



JAMAICA HOSPITAL MEDICAL CENTER CLINICAL STAFFING COMMITTEE PLAN

Introduction

Jamaica Hospital Medical Center (“Hospital”) has established and shall maintain a clinical staffing committee in accordance with New York State regulatory requirements. The Jamaica Hospital Medical Center Clinical Staffing Committee (“JHMC – CSC” or “Committee”) is comprised of members of 1199SEIU Healthcare Workers East (“1199SEIU”), 1199SEIU Healthcare Workers East – RN Division (“1199SEIU – RN Division”) and select members of the Hospital’s Administration team.

On December 8, 2021, JHMC-CSC commenced drafting the Hospital’s clinical staffing plan (“Plan”). JHMC-CSC members understand that appropriate staffing contributes to a reduction in medical errors, complications, and adverse patient care events, improves staff satisfaction and safety, and reduces incidents of workplace injuries. For these reasons, the Committee worked collaboratively to define specific guidelines for determining a safe staffing mix for each patient care unit and shift to ensure sufficient staffing to protect patients, support staff retention and continue to build a safer working environment.

The established guidelines incorporate minimum staffing requirements outlined in existing collective bargaining agreements and shall be used as a primary component of the Hospital’s staffing budget. The Plan shall be submitted to the New York State Department of Health (“Department”) annually. The Committee shall make interim amendments as determined to be necessary and shall submit the updated Plan to the Department accordingly.

Jamaica Hospital Medical Center Clinical Staffing Committee Members:

Hospital Administration Team Members:

Susan Iovino, DNP, RN, Vice President and Chief Nursing Officer
Vivekanand Singh, MS, RN, CRRN, NEA-BC, Director of Nursing
Robert Pryce, MBA, RN, Director of Nursing
Emilia Escamilla-Rebaza, RN, Director of Nursing
Alpa Varma, Asst. Director Finance (CFO Designee) **Alternate:** Jake Chiu, Asst. Director - Finance
Melissa Myers, SHRM-CP, Human Resources Manager
Ravi Balram, DHA, Director of Human Resources

1199SEIU Healthcare Workers East Members:

Dreana Bellamy, Vice President, 1199 SEIU Healthcare Workers East (Observer)
Rubin Del Valle, 1199SEIU Contract Administrator (Observer); and Dwayne Peters, 1199 SEIU Contract Administrator (Observer)
1199SEIU Delegates/Employee Representatives – Maryse St. Surin, PCA, Carlene Thomas, PCA, and Marcel Bryan, PIR.

1199SEIU Healthcare Workers East – RN Division Members:

Benson Mathew, VP – RN Division (Observer); Sherwin Griffith, 1199SEIU Organizer (Observer)
Delyse Williamson, RN 1199SEIU Organizer.
1199SEIU RN Delegates/Employee Representatives – Jazzmin Walton, RN, Lisette Solomon, RN, and Joy Oseki, RN.

Plan Development:

Below are the factors that the Committee considered in determining a safe staffing and skill mix for each patient care unit and incorporated in the development of the overall clinical staffing plan:

- Patient census and census variance trends (including but not limited to total numbers of patients on the unit and each shift and activity such as discharges, admissions, and transfers).
- Patient Length of Stay (LOS)
- Patient Acuity: measure of acuity and intensity of all patients; nature of care delivered on each unit and shift
- Other special characteristics of the unit or community patient population, including age, cultural or linguistic diversity and needs, functional ability, communication skills, and other relevant social or socioeconomic factors
- Need for specialized or intensive equipment

- Architecture and geography of the unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
- Nurse sensitive outcome indicator data
- Quality metrics and adverse event data where staffing may have been a factor
- Patient experience and staff engagement/experience data
- Nursing overtime and on-call utilization
- Nursing agency utilization and expense
- Staffing concerns/data
- Recruitment, retention, and turnover data
- Leaves of absence
- General hospital finances
- Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing associations, and other health professional organizations.

STAFFING GRIDS: The staffing grids provided below reflects the minimum staffing guidelines/levels and ratios for all units. The staffing grids are provided to clarify the minimum staffing guidelines to depict the correlation between ratios, census and staffing mix relative to unit/ floor. In August 2023, the Committee updated the staffing grid.

