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For the third year in a row, Metropolitan Hospital, New York State Nurses Association, DC 37 Local 420 and Local 1549 worked diligently on developing an executable staffing plan that ensures high quality care, as well as the safety of patients and healthcare providers. This year, as in past years, consensus was met for all outpatient/ambulatory care staffing plans, all registered nursing staffing plans and all inpatient staffing plans except for PCAs. Although a great deal of cooperation and consensus was noted throughout this process, Metropolitan Hospital was not able to come to a consensus with frontline staff on the following areas:

- Patient Support Staff, namely, PCAs
 - Metropolitan proposal: 1:12
 - Union proposal: 1:8

I have reviewed the proposal and made the determination to adopt the staffing planned as outlined. In reviewing the staffing plan and areas where consensus was not reached, consideration was given to the following elements:

- Literature review
- Census, including discharges and admissions
- Level of intensity of all patients and nature of the care to be delivered on each shift
- Skill mix including clinical and other support staff not included in this plan including respiratory, providers, pharmacy, education and leadership
- The architecture and geography of the patient care unit, including but not limited to the placement of patient rooms, treatment areas, nurses stations, medication preparation areas and equipment
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations and other health professional organizations
- Strategies to enable registered nurses to take meal and rest breaks as required
- Review of quality data including nurse patient sensitive indicators, restraint episodes, staff and patient injuries and review of patient satisfaction surveys

I am grateful to the committee and members for their work, and am confident in the adopted staffing plan.

Sincerely,



Cristina Contreras, MPA, LMSW, FABC
Chief Executive Officer

Metropolitan Hospital Staffing Plan 2024

Reviewed and respectfully submitted:

Christopher C. Wilson

Christopher Wilson, MSN, RN, CNML, CENP, NEA-BC, FACHE
 Chief Nursing Officer
 NYC Health + Hospitals/Metropolitan

10-28-24

Date

I. Staffing Committee Activities

A. Review of staffing plan and complaints

a. The staffing committee met on the following dates:

- a. October 30, 2023
- b. March 11, 2024
- c. June 10, 2024

b. The staffing committee has the following meetings scheduled:

- a. October 7, 2024

c. Bargaining units information as follows:

Bargaining Unit	# of Members represented	CBA Expiration
NYSNA	472	September 2, 2028
SEIU 1199	14	October 9, 2027
DC 37	500	November 6, 2026

d. Average Daily Census

Name of Clinical Unit	Service	Descriptive Title	ADC
MET01 3A REHAB	Med/Surg	Rehab	16.22
MET01 6A MED/SURG	Med/Surg	M/S Telemetry	16.36
MET01 6B MED/SURG	Med/Surg	M/S Telemetry	15.15
MET01 8B MED/SURG	Med/Surg	M/S Telemetry	11.94
MET01 8C MED/SURG**	Med/Surg	M/S	7.04
MET01 9B MED/SURG ICU	ICU/SD	ICU	8.24
IP NEONATAL ICU	Mat/Child	NICU	5.2
MET01 4C MOM BABY	Mat/Child	Mat/Child	10.74
MET01 5B PEDS	Mat/Child	PEDs	4.74
MET01 5W ADULT BH*/***	BH	Adult Psych	26
MET01 6W ADULT BH*	BH	Adult Psych	26
MET01 8W PSY ADULT BH*	BH	Adult Psych	26
MET01 9W ADULT BH*	BH	Adult Psych	26

*Psych staffing is to max census of 26, not ADC

** 8C is a surge unit, opened only for increased census

***5W anticipated to open, not currently open

B. Review of staffing plans and proposed staffing plan for 2024

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- a. The adopted staffing plan for 2023 was reviewed by the staffing committee, with no proposed changes for 2024 by management.
- b. Consensus was met on all aspects of staffing plan except for PCA staffing.
- c. Consensus was not met on PCA staffing.
 - a. Management proposal: 1:12 (as proposed in 2022 and 2023)
 - b. Union proposal: 1:7 (as proposed in 2022 and 2023)
- d. Union proposal and statement (as provided by Moira Dolan, representing DC 37 Local 420 and Local 1549:
 - a. **Facility** - Metropolitan
 - b. Union Committee members - Bella Medina, Local 420 Chapter Chair Moira Dolan, Sr. Assistant Director, DC 37
 - c. **In Patient Units**
 - i. Behavioral Health - 4 BHA's per Unit/tour and 2 PCA's per unit/ per tour. 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.
 - ii. 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. Often PCA's are assigned to 1:1 or close observation and not available to rest of the patients.
 - iii. Emergency Department & CPEP PCA's 1:5 and BHA's 4 per tour based on the high needs and volatility of the area.
 - iv. 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.
 - v. 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.
 - d. *Note:* statement provided by M. Dolan on 6.21.24 reflects disagreement on behavioral health staffing, patient care associate, emergency department and clerical staff. However, the vote at the last committee meeting was to accept staffing agreement for all areas, except for PCA staffing. M. Dolan provided further explanation in her email as follows: "Attached please find DC 37's proposals for safe staffing submission to the NYS Department of Health. We are not in agreement with the facility's proposal. This may vary from what was

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discussed at the meeting but represents further discussions with members and leadership.”

