

# NYS Staffing Committee Grid SOUTH BROOKLYN HEALTH

CI						RN						Nursing Support			BHA			HN			Clerical			
Dept Name	Service	Functional Service	Physical Bed Count	ADC	ADC Carve-out (if appl.)	Shift 1 Ratio	Shift 1 Ratio 2 (if appl.)	Ratio	Shift 2 Ratio	Shift 2 Ratio 2 (if appl.)	Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
CI IP M3TE MED/SURG	Med/Surg	Med/Surg	24.0	EPIC	EPIC	1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CI IP M3TW MED/SURG	Med/Surg	Med/Surg	18.0	EPIC	EPIC	1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CI IP M4TE MED/SURG	Stepdown	Stepdown	24.0	EPIC	EPIC	1 : 4			1 : 4			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			1 : Unit	1 : Unit	1 : Unit	
CI IP M4TW MED/SURG	Stepdown	Stepdown	18.0	EPIC	EPIC	1 : 4			1 : 4			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			1 : Unit	1 : Unit	1 : Unit	
CI IP MS6T MED/SURG	Med/Surg	Med/Surg	18.0	EPIC	EPIC	1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CI IP MS8T MED/SURG	Med/Surg	Med/Surg	20.0	EPIC	EPIC	1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CI IP CC6T CCU	ICU	ICU	9.0	EPIC	EPIC	1 : 2			1 : 2			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			1 : Unit	1 : Unit	1 : Unit	
CI IP M17T MICU	ICU	ICU	14.0	EPIC	EPIC	1 : 2			1 : 2			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			1 : Unit	1 : Unit	1 : Unit	
CI IP S17T SICU	ICU	ICU	10.0	EPIC	EPIC	1 : 2			1 : 2			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			1 : Unit	1 : Unit	1 : Unit	
CI IP SD7T STEP DOWN	Stepdown	Stepdown	4.0	EPIC	EPIC	1 : 4			1 : 4			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	0.0			N/A	N/A	N/A	
CI IP CR6T CRU	Stepdown	Stepdown	5.0	EPIC	EPIC	1 : 4			1 : 4			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	0.0			N/A	N/A	N/A	
CI IP P8ET PEDS	Mat/Child	Mat/Child	9.0	EPIC	EPIC	Closed			Closed			Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	
CI IP OB8T MOM/BABY	Mat/Child	Mat/Child	14.0	EPIC	EPIC	1 : 3			1 : 3			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CI IP SP8T NICU	Mat/Child	Mat/Child	14.0	EPIC	EPIC	1 : 2			1 : 2			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	N/A	
CI IP LABOR & DLVRY	L&D	Labor and Delivery		EPIC		1 : 2			1 : 2			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A							
FLOAT POOL	Other	Other	N/A	N/A		N/A			N/A			4 : Shift	4 : Shift	4 : Shift	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
WOUND CARE	Other	Other	N/A	N/A		1 : Shift			N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
OVERNIGHT CLERICAL	Other	Other	N/A	N/A		N/A			N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7 : Shift	N/A	N/A
CI IPP 1 to 1 Patient Coverage Pool	Staff Pool	1 to 1 Patient Coverage Assignments	N/A	EPIC		N/A			N/A			1 : 1 **	1 : 1 **	1 : 1 **	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
CON01 SB G6W MED/SURG	Med/Surg	Med/Surg	12.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G7E MED/SURG	Med/Surg	Med/Surg	16.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G7W MED/SURG	Med/Surg	Med/Surg	12.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G8E MED/SURG	Med/Surg	Med/Surg	16.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G8W MED/SURG	Med/Surg	Med/Surg	12.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G9W MED/SURG	Med/Surg	Med/Surg	12.0			1 : 6			1 : 6			1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G9E ADULT BH	BH	BH	24.0			1 : 7			1 : 7			2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G10W ADULT BH	BH	BH	18.0			1 : 7			1 : 7			2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	1 : Unit			N/A	1 : Unit	1 : Unit	
CON01 SB G10E ADULT BH	BH	BH	18.0			1 : 7			1 : 7			2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	2 : Unit	1 : Unit			N/A	1 : Unit	1 : Unit	