MEDICAL SURGICAL: Medical Oncology - 3S - A/B Building; Stroke, Telemetry, Medical Rehab. - 5N - A/B Building; Ortho Surgery - 3N - A/B Building; Medical Telemetry - 4S - A/B Building; Medical - 6S - A/B Building; Hospice - C Building

Med-Surg RN Required

MED-SURG UNITS	# OF BEDS	# OF SHIFT	RN TO PATIENT STAFFING GUIDELINES	CHARGE NURSE PER SHIFT
6 SOUTH	39	2	1:6	1.00
5 NORTH	29	2	1:6	1.00
HOSPICE	10	2	1:6	0.00
3 NORTH	39	2	1:6	1.00
3 SOUTH	39	2	1:6	1.00

Med-Surg PCA Required

MED-SURG UNITS	# OF BEDS	# OF SHIFT	PCA TO PATIENT STAFFING GUIDELINE
6 SOUTH	39	3	1:8
5 NORTH	29	3	1:8
HOSPICE	10	3	1:8
3 NORTH	39	3	1:8
3 SOUTH	39	3	1:8

Med-Surg PIR/ADM. SUPPORT Required

MED-SURG UNITS	# OF BEDS	# OF SHIFT	PIR/ ADM. SUPPORT STAFFING GUIDELINE
6 SOUTH	39	2	1
5 NORTH	29	2	1
HOSPICE	10	2	1
3 NORTH	39	2	1
3 SOUTH	39	2	1

INTENSIVE CARE: Medical Intensive Care Unit - A/B Building Surgical Intensive Care Unit - 3 Central - A/B Building

CRITICAL CARE: Surgical/Medical Stepdown - 4N - A/B Building

Intensive and Critical Care RN Required

INTENSIVE & CRITICAL CARE UNITS	# OF BEDS	# OF SHIFT	RN TO PATIENT STAFFING GUIDELINE	CHARGE NURSE
SICU	13	2	1:2	1.00
MICU	13	2	1:2	1.00
4 SOUTH TELE	39	2	1:5	1.00
4 NORTH IMCU	28	2	1:3	1.00

Intensive and Critical Care PCA Required

INTENSIVE & CRITICAL CARE UNITS	# OF BEDS	# OF SHIFT	PCA TO PATIENT STAFFING GUIDELINE
SICU	13	3	1:7
MICU	13	3	1:7
4 SOUTH TELE	39	3	1:8
4 NORTH IMCU	28	3	1:7

Intensive and Critical Care PIR/ADM SUPPORT Required

INTENSIVE & CRITICAL CARE UNITS	# OF BEDS	# OF SHIFT	PIR STAFFING GUIDELINE
SICU	13	2	1
MICU	13	2	1
4 SOUTH TELE	39	3	1
4 NORTH IMCU	28	2	1

Critical Care Tele-Techs Required

INTENSIVE & CRITICAL CARE UNITS	# OF BEDS	# OF SHIFT	TELE TECH STAFFING GUIDELINE
4 SOUTH TELE	39	3	1
4 NORTH IMCU	28	3	1

WOMEN AND CHILDREN: Obstetrics/Gynecology: Labor and Delivery Unit – 2nd Floor – A/B Building; 2 South Pediatric – 2nd Floor South – A/B Building – CLOSED; 2 North OBGYN – 2nd Floor North – A/B Building; and Neonatal Intensive Care Unit – 2nd Floor – A/B Building

Women & Children RN Required

WOMEN & CHILDREN UNITS	# OF BEDS	# OF SHIFT	RN TO PATIENT STAFFING GUIDELINE	CHARGE NURSE
2 NORTH OBGYN / NURSERY	28	2	1:7	1.00
2 SOUTH - PEDIATRICS	6	2	1:4	1.00
NICU	21	2	1:3	1.00
LABOR DELIVERY / LEC	12	2	7	1.00

Women & Children PCA Required

WOMEN & CHILDREN UNITS	# OF BEDS	# OF SHIFT	PCA TO PATIENT STAFFING GUIDELINE
2 NORTH OBGYN / NURSERY	28	3	1:8
2 SOUTH - PEDIATRICS	6	3	1:8
NICU	21	3	0
LABOR DELIVERY / LEC	12	3	0