II. Staffing Plans

A. Ambulatory staffing plan:

Practice or Clinic	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
Geriatric OP Clinic Monday-Friday, 8-4pm	1	n/a	n/a	n/a	1	n/a	2	n/a
Primary Care (Adult, Family & Pride Health) Adult Primary Care: Monday-Thursday 8-8pm, Friday 8-4pm Family & Pride Health: Monday-Friday 8-4pm	8	2	n/a	n/a	12	2	6	2
Pediatrics & Pediatric Specialty Pediatrics: 8-4pm except Tuesday and Wednesday 8-7pm	3	1	3	1	4	n/a	3	1
Adult Medical Specialties Monday-Friday, 8-4pm	3	n/a	1	n/a	2		7	n/a
Adult Medical Subspecialties Monday-Friday, 8-4pm	2	n/a	1	n/a	1	n/a	2	n/a
Surgery Monday-Friday, 8-4pm	3	n/a	n/a	n/a	2	n/a	4	n/a
Women's Health	4	1	n/a	n/a	7	n/a	4	n/a

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Monday-Friday, 8-4pm, Except Thursdays, 8-7pm								
OP Rehab Monday-Friday, 8-4pm	1	n/a	n/a	n/a	1	n/a	3	n/a
Dental/ Oral Surgery Monday-Friday, 8-4pm	1	1	n/a	n/a	n/a	n/a	7	3

Shift 1: 7:30am-4pm Shift 2: 4pm-12am

Specialized Service	Registered Nurse (RN) Ratio		Specialized Tech		Nursing Support (PCA)		Unit Clerk/Additional Ancillary Support	
	Shift 1	Shift 2	Shift 1	Shift 2	Shift 1	Shift 2	Shift 1	Shift 2
Endoscopy	1:1 intraprocedure 3:1 recovery	n/a	1:1 cases	n/a	1:1 cases	n/a	3	n/a
Dialysis	3:1	3:1	*3	*1	n/a	n/a	1	1
Infusion	3:1 infusions 1 RN for Clinic	n/A	n/a	n/a	1	n/a	1	n/a

Specialized Tech: Includes but not limited to dialysis tech, endoscopy tech, etc...

*1 dialysis tech shift – 1-6:30-2:30pm, 1- 8am-4pm, 1- 11am-7pm, 1- 2p-10:30p

B. Inpatient Staffing Plan

i. Inpatient unit definitions and explanations:

Dept Name	Service	Functional Service
ME IPR 3A REHAB	Med/Surg	Rehab
ME IP 6A MEDICINE	Med/Surg	Medical and Surgical with Telemetry
ME IP 6B MEDICINE	Med/Surg	Medical and Surgical with Telemetry
ME IP 8B MED/SUR	Med/Surg	Medical Surgical
ME IP 8C MED/SUR	Med/Surg	Medical Surgical
ME IP 9B MICU	ICU	ICU
ME IP 4DN NICU	Mat/Child	NICU
ME IP 4C MOTHER BABY	Mat/Child	Mat/Child
ME IP 5B PEDS	Mat/Child	PEDs
ME IPP 5W PSYCH	BH	Adult Psych
ME IPP 6W PSYCH	BH	Adult Psych
ME IPP 7S PSYCH (8W physical location)	BH	Adult Psych

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ME IPP 9W PSYCH	BH	Adult Psych
ME IP LABOR & DLVRY	L&D	Labor and Delivery
FLOAT POOL	Other	Other
ME IPP 1 to 1 Patient Coverage Pool	Staff Pool	1 to 1 Patient Coverage Assignments

ii. Inpatient shift definitions by discipline:

Registered Nurse	Shift 1 1930-0800	Shift 2 0730-2000	
Patient Care Associates Behavioral Health Associates Clerical Associates Sitter Surgical Tech	Shift 1 0000-0730	Shift 2 0730-1600	Shift 3 1530-0000
Head Nurse	Shift 2 Variable		

iii. Registered Nurse Staffing Plan

Dept Name	Shift 1 Ratio	Shift 2 Ratio
ME IPR 3A REHAB	1:7	1:7
ME IP 6A MEDICINE*	1:6	1:6
ME IP 6B MEDICINE	1:6	1:6
ME IP 8B MED/SUR	1:6	1:6
ME IP 8C MED/SUR	1:6	1:6
ME IP 9B MICU	1:2	1:2
ME IP 4DN NICU	1:2	1:2
ME IP 4C MOTHER BABY	1:3**	1:3**
ME IP 5B PEDS	1:6	1:6
ME IPP 5W PSYCH	1:7	1:7
ME IPP 6W PSYCH	1:7	1:7
ME IPP 7S PSYCH	1:7	1:7
ME IPP 9W PSYCH	1:7	1:7
ME IP LABOR & DLVRY	1:2	1:2
FLOAT POOL	2:Shift	2:Shift

*When RNs are assigned to care for patients with increased acuity (ventilator patients) their assignment will be 1:4.

