T NICU	Mat/Child	Mat/Child	14.0	EPIC	EPIC	1 : 2			1 : 2			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	N/A	
CI IP LABOR & DLVRY	L&D	Labor and Delivery		EPIC		1 : 2			1 : 2			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A							
FLOAT POOL	Other	Other	N/A	N/A		N/A			N/A			4 : Shift	4 : Shift	4 : Shift	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
WOUND CARE	Other	Other	N/A	N/A		1 : Shift			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	
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	N/A	7 : Shift	N/A	N/A
CI 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	
CON01 SB G6W MED/SURG	Med/Surg	Med/Surg	12.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G7E MED/SURG	Med/Surg	Med/Surg	16.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G7W MED/SURG	Med/Surg	Med/Surg	12.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G8E MED/SURG	Med/Surg	Med/Surg	16.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G8W MED/SURG	Med/Surg	Med/Surg	12.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G9W MED/SURG	Med/Surg	Med/Surg	12.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G9E ADULT BH	BH	BH	24.0			1 : 7			1 : 7			2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G10W ADULT BH	BH	BH	18.0			1 : 7			1 : 7			2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G10E ADULT BH	BH	BH	18.0			1 : 7			1 : 7			2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	1 : Unit			N/A	1 : Unit	1 : Unit	

Nursing Support Titles

- PCA
- PCT
- PSHT
- Nurses Aide

NYS Staffing Committee Grid

SOUTH BROOKLYN HEALTH

Service	Descriptive Title (Functional Service)	Night Shift							Day Shift							Evening Shift						
		Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift	Planned average number of patients on the unit per day on the Shift	RN Ratio	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day 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	Clerical FTE	HN FTE	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift	Planned average number of patients on the unit per day on the Shift	RN Ratio	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day 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	Clerical FTE	HN FTE	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift	Planned average number of patients on the unit per day on the Shift	RN Ratio	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day 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	Clerical FTE	HN FTE
PERIOP	Ambulatory Surgery	n/a	N/A	N/A	N/A	N/A	NA	NA	4	10.5	2.63	N/A	1	1	NA	4	10.5	2.63	N/A	N/A	NA	NA
SPECIAL PROCEDURE	CARDIAC CATH LAB	n/a	N/A	N/A	N/A	N/A	NA	NA	3	1.3	0.43	N/A	N/A	NA	1	3	1.3	0.43	N/A	N/A	NA	NA
ED	EMERGENCY SVCS ADULT	15	43.9	2.93	N/A	6.2	7	2	14	65.8	4.70	N/A	10.7	9	2	17.00	109.7	6.45	N/A	9.2	10	2
PERIOP	SURGICAL CLINIC ADULT	N/A	N/A	N/A	N/A	N/A	NA	NA	15	303.5	20.23	5	8	NA	2	N/A	N/A	N/A	N/A	N/A	NA	NA
AMBULATORY CARE SERVICES	OB AND GYN	N/A	N/A	N/A	N/A	N/A	NA	NA	10	90.0	9.01	N/A	9	NA	1	N/A	N/A	N/A	N/A	N/A	NA	NA
SPECIAL PROCEDURE	RENAL DIALYSIS	1	9.0	1.12	N/A	N/A	NA	NA	5	9.0	1.12	N/A	1	NA	1	2.00	9.0	1.12	N/A	N/A	1	NA
AMBULATORY CARE SERVICES	MEDICAL CLINIC	N/A	N/A	N/A	N/A	N/A	NA	NA	14	341.7	21.35	5	16	NA	4	2.00	341.7	21.35	N/A	3	NA	NA
BH	OP BEHAVIORAL HEALTH ADULT	N/A	N/A	N/A	N/A	N/A	NA	NA	2	98.3	49.17	N/A	N/A	NA	NA	N/A	N/A	N/A	N/A	N/A	NA	NA
SPECIAL PROCEDURE	INTERVENTIONAL RADIOLOGY	N/A	N/A	N/A	N/A	N/A	NA	NA	3	4.8	1.60	N/A	N/A	NA	1	N/A	N/A	N/A	N/A	N/A	NA	NA
AMBULATORY CARE SERVICES	Public Health Service (IDA G)	N/A	N/A	N/A	N/A	N/A	NA	NA	1	18.8	18.80	N/A	1	NA	1	N/A	N/A	N/A	N/A	N/A	NA	NA
AMBULATORY CARE SERVICES	PED PRIMARY CARE	N/A	N/A	N/A	N/A	N/A	NA	NA	6	98.5	12.31	1	4	NA	1	2.00	98.5	12.31	N/A	1	NA	NA
PERIOP	OPERATING ROOM	2	6.1	0.55	N/A	1	NA	1	6	6.1	0.55	1	5	6	1	3.00	6.1	0.55	N/A	1	NA	1
BH	BH EMERGENCY SVCS	3	1.0	0.11	N/A	2	NA	NA	3	1.0	0.11	N/A	2	1	1	3.00	1.0	0.11	N/A	2	NA	NA