Women & Children PIR Required

WOMEN & CHILDREN UNITS	# OF BEDS	# OF SHIFT	PIR STAFFING GUIDELINE
2 NORTH OBGYN / NURSERY	28	2	1
2 SOUTH - PEDIATRICS	6	2	1
NICU	21	2	1
LABOR DELIVERY / LEC	12	3	1

PSYCHIATRY: Mental Health - Psychiatry 3 - C Building; Mental Health - Psychiatry 2 - C Building; CPEP – Emergency Room – Ground Floor - A/B Building A/B Building

PSYCHIATRY UNITS	# OF BEDS	# OF SHIFT	RN TO PATIENT STAFFING GUIDELINE
PSYCHIATRY 2	28	2	1:6
PSYCHIATRY 3	28	2	1:6
CPEP	15	2	5

Psychiatry PCA Required

PSYCHIATRY UNITS	# OF BEDS	# OF SHIFT	PCA TO PATIENT STAFFING GUIDELINE
PSYCHIATRY 2	28	3	1:8
PSYCHIATRY 3	28	3	1:8
CPEP	15	3	0

Psychiatry PIR/ADM SUPPORT Required

PSYCHIATRY UNITS	# OF BEDS	# OF SHIFT	PIR STAFFING GUIDELINE
PSYCHIATRY 2	28	2	1
PSYCHIATRY 3	28	2	1
CPEP	15	3	1

Renal Dialysis – Acute Dialysis - 4th Floor - A/B Building

Position	Coverage by Shift		
	Day	Evening	Night
Charge RN/AHN	1	-	-
RN	3	2	-
Dialysis Tech	1	1	-

Emergency Department - Ground Floor - A/B Building

Position	Coverage by Shift		
	Day	Mid/10AM or Evening	Night
AHN	2	0	2
RN	24	3	24
PCA	11	11	11
PIR	4	4	4
PAR	1	1	1

Operating Room - 1st Floor – A/B Building

Position	Coverage by Shift		
	Day	Mid or Evening	Night
AHN	1	-	1
RN	1:1	1:1	1:1
Weekend RN	1:1	1:1	1:1
OR Tech	1:1	1:1	1:1
Weekend OR Tech	1:1	1:1	1:1
PCA	2	-	-
PIR/ADM SUPPORT	1	-	-
SCA	4	2	1
Weekend SCA	1	1	1

Post-Anesthesia Care Unit/ Recovery Room (PACU) - 1st Floor - A/B Building

Positions	Coverage by Shift		
	Day	Swing	Night
Charge RN/AHN	1	-	-
Registered Nurse	5	-	2
PCA	1	1	-

Endoscopy 1st Floor – A/B Building

Positions	Coverage by Shift		
	Day	Swing	Night
Charge RN/AHN	1	-	-
Registered Nurse	1:1	-	-
OR TECH	1:1	-	-
PCA	1	-	-

Ambulatory Surgery – 1st Floor – A/B Building

Positions	Coverage by Shift		
	Day	Swing	Night
Charge RN/AHN	1	-	-
Registered Nurse	6	-	-
PCA	1	-	-
PIR	1	-	-

Ambulatory Infusion Therapy – Concourse Level – C Building

Positions	Required FTEs		
	Day	Swing	Night
Registered Nurse	1	-	-
Navigator	1	-	-

Cardiac Catheterization Lab – 1st Floor – C Building

Positions	Required FTEs		
	Day	Evening	Night
Charge RN	2	-	-
Registered Nurse	12.00	-	-
SCA	3	-	-
ADM. SUPPORT	3	-	-

Ambulatory Care Clinic - Ground Floor - C Building

Positions	Coverage by Shift		
	Day	Swing	Night
Registered Nurse	6	5	-
LPN	4	5	-
Ancillary	9	8	-

Compliance:

To ensure compliance with the Plan, the Committee has developed the following complaint submission, review and tracking process to address Plan variations:

COMPLAINT SUBMISSION:

Isolated incidents of variation in staffing guidelines shall not be cited as evidence of the Hospital’s failure to adhere to established guidelines. However, such incidents should be reported to the Chief Nursing Officer to ensure that isolated incidents do not evolve into a pattern and practice of non-compliance.

