



[University Hospital of Brooklyn Clinical Staffing Plan](#)

**Hospital Clinical Staffing Plan**

The Hospital Clinical Staffing Committee 2023 will develop and oversee the hospital's annual clinical staffing plan.

**Hospital Clinical Staffing Composition**

The committee comprises representatives from the bargaining units PEF, CSEA, and UUP.

- PEF - 8 registered nurses
- CSEA – 1 nursing assistant
- UUP- 1 EKGA
- Other

**Hospital Leadership Representatives**

- Chief Operating Officer
- Chief Financial Officer
- Chief Nursing Officer
- Senior Associate Vice President for Human Resources
- Assistant Vice President Office of Labor & Employee Relations
- Assistant Vice President for Perioperative Services
- Director of Nursing
- Assistant Director of Nursing (3)

**Staffing Plan**

Registered nurses direct, prescribe, delegate, and coordinate nursing care. The master staffing plan ensures that adequate numbers and a skill mix of qualified staff are available. Consideration is given to:

- Patient acuity/care hours / HPPD.
- Vacation, illness, training, education needs, and participation in committees and special projects.
- Historical data and experience.
- Defined strategies are utilized to fill vacancies due to unscheduled absences, vacations, and support periods of high acuity.
- Unit-specific staffing plans indicate the scope of services, staffing requirement, number, and skill mix required to provide safe, efficient, and effective patient care.
- Ensuring that patients are cared for by nurses with appropriate competencies utilizing reassignment of staff, overtime, or agency personnel as needed.
- Utilize staffing ratios for the delivery of nursing care.
- Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest periods
- Nurse Sensitive Indicators

**SUNY Downstate Health Sciences University**

445 Lenox Road, MSC 23, Brooklyn, NY 11203-2098 • Phone (718) 270-7341 •



### **Evaluation of Staffing Plan**

The staffing plan is reviewed and revised annually as part of the budget process. Or in the event of a programmatic change. Factors considered in the review include:

- Effectiveness of current plan and analysis of actual staffing pattern.
- Current identified patient requirements for nursing care
- Vacancy and turnover rates for staff.
- Staffing variance reports.
- Findings from Performance Improvement, Common Cause Analysis, Risk Management, Case Management, Patient Satisfaction Surveys, and other data that relate to staffing and patient care needs.
- Deletion/additional of patient care programs or patient populations and or changes in case-mix.

### **Reporting Requirements**

All shareholders will submit a plan approved by July 1, 2022, and annually after that. Additionally, the annual plan will include historical data from the previous year, including variance reports, protests of assignments, and a description of unresolved staffing complaints.

### **Implementation, Posting of the Staffing Plan**

- The staffing grid, which identifies the required number of staff based on the census, is available in each unit.

### **Responding and Tracking Complaints /Variations in the plan**

- The staffing committee will meet monthly at a scheduled time to discuss variations in the plan.
- A separate meeting will be held to discuss and respond to the protest of assignments.

### **Compliance**

- The clinical staffing plan meets all state and federal requirements.

### **Attachment**

- Staffing grids

**SUNY Downstate Health Sciences University**

445 Lenox Road, MSC 23, Brooklyn, NY 11203-2098 • Phone (718) 270-7341 •



**University Hospital of Brooklyn**  
**Ambulatory Care**  
**Clinical Staffing Plan**

Clinic	RN's Actual/Budgeted	LPN's Actual/Budgeted	Ancillary Actual/Budgeted	Average Daily Patient Volume
Suite B – Family Practice	3/3	1/1	0/0	60-80
Suite C - Subspecialties	2/2	0/0	2/2	30-90
Suite D/NS41 – Pediatrics & Pediatric Specialties	4 (RN2)/4 1 (RN3)/1	1/1	0/0	50-60
Suite G – OB/GYN	2 (RN2)/2 1 (RN3)/1	0/0	2/3	60-70
Suite H – ENT/Dermatology	0 (RN2)/1 1 (RN3)/1	1/2	1/1	30-60
Suite I/NS51 – Subspecialties/Vascular	2 (RN2)/2 0 (RN3)/1	1/2	0/0	45-85
Suite O – Lefferts Family Practice	2 (RN2)/2 1 (RN3)/1	0/0	3/3	37-85
Suite R – Internal Medicine	4 (RN2)/4	0/0	0/0	35-78
Suite T/NS52 - Infusion Unit	2 (RN2)/3 1 (RN3)/1	0/0	1/1	3-9





