

## MEMO

**Date:** June 28<sup>th</sup>, 2024  
**To:** New York State Department of Health  
**From:** Abbi-Gail Baboolal, Chief Nursing Officer  
**Subject:** NYS Staffing Plan Submission  
PFI# 001633  
H+H NYC- Queens Hospital Center

---

### Final Plan

**Medical/Surgical units:** PCA Ratio: 1:12

A4E/W, 3BE, 4BE, 4BW, 5BE, 5BW, 3BET

RN Ratios: 1:6 Med/surg and 1:4 Telemetry patients

**5BW Medsurg/Psych** PCA Ratio: 1:12

RN Ratios: 1:6 Med/surg and 1:4 Telemetry patients

**BHA: 1 per shift**

**Stepdown 3BE** PCA Ratio: N/A

RN Ratios: 1:4

**ICU** PCA Ratio: 1:12

RN Ratios: 1:2

**MOTHER/CHILD 2BE** PCA Ratio: 1:12

RN Ratio: 1:3 (couplets)

**NICU** PCA Ratio: 1:12

RN Ratio: 1:2

**Labor & Delivery 2AW** PCA Ratio: 1:12

RN Ratio: 1:2

**Behavioral Health units**

**P5N & S**

PCA Ratio: 1 per shift

**BHA: 2 per shift**

RN Ratio: 1:7

**N3**

**RN Ratio: 1:7**

**Psych tech Ratio: 1 per shift**

**BHA: 1 per shift**

**Emergency Department**

**Adult ED      RN RATIOS**

**ESI-1          1:1**  
**ESI-2          1:2**  
**ESI-3          1:5**  
**ESI-4/5       1:8**

**PCA Ratio: 1:12**  
**Sitters: 3 per shift**

**BHA: 2 per shift**

**PEDS ED      RN RATIOS**

**ESI-1          1:1**  
**ESI-2          1:2**  
**ESI-3          1:5**  
**ESI-4/5       1:8**

**PCA Ratio: 1:12**  
**Sitters: N/A**

**BHA: N/A**

**Operating Room**

**SURGICAL TECH 1:1**

**RN Ratio: 1:1**

---

**Clerical Associates:**

**Medsurg**

**A4E/W                      1 per shift (day, evening & nights)**  
**4BE**  
**5BE**  
**ICU**

**Mother/Child 2BE      1 day and evening shift**

**NICU                              1 day and evening shift**

**L&D                                1 day and evening shift**

**Behavioral health**

**N3:                      1 for day shift & 1 evening shift**  
**P5:                      1 for day shift & 1 evening shift**

## **The Union's Proposal**

NYSNA

NYSNA agreed with current proposals which reflects the current Collective Bargaining Agreement.

DC 37/Local 420/Local 1549

They proposed 1:8 PCA/PCT/CNAs ratios throughout the hospital for patient safety. For ED, they Proposed 1:5 for ED.

4 BHAs for every shift.

For clerical staff, the union agreed with management clerical plan for each unit in the hospital with the notation that ED clerical nights to review clerical coverage. Then later emailed disagreement stated they requesting 'at least two relief clerical per day and evening tours to cover lunch and breaks'. They also stated, 'float pool for overnight'. Management is not in agreement with this additional request for staffing.

## **Management Proposal**

Management agreed with NYSNA's proposals to remain as current state staffing ratios as per the current Collective Bargaining Agreement.

Management proposed to continue the current 1:12 PCA ratios throughout the facility. For BHAs they proposed to maintain current status with 1 to 2 BHAs on each shift in the designated areas (ED, Behavioral Health and 5BW – Med/Psych inpatient unit. Management explained they have added BHA Supervisors and roamers to complement staffing as needed.

For clerical staff, management proposed one on each unit is sufficient for day shift and evening shift. For night shift, we added more clerks to cover the large units and those based on the needs of patients and organization. The union agreed with our clerical proposal with the added number of clerks.

Our PCA staffing remains the same as 2023 with a ratio of 1 to 12 as per our current state.

The rationale behind the 1:12 nursing support ratio is:

- The staffing studies and literature support 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 1:2.5 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/surg units, with Stepdown, ICU and other critical care units 1:2 to 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 Queen's hospital, RNs and nursing support work as a team with one another. By ensuring that RN ratios are robust, our model enables RNs can 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%.”

Queens hospital has hired additional staff to meet its staffing goal and continues to monitor staffing patterns and employee attendance to meet goals.

- A float team pool was created to address any gaps in coverage to support nursing PCAs.
- 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. In addition to additional ‘sitters’ which are being used for constant 1:1s and Nursing close observations. This model reduces the number of patients per PCAs on the units for daily care and Activities of Daily Living.