Perceived patterns and practices of Plan variations shall be reported to the JHMC-CSC for discussion and resolution. The Committee shall designate a subcommittee comprised of two management representatives, including the Chief Nursing Officer or designee, two representations of 1199SEIU and two representatives of 1199SEIU–RN Division to evaluate reported patterns and practice of Plan variations. If the subcommittee determines that the reported variations are founded, the subcommittee shall prepare and recommend an appropriate corrective action plan (“CAP”). The subcommittee’s findings and recommended CAP shall be presented to the Committee for adoption, implementation, and reporting, if deemed necessary.

By consensus, the Committee shall determine whether a complaint is deemed resolved or shall be dismissed as unfounded. Complaints that the Committee deems to be active in the review process or determined to be unfounded shall be held confidential in keeping with regulatory requirements ¹.

COMPLAINT TRACKING AND RESPONSE:

Complaints shall be tracked by the Committee using an electronic spreadsheet to ensure that all complaints have been evaluated. Two Committee members shall be appointed to recordkeeping roles and granted sole access to revise the spreadsheet, at least one appointee shall be a member of Hospital Management. Hospital Management shall establish an electronic share-file to which all Committee members are granted read-only access to the complaint tracking data for monitoring and accountability purposes.




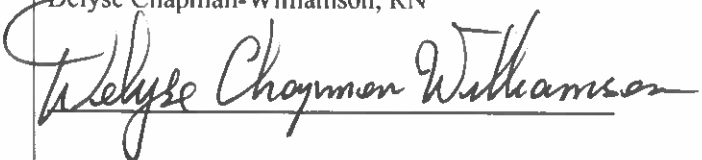
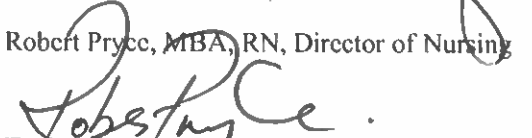


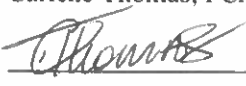

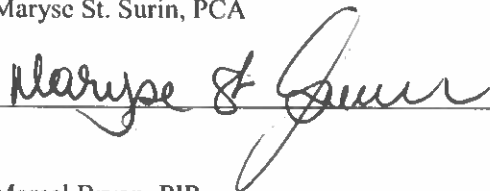
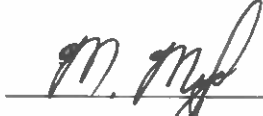

Waiver of Plan Requirements:

The Committee agrees to a waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in New York’s Public Health Law. A common example would include serious inclement weather events.

¹ S1168-A Section 7c) The clinical staffing committee shall also establish agreed upon rules and criteria to provide for confidentiality of complaints that are in the process of being examined or are found to be unsubstantiated. This subdivision does not infringe upon or limit the rights of any collective bargaining representative of employees, or of any employee or group of employees pursuant to applicable law, including without limitation any applicable state or federal labor laws.

AGREED: The signatures below serve as confirmation that the Jamaica Hospital Medical Center Clinical Staffing Committee has reached consensus regarding the staffing plan outlined above.

VOTING MEMBERS

Management Representatives	Labor Representatives
Susan Iovino, DNP, RN, Vice President and Chief Nursing Officer 	Jazzmin Walton, RN JW Lisette Solomon RN Jazzmin Walton RN Lisette Solomon, RN
Vivekanand Singh, MS, RN, CRRN, NEA-BC, Director of Nursing 	 Delyse Chapman-Williamson, RN 
Robert Pryce, MBA, RN, Director of Nursing 	Joy Oseki, RN 
Emilia Escamilla-Rebaza, RN, Director of Nursing 	Carlene Thomas, PCA 
Alpa Varma, Asst. Director Finance (CFO Designee) 	Maryse St. Surin, PCA 
Melissa Myers, SHRM-CP, Human Resources Manager 	Marcel Bryan, PIR 
Ravi Balram, BHA, Director of Human Resources 