# Peri-Operative Services Clinical Staffing Plan

	<b>Operating Room</b>	<b>Ambulatory Surgery</b>	<b>Recovery Room(PACU)</b>	<b>Endoscopy</b>
Provide a brief description of the clinical unit				
Planned Number (RN) on the unit providing direct patient care per day shift	13	4	6.5	5
Planned total hours of RN patient care per patient, including adjustment for case mix and acuity, day shift	1	1.5	3.5	1
Planned average number of patients on the unit per day shift	25	25	25	8
Planned average number of patients for which 1 RN on the unit will provide direct patient care per day on the day shift	3	6	3	
Planned average number of LPN's on the unit	0	0	0	0
Planned LPN hours of care per patient	0	0	0	0
Planned the average number of ancillary staff members of the front-line team including adjustments for case mix and acuity on the day shift (surgical technologists, endoscopy tech)	8	0	0	2
planned average number of nursing assistants providing direct care on the day shift	5	2	3	1
planned total hours of unlicensed personnel care per patient on the day shift	1	0	0	7
Description of additional resources available to support unit-level patient care on the day shift.	there is a charge nurse assigned to oversee case activity, 1 nursing station clerk	there is a charge nurse assigned to oversee case activity, 2 nursing station clerks	there is a charge nurse assigned to oversee unit activity, 1 nursing station clerk	there is a charge nurse assigned to oversee case activity, 1 nursing station clerk



