



## FLUSHING HOSPITAL MEDICAL CENTER CLINICAL STAFFING COMMITTEE PLAN

### **Introduction**

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

On December 9, 2021, FHMC-CSC commenced drafting the Hospital’s clinical staffing plan (“Plan”). FHMC-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. 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.

### **Flushing Hospital Medical Center Clinical Staffing Committee Members:**

#### *Hospital Administration Team Members:*

Ruben Silvestre, Chief Nursing Officer  
Catherine Ferrari, Assistant Vice President – Operations  
Laisamma John, MBA, RN, NEA-BC, Director of Nursing  
Maria Smilios, MSN, CNS, RNC, IBCLC, Director of Nursing Maternal and Child Services  
Jake Chiu, Assistant Director – General Accounting (CFO Designee)  
Alpa Varma, Assistant Director – General Accounting (CFO Designee – Alternate)  
Andrea L. Goldman, Esq., Director of Human Resources  
Trina Cornet, Esq., MPA, VP of Human Resources and Chief Labor and Employment Counsel

#### *1199SEIU Healthcare Workers East Members:*

Dreana Bellamy, Vice President, 1199 SEIU Healthcare Workers East (Observer)  
Vernon Dietz, 1199 SEIU Contract Administrator (Observer)  
1199SEIU Delegates/Employee Representatives – Jennifer Hunter, CNA, Theresa Germain, PCT,  
Sandra Langford, Monitor Tech, Donna O’Connor, Nurse Attendant, Greg Lamour, Clerk

#### *New York State Nurses Association Members:*

Corey Finger, NYSNA Program Representative (Observer)  
NYSNA Delegates/Employee Representatives – Michelle Jones, NP, Tracey Kavanagh, RN, Tracy Kostic, RN, Craig Berke, RN, Theresa McGorty, 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 data
- 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 GRID:** The staffing grid below reflects the minimum staffing guidelines/levels and ratios for all units and is 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.

UNIT	Charge RN*	RN: Patient Ratio	NA: Patient Ratio	Ward Clerk	Tech	Capacity
<b>Med-surg</b> Inpatient – 3W – 3rd floor 1962 building Inpatient - 4N1 - 4th floor Northeast Wing of FHMC Inpatient - 4N2 - 4th floor 1976 building Primarily Elderly Care - 2 North 2nd floor 1976 Building	1	1:6 NOTE: 3W - 1:5	1:8	1 (Day & Eve)		2N2:32 3W:26 4N1:26; 4N2: 32
<b>Telemetry</b> Telemetry– 3N2 3rd floor 1976 Building	1	1:4	1:7	1 (Day & Eve)	1 (Day, Eve & Night)	28
<b>Critical Care</b> Critical Care Unit - 3 East - 3rd floor 1926 Building.	1	1:2	1:8	1 (Day & Eve)		22
<b>CDU</b> Drug and Alcohol Detoxification - 2 West 2nd floor 1962 Building	1	1:7	1:10	1 (Day & Eve)	1 NA for Environmental rounds (D/E/N)	28

UNIT	Charge RN*	RN: Patient Ratio	NA: Patient Ratio	Ward Clerk	Tech	Capacity
<b>ATU</b> Addiction Triage Unit – 2nd floor 1962 Building		1 (Day & Night if open) ATU closes at 8 PM	1 (Day & Eve)			
<b>Dialysis</b> 3rd Floor - 1976 Building	1	1:2 (Hours of Operation: 7am – 12mn)			1 Chief Tech 1 Tech – Day 1 Tech – Night	4
<b>Labor and Delivery Suite</b> 5N – 1976 Building	1	1:2 (Early Labor) 1:1 (Active Labor) 1 (Triage)	1	1		17
<b>Newborn</b> Newborn Nursery - 5th floor 1962 Building	1	1:5/6	1 per shift	1 (Day & Eve)	1 MA (Day)	28
<b>NICU</b> Neonatal Intensive Care Unit Level III Nursery - 5th floor 1976 Building	1	1:1 (Extremely Critical) 1:2 (Critical) 1:3 (Stable, Continuing Care)	1 per shift	1 (Day & Eve)	1 NA for low level disinfection, Eve or Night.	
<b>Pediatrics</b> General Pediatrics – 4W 4th floor of the 1962 Building	1	1:4	1:8	1 (Day)		16
<b>5W/5E</b> <b>Post Partum</b> 5W - 5th floor 1962 Building and 5E 5th floor 1926 Building	1	1:6 (1:4 for couplets)	1:8	1 (Day & Eve)	1 Lactation. Consultant (Day & Eve)	
<b>OB GYN Clinic</b> 2 <sup>nd</sup> floor 1982 Building	2-3 RNs (Hours of Operation: 8am – 5pm)		2 LPNs	2	5 MAs	
<b>MFM Clinic</b> 3 <sup>rd</sup> Floor 1982 Building	3 RNs (Hours of Operation: 8am – 5pm)			3 Clerks		
<b>Medical Clinic</b> Ambulatory Clinic - 1st Floor - 1982 Building	1 RN (Hours of Operation: 8:30am – 5pm)		2 LPNs	1 Clerk	2 MA	
<b>OR</b> Basement 1976 Building	1	1 RN/OR Room (Circulating) 1 RN (Endo)	3	3	1 Surgical tech/OR Room 1 Endo Tech	10
<b>Critical Care - Post Anesthesia Care Unit (PACU)</b> lower level of 1976 Building adjacent to the Operating Room	1	1:2 (Phase 1) 1:3 (Phase 2)	3	1 (Day)		11