Behavioral Health Associates (BHAs) at Queen’s hospital work primarily in behavioral health units. They perform crisis and de-escalation interventions, therapeutic observations, and patient supervision. As a public health care hospital that sees some of New York City’s most acute psychiatric patients, our BHAs are essential to the functioning of our behavioral health units.

Our proposal for BHAs is one per unit P5, N3 and 5BW for the following reasons (which is the current state):

- The PCAs and Psych techs are present for nursing support and safety.
- The BHAs assigned to the unit are not routinely utilized for one to ones and will therefore be available on the unit for rounding, surveillance, etc.
- BHAs perform de-escalation functions and routine observations. Our facility has staffed P5, N3 and 5BW with one BHA per shift and have found the number to be sufficient to ensure patient and staff safety. With the new BH 2.0 model, additional BHA, psych techs, clerical staff and RNs have been added to the staffing model.

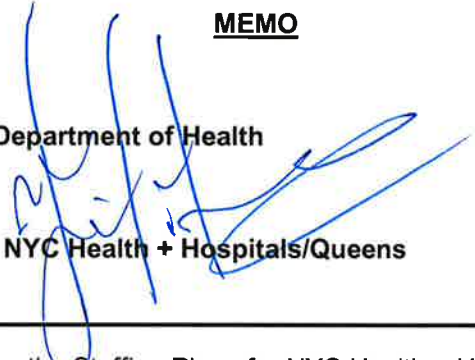
For Ambulatory area:

No consensus has been reached since we have agreed to continue work with the current staffing plan. There is no staffing model for this area for NYSNA, DC37 nor Local 420/1549.

Neil J. Moore, MBA, MPA, FACHE  
Chief Executive Officer  
Executive Administration  
82-68 164<sup>th</sup> Street  
Jamaica, NY 11432  
[mooren11@nychhc.org](mailto:mooren11@nychhc.org)  
718-883-2355

**MEMO**

**DATE:** 07/01/2024  
**TO:** New York State Department of Health  
**FROM:** Neil J. Moore  
**SUBJECT:** Staffing Plan for NYC Health + Hospitals/Queens



---

I have had the opportunity to review the Staffing Plans for NYC Health + Hospitals/Queens and I am in full agreement with the staffing plan submitted as set forth and outlined by management as in the 'Final Plan' to maintain current staffing ratios as per NYSNA's collective bargain agreement and the current staffing for the ancillary staff (PCAs, CNAs, BHAs, Psych Techs and Clerical associates).

I am aware there was not a consensus on the staffing ratios for the patient care associate, clerical associates, behavioral health associates and psych techs. My agreement with management also relates to the supportive literature and data published by The Healthforce Center at the University of California San Francisco titled a "Health Workforce Baseline and Surge ratio" chart based on 'best available literature' and crowd sourced information on March 21, 2020. Our facility continues to formulate a complex staffing plan for the outpatient areas for all disciplines to support our staff.

Management provided the number of staff and/or staffing ratios for each department (unit) per discipline to the staffing committee. NYSNA collective bargain agreement has been observed as set by the agreement which has been in effect on July 1<sup>st</sup> 2023.

If further information is needed please contact me.

<b>Facility Name:</b>	<b>Queens Hospital PFI# 001633</b>
<b>Facility Contact:</b>	<b>Abbi-Gail Baboolal</b>

<b>Department - DOH Required</b>	<b>Facility Department Name:</b>	<b>Inpatient or Outpatient</b>	<b>RN Shift Time (Day):</b>	<b># of RN during Day Shift</b>
Ambulatory Surgery	QU AMB SURGERY	outpatient	6a-2:30	2
Burn	N/A			
Cardiac Catheterization	N/A			
Emergency Department	QU ED ADULT	outpatient	7a-7:30p	13
Endoscopy	Endoscopy	inpatient/outpatient		
Geriatric	QU GERIATRIC MED	outpatient	8a-4:30	2
Medical/Surgical		Inpatient	7a-7:30p	
Neurology	QU NEUROLOGY	outpatient	8-4:30 PM	1
Obstetrics/Gynecology	QU IP 2AW OBS L&D	Inpatient	7a-7:30p	7
Oncology	QU HEMATOLOGY ON	outpatient	8-4:30 PM	7
Cardiovascular	QU CARDIOLOGY CLIN	outpatient	8-4:30 PM	2
Dental O/P	Dental		7a-3:30	
Dialysis - Acute	QU DIALYSIS	inpatient	7:00am-7:30pm	1
Dialysis O/P	N/A			
Infusion Center	QU HEMATOLOGY ON	outpatient	8-4:30 PM	7
Lithotripsy				
MRI				
Mental Health Services O/P	QU ED PSYCH	outpatient	7am -7:30 pm	4
Nuclear Medicine/Radiology				
Outpatient Clinics	QU PRIMARY CARE	outpatient	8-4:30 PM	20
Pediatrics	QU PRIMARY CARE PE	outpatient	8-4:30 PM	7
Psychiatry	QU ADULT BEHAV HEA	outpatient	8:30am-5pm	1
Pulmonary	QU PULMONARY	outpatient	8-4:30 PM	1
Rehabilitation	Rehabilitation			
Renal	Renal			1
Short Stay	Short Stay			
Transplant				
Other	Other			