11.6.2023	DAY - TOUR 2										REQUIRED STAFFING						ACTUAL STAFFING						AGENCY/OVERTIME USAGE						GRAND TOTAL STAFFING						VARIANCE			PATIENT SAFETY				
Nursing Unit	Operational Beds	Occupancy Rate	Budget ADC	Budget ADC %	RN Ratio	RN #	NA & Tech Count	NA #	Actual Census	RN 1:1	NA 1:1	RN 3	RN	NA	ST/ Tech	EKG/MT Tech	TOTAL	RN 3	RN	NA	ST/ Tech	EKG/MT Tech	TOTAL	RN 3	RN	NA	ST/ Tech	EKG/MT Tech	TOTAL	RN 3	RN	NA	ST/ Tech	EKG/MT Tech	TOTAL	Under	Grid	Over	*Protest Of Assignment	Incident Report		
ER	66		160.00			4.5	25					1	11	2	0	3	17							0						0	0	0	0	0	0	0	*					
NS 24 SICU	9	0%	4.00	0%	(1:2)	2	1	0				1	0	0	0	0	1							0						0	0	0	0	0	0	*						
NS 26 CCU	7	0%	5.52	0%	(1:2)	2	1	0				1	0	0	0	0	1							0						0	0	0	0	0	0	*						
NS 33 MICU	9	0%	6.88	0%	(1:2)	2	1	0				1	0	0	0	0	1							0						0	0	0	0	0	0	*						
Interventional Service						5		8				1	5	2	0	0	8							0						0	0	0	0	0	0	*						
Critical Care	25	0%	16.40	0%					0	0	0	5	16	4	0	3	28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*					
Effectiveness %														5																0%	0%	0%	#DIV/0!	0%	0%							
NS 31 L&D			7.45	0%	(1:2)	2	2					1	0	0	2	0	3							0						0	0	0	0	0	0	*						
NS 31 L&D ER					(1:1)	0	1					0	0	0	0	1	1							0						0	0	0	0	0	0	*						
NS 32/34 Postpartum	22	0%	13.47	0%	(1:4)	4	2	8				1	0	0	0	0	1							0						0	0	0	0	0	0	*						
NS 35 NICU	15	0%	17.10	0%	(1:2)	2	0					1	0	0	0	0	1							0						0	0	0	0	0	0	*						
NS 35 Stepdown	14	0%			(1:3)	3	1	0				0	0	0	0	0	0							0						0	0	0	0	0	0	*						
NS 42 Pediatrics	23	0%	6.00	0%	(1:4)	4	1	0				1	0	0	0	0	1							0						0	0	0	0	0	0	*						
NS 42 Stepdown	4	0%			(1:3)	3	1	0				0	0	0	0	0	0							0						0	0	0	0	0	0	*						
NS 43 PICU	5	0%	3.01	0%	(1:2)	2	0					1	0	0	0	0	1							0						0	0	0	0	0	0	*						
Infant and Children	83	0%	47.03	0%					0	0	0	5	0	0	2	1	8	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	1	*				
Effectiveness %																														0%	#DIV/0!	#DIV/0!	0	0%	13%							
NS 61 Medical Telemetry	37	0%	19.87	0%	(1:5)	5	(1:8)	8				1	0	0	0	1	2							0						0	0	0	0	0	0	*						
NS 62 COVID					(1:5)	5	(1:6)	6				0	0	0	0	0	0							0						0	0	0	0	0	0	*						
NS 71/73 Neuro-Epilepsy	22	0%	15.95	0%	(1:6)	6	(1:8)	8				1	0	0	0	1	2							0						0	0	0	0	0	0	*						
Neuro/Stroke Stepdown	8	0%	5.32	0%	(1:3)	3	1					1	0	0	0	1	2							0						0	0	0	0	0	0	*						
EMU Stepdown	6	0%			(1:3)	3	1					0	0	0	0	1	1							0						0	0	0	0	0	0	*						
NS 72 Orthopedics	20	0%	9.28	0%	(1:5)	5	(1:8)	8				1	0	0	0	0	1							0						0	0	0	0	0	0	*						
NS 74 Rehabilitation	18	0%	5.00	0%	(1:6)	6	(1:8)	8				1	0	0	0	0	1							0						0	0	0	0	0	0	*						
NS 81 Cardiac Telemetry	17	0%	10.18	0%	(1:5)	5	(1:8)	8				1	0	0	0	1	2							0						0	0	0	0	0	0	*						
CPCU	13	0%	15.27	0%	(1:5)	5	(1:8)	8				1	0	0	0	1	2							0						0	0	0	0	0	0	*						
814/815 Stepdown	8	0%			(1:3)	3	1					0	0	0	0	1	1							0						0	0	0	0	0	0	*						
GSD/807 Stepdown	4	0%	2.83	0%	(1:3)	3	1					0	0	0	1	0	1							0						0	0	0	0	0	0	*						
NS 82 Transplant	20	0%	15.94	0%	(1:5)	5	(1:8)	8				1	0	0	0	0	1							0						0	0	0	0	0	0	*						
NS 82 Stepdown	4	0%			(1:3)	3	1					0	0	0	0	1	1							0						0	0	0	0	0	0	*						
Med Surg	177	0%	99.64	0%					0	0	0	8	0	0	1	8	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*					
Effectiveness %																														0%	#DIV/0!	#DIV/0!	0	0%	0%							
Grand Total	285	0%	###	0%					0	0	0	18	16	4	3	12	53	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	*					
Effectiveness %												1	1	0	0	0	2													0%	6%	0%	0%	0%	2%							

\*Protest of Assignment: 1) Uncovered Absence, 2) Unfilled Agency & 3) High Acuity/Census

\*Additional ICU RN staffing required for 1:1s-(CVVH/CRRT, IMPELLA, IABP, IV Hypothermia, SKP, Balloon Pump, Code Ice, Field Trips HFV, Extreme Low Birth Weight, Cooling, Congenital Anomalies, Transports, isolations, Transplants Hemodynamically Unstable & Cooling