UNIT	Charge RN*	RN: Patient Ratio	NA: Patient Ratio	Ward Clerk	Tech	Capacity
ASU Basement 1976 Building		9.5 RNs (9 FT, 1 PT)	2	1 (Day)		10
ER Emergency Room - 1st Floor - 1976 Building	1					
(ESI-Emergency Severity Index)		1:2 (ESI 1, Critical)	4	1 Day 2 Eve 1 Night	2 PCT Day 2 PCT Night (12 Hr shifts)	ED Peds: 10
		1:4 (ESI 2, Urgent unstable)				ED Adult: 30
		1: 6 (ESI 3 &4, Urgent stable)				
		1:8 (ESI 5, Stable)				

\* Charge RN and 1:1 are excluded from staffing ratio

**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 FHMC-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 NYSNA 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 <sup>1</sup>.

*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.


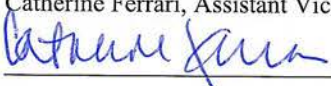
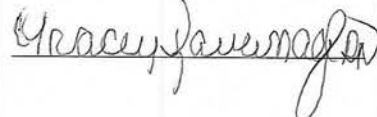

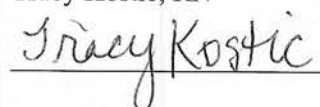


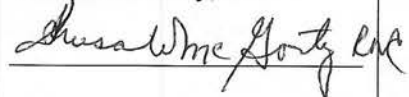
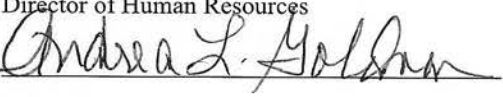
<sup>1</sup> S1168-A Section 7c) ... The clinical staffing committee shall also establish agreed upon rules and criteria to provide for confidentiality of complaints that are in the process of being examined or are found to be unsubstantiated. This subdivision does not infringe upon or limit the rights 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.

**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.

**AGREED:**

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

VOTING MEMBERS		
Management Representatives	Labor Representatives	
Ruben Silvestre, Chief Nursing Officer  <hr/>	Jennifer Hunter, CNA 15/	Michelle Jones, NP 15/
Catherine Ferrari, Assistant Vice President  <hr/>	Theresa Germain, PCT 15/	Tracey Kavanagh, RN  <hr/>
Laisamma John, MBA, RN, NEA-BC, Director of Nursing  <hr/>	Sandra Langford, Monitor Tech 15/	Tracy Kostic, RN  <hr/>
Maria Smilios, MSN, CNS, RNC, IBCLC, Director of Nursing Maternal and Child Services  <hr/>	Donna O'Connor, Nurse Attendant 15/	Craig Berke, RN  <hr/>
Jake Chiu, Asst. Director Finance (CFO Designee) 15/	Greg Lamour, Clerk 15/	Theresa McGorty, RN  <hr/>
Andrea L. Goldman, Esq., Director of Human Resources  <hr/>		
Trina Cornet, Esq., MPA, VP of Human Resources and Chief Labor and Employment Counsel 15/		