NYS Staffing Committee Grid SOUTH BROOKLYN HEALTH

Adult Emergency Department

		RN		Nursing Support			BHA			Sitter		
		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	3 : Unit	3 : Unit	3 : 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		
		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
	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		
		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		
		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

- Nursing Support Titles
 PCA
 PCT
 PSHT
 Nurses Aide

To: New York State Department of Health

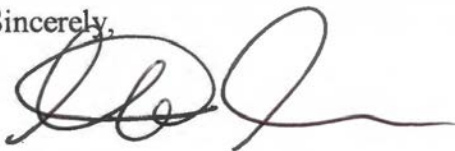
As the CEO of NYC Health +Hospitals/South Brooklyn Health, I want to acknowledge and thank the teams for their collaborative efforts and professionalism in working together to create the proposed staffing level documents. Nursing professionals are fundamental to healthcare organizations that promote, foster and facilitate an environment conducive to growth. We, at South Brooklyn Health, recognize and acknowledge the important role of Nursing in all aspect of healthcare. After reviewing in detail the proposed staffing levels, I am glad that management and union leadership was able to reach full consensus on RN staffing. However, based on the following rationale, I am supportive of the management vote on the BHA and Nurse Aide staffing as laid out in the documents attached.

- Literature review supports robust RN ratios (1:6) to ensure that RNs can step in to help nursing support staff.
- At South Brooklyn Health, we will make every effort to ensure that we maintain our ancillary staff ratios.

I look forward to a continued productive dialogue between management and union leaders.

Please do not hesitate to contact me with any further questions.

Sincerely,



Svetlana Lipyanskaya
Chief Executive Officer
NYC H+H/South Brooklyn Health

Wilfredo M. Yap Jr., DNP, RN, AMB-BC, NEA-BC
Interim Chief Nursing Officer
Executive Administration

Management Responses to NY State Department of Health

NYC Health+ Hospitals/South Brooklyn Health 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. The essential role performed by our Nursing Support team includes vital signs, weight, intake and output, assisting patients with activities of daily living such as feeding and toileting, and documentation of care rendered.

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 South Brooklyn Health, 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%."
 - South Brooklyn Health 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.

Sincerely,



Wilfredo M. Yap Jr., DNP, RN, AMB-BC, NEA-BC
 Interim Chief Nursing Officer
 NYC H+H/South Brooklyn Health

Facility Coney Island South Brooklyn Health

Union Committee members – Rosana Infante, PCA, Norma Ochoa 420 chapter chair, Charles Mondesis, 420 Shop Steward , xxx BHA , Moira Dolan , Sr. Assistant Director
DC 37

In Patient Units

Behavioral Health 4 BHA's per Unit and 2 PCA's per unit. Due to the nature of the patients, the risk of violence and high rate of workers compensation related injuries, the Union is supporting a higher ratio than the facility is proposing. This will insure safety for the patients and the staff.

Patient Care Associates 1:8 ratio. Nurses and PCA's 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. PCA's are stressed because they can not provide quality care. Ms. Infante said it is very difficult to make sure all the patients needs are met.

Emergency Department & CPEP PCA's 1:5 and BHA's 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 also be at least two relief clericals per day and evening tours to cover lunch and breaks.

In addition, we are concerned that HH may be implementing a tightening up of the 1:1 assignments and "more effective use of resources" with 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.

From: [Jovana Woodley](#)
To: [Kwasnik, Stanislaw](#)
Subject: [EXTERNAL] NYS staffing
Date: Wednesday, June 26, 2024 2:35:42 PM

Caution: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Either click the **Report A Phish button** or forward suspect email to spamadmin@nychhc.org as an attachment (Click the More button, then forward as attachment).

Good afternoon Dr. Yap,

We write to acknowledge receipt of your proposed NYS Outpatient Staffing for the NYS DOH Staffing. At this time, however, NYSNA is unable to reach consensus with you regarding your submission in this matter. We look forward to working with you towards obtaining appropriate, applicable staffing, and workload ratios.

We maintain the previous agreed upon ratios within our contract for inpatient areas and are diligently working toward developing numbers for the outpatient areas.

Kind regards,

Jovana Woodley RN
NYSNA Released Time Representative
Tel: 347-224-8062