**Couplets

iv. Nursing Support Staffing Plan (to include PCAs, BHAs, Psych Techs, etc...):

Dept Name	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
ME IPR 3A REHAB	1:12	1:12	1:12

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ME IP 6A MEDICINE	1:12	1:12	1:12
ME IP 6B MEDICINE	1:12	1:12	1:12
ME IP 8B MED/SUR	1:12	1:12	1:12
ME IP 8C MED/SURG	1:12	1:12	1:12
ME IP 9B MICU	1:12	1:12	1:12
ME IP 4DN NICU	1:12	1:12	1:12
ME IP 4C MOTHER BABY	1:12	1:12	1:12
ME IP 5B PEDS	1:12	1:12	1:12
ME IPP 5W PSYCH	1:7	1:7	1:7
ME IPP 6W PSYCH	1:7	1:7	1:7
ME IPP 7S PSYCH	1:7	1:7	1:7
ME IPP 9W PSYCH	1:7	1:7	1:7
ME IP LABOR & DLVRY	1:12	1:12	1:12
FLOAT POOL	3:Shift	3:Shift	3:Shift

v. Clerical Associates Staffing Plan

Dept Name	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
ME IPR 3A REHAB	N/A	1:Unit	1:Unit
ME IP 6A MEDICINE	N/A	1:Unit	1:Unit
ME IP 6B MEDICINE	N/A	1:Unit	1:Unit
ME IP 8B MED/SUR	N/A	1:Unit	1:Unit
ME IP 9B MICU	N/A	1:Unit	1:Unit
ME IP 4DN NICU	N/A	0.5:Unit*	0.5:Unit*
ME IP 4C MOTHER BABY	N/A	1:Unit	1:Unit
ME IP 5B PEDS	N/A	0.0	0.0
ME IPP 6W PSYCH	N/A	1:Unit	1:Unit
ME IPP 7S PSYCH	N/A	1:Unit	1:Unit
ME IPP 9W PSYCH	N/A	1:Unit	1:Unit
ME IP LABOR & DLVRY	N/A	0.5:Unit*	0.5:Unit*
OVERNIGHT CLERICAL	3:Shift	N/A	N/A

*Clerical Associate assignment for NICU and L&D will be shared with one Clerical Associate supporting both areas.

vi. Head Nurse Staffing Plan:

ME IPR 3A REHAB
ME IP 6A MEDICINE *AHN currently
ME IP 6B MEDICINE *SON currently
ME IP 8B MED/SUR
ME IP 9B MICU
ME IP LABOR & DLVRY

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ME IP 4C MOTHER BABY
ME IPP 5W PSYCH
ME IPP 6W PSYCH
ME IPP 7S PSYCH
ME IPP 9W PSYCH

C. Emergency Department Staffing

a. Emergency Department Staffing Plan

- i. RN staffing plans for the Adult and Pediatric emergency department does not include psychiatric emergency and is designed to align with the Emergency Severity Index, a triage tool and algorithm utilized in the emergency services department.
- ii. RN staffing plans for the psychiatric emergency department is adopted on a ratio basis.
- iii. Registered Nurse staffing plan adopted for emergency services:

ESI Level	Shift 1 Ratio	Shift 2 Ratio
ESI 1	1:1	1:1
ESI 2	1:2	1:2
ESI 3	1:5	1:5
ESI 4 and 5	1:8	1:8
Psychiatric ED	1:7	1:7

- iv. Nursing Support to include Patient Care Associates and Behavioral Health Associates staffing plan adopted:

Dept Name	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
Adult Emergency	1:12	1:12	1:12
Pediatric Emergency	1:12	1:12	1:12
Psychiatric ED	3 per shift	3 per shift	3 per shift

D. Operating Room Staffing Plan

- i. Registered Nurse staffing plan adopted for operating room:

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

- ii. Surgical Tech staffing plan adopted for operating room*:

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Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
1:1	1:1	1:1

*An additional RN may be substituted for surgical tech

iii. Recovery Room Staffing

Recovery Stage >8 years of old or older	Shift 1 Ratio	Shift 2 Ratio
Phase I	1:2	1:2
Phase II	1:4	1:4
Extended Care	1:5	1:5

Recovery Stage Pediatrics <8 years old	Shift 1 Ratio	Shift 2 Ratio
Phase I unconscious	1:1	1:1
Phase I conscious	1:2	1:2
Phase II w/out escort	1:2	1:2
Phase II w/ escort	1:3	1:3
Extended Care	1:5	1:5