**Key**

Unlicensed personnel: for example, patient care technicians

Additional resources support: resources include but are not limited to unit clerical staff, admission/di







<b>LPN Shift Time (Night):</b>	<b># of LPN during night shift</b>	<b>Ancillary Members Shift Time (Day):</b>	<b># of Ancillary Members during Day Shift</b>	<b>Ancillary Members Shift Time (Evening):</b>	<b># of Ancillary Members during evening shift</b>	<b>Ancillary Members Shift Time (Night):</b>
n/a	n/a	6am-1:30pm	1	9am-5pm	1	
7p - 7:30a	1	7a - 3p	13	3p - 11:15p	13	11:15p - 7:15a
N/A	N/A	PCA- 8-4:30	2	N/A	N/A	N/A
N/A	N/A	8-4:30pm	1	N/A	N/A	N/A
		7-3:30p	4	3p-11:30p	6	11:15p-7:15a
N/A	N/A	8-4:30PM	4	N/A	N/A	N/A
N/A	N/A	8-4:30PM	1	4-6:30PM	1	N/A
n/a	n/a	6:30am-3pm	1	n/a	n/a	n/a
N/A	N/A	8-4:30PM	4	N/A	N/A	N/A
n/a	n/a	7am-3:30pm	2	3pm-11:30pm	2	11:15pm-7:15am
N/A	N/A		22	4:30-7:30PM	3	
N/A	N/A	8-4:30PM	8	5-8PM	2	N/A
n/a	n/a	n/a	n/a	n/a	n/a	n/a
N/A	N/A	8-4:30PM	1	4:30-6:30PM	1	N/A



# of Ancillary Members during night shift	unlicensed personnel Shift Time (Day):	# of unlicensed personnel during Day Shift	unlicensed personnel Shift Time (Evening):	# of unlicensed personnel during evening shift	unlicensed personnel Shift Time (Night):
n/a	n/a	n/a	n/a	n/a	n/a
13					
N/A	PCA	2	N/A	N/A	N/A
N/A	PCA	1	N/A	N/A	N/A
6	8a-4p	2	4p-12a	1	
N/A	PCA	2	N/A	N/A	N/A
N/A	PCA	1	4-6:30PM	1	N/A
n/a	n/a	n/a	n/a	n/a	n/a
N/A	PCA	3	N/A	N/A	N/A
2	7am-3:30pm	2	3pm-11:30pm	2	11:15pm-7:15a
	8-4:30PM	36			
N/A	8-4:30PM	8	5-8PM	2	N/A
n/a	n/a	n/a	n/a	n/a	n/a
N/A	8-4:30PM	1	4:30-6:30PM	1	N/A



<b># of unlicensed personnel during night shift</b>	<b>Additional Resource Support Shift Time (Day):</b>	<b># of Additional Resource Support during Day Shift</b>	<b>Additional Resource Support Shift Time (Evening):</b>	<b># of Additional Resource Support during evening shift</b>	<b>Additional Resource Support Shift Time (Night):</b>
n/a	n/a	n/a	n/a	n/a	n/a
N/A	Clerk 8-4:30	2 Clerk	N/A	N/A	N/A
N/A	Clerk 8-4:30	1 clerk	N/A	N/A	N/A
N/A	Clerk 8-4:30	2 clerks	N/A	N/A	N/A
N/A	Clerk 8-4:30	1 clerk	4-6:30PM	1 clerk	N/A
n/a	n/a	n/a	n/a	n/a	n/a
N/A	CLERK 8-4:30P	2 CLERKS	N/A	N/A	N/A
2	clerk 8am- 4:30	2	4pm- 12mn	1 Clerk	12mn- 8am
N/A	CLERK 8-4:30P	3 CLERKS	5-8PM	1	N/A
n/a	n/a				
N/A	CLERK 8-4:30P	1 CLERK	4:30-6:30PM	1	N/A



**# of  
Additional  
Resource  
Support  
during night  
shift**

n/a
N/A
N/A
N/A
N/A
n/a
N/A
1clerk
N/A
N/A