Nursing Support Titles

- PCA
- PCT
- PSHT
- Nurses Aide

NYS Staffing Committee Grid

SOUTH BROOKLYN HEALTH

Service	Descriptive Title (Functional Service)	Night Shift							Day Shift							Evening Shift						
		Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift	Planned average number of patients on the unit per day on the Shift	RN Ratio	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Shift	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Shift	Clerical FTE	HN FTE	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift	Planned average number of patients on the unit per day on the Shift	RN Ratio	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Shift	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Shift	Clerical FTE	HN FTE	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift	Planned average number of patients on the unit per day on the Shift	RN Ratio	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Shift	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Shift	Clerical FTE	HN FTE
PERIOP	Ambulatory Surgery	n/a	N/A	2.63	N/A	N/A	NA	NA	4	10.5	2.63	N/A	1	1	NA	4	10.5	2.63	N/A	N/A	NA	NA
SPECIAL PROCEDURE	CARDIAC CATH LAB	n/a	N/A	0.43	N/A	N/A	NA	NA	3	1.3	0.43	N/A	N/A	NA	1	3	1.3	0.43	N/A	N/A	NA	NA
PERIOP	SURGICAL CLINIC ADULT	N/A	N/A	20.23	N/A	N/A	NA	NA	15	303.5	20.23	5	8	NA	2	N/A	N/A	20.23	N/A	N/A	NA	NA
AMBULATORY CARE SERVICES	OB AND GYN	N/A	N/A	7.50	N/A	N/A	NA	NA	12	90.0	7.50	N/A	4	NA	1	N/A	N/A	7.50	N/A	N/A	NA	NA
SPECIAL PROCEDURE	RENAL DIALYSIS	1	9.0	1.12	N/A	N/A	NA	NA	5	9.0	1.12	N/A	1	NA	1	2.00	9.0	1.12	N/A	N/A	1	NA
AMBULATORY CARE SERVICES	MEDICAL CLINIC	N/A	N/A	17.98	N/A	N/A	NA	NA	17	341.7	17.98	5	14	NA	2	2.00	341.7	17.98	N/A	3	NA	NA
BH	OP BEHAVIORAL HEALTH ADULT	N/A	N/A	49.17	N/A	N/A	NA	NA	2	98.3	49.17	N/A	N/A	NA	NA	N/A	N/A	49.17	N/A	N/A	NA	NA
SPECIAL PROCEDURE	INTERVENTIONAL RADIOLOGY	N/A	N/A	1.60	N/A	N/A	NA	NA	3	4.8	1.60	N/A	N/A	NA	1	N/A	N/A	1.60	N/A	N/A	NA	NA
AMBULATORY CARE SERVICES	Public Health Service (IDA G)	N/A	N/A	18.80	N/A	N/A	NA	NA	1	18.8	18.80	N/A	1	NA	1	N/A	N/A	18.80	N/A	N/A	NA	NA
AMBULATORY CARE SERVICES	PED PRIMARY CARE	N/A	N/A	14.07	N/A	N/A	NA	NA	5	98.5	14.07	2	4	NA	1	2.00	98.5	14.07	N/A	1	NA	NA
PERIOP	OPERATING ROOM	2	6.1	0.55	N/A	1	NA	1	6	6.1	0.55	1	5	6	1	3.00	6.1	0.55	N/A	1	NA	1
BH	BH EMERGENCY SVCS	3	1.0	0.11	N/A	2	NA	NA	3	1.0	0.11	N/A	2	1	1	3.00	1.0	0.11	N/A	2	NA	NA

# NYS Staffing Committee Grid CONEY ISLAND HOSPITAL

**Adult Emergency Department**

		RN		Nursing Support			BHA			Sitter		
		Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
<b>Applies to All Adult Emergency Departments</b>	ESI 1	1 : 1	1 : 1	1 : 12	1 : 12	1 : 12	2 : Unit	2 : Unit	2 : Unit	3 : Unit	3 : Unit	3 : Unit
	ESI 2	1 : 2	1 : 2									
	ESI 3	1 : 5	1 : 5									
	ESI 4 + 5	1 : 8	1 : 8									

Ratio does not change based on ESI

**PEDs Emergency Department**

		RN		Nursing Support			BHA			Sitter		
		Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
<b>Applies to All PEDs Emergency Departments</b>	ESI 1	1 : 1	1 : 1	1 : 12	1 : 12	1 : 12	N/A	N/A	N/A	N/A	N/A	N/A
	ESI 2	1 : 2	1 : 2									
	ESI 3	1 : 5	1 : 5									
	ESI 4 + 5	1 : 8	1 : 8									

Ratio does not change based on ESI

**Psychiatric Emergency Department**

		RN		Nursing Support			BHA			Sitter		
		Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
	ESI 1											
	ESI 2											
	ESI 3											
	ESI 4 + 5											

Ratio does not change based on ESI

**CPEP**

		RN		Nursing Support			BHA			Sitter		
		Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
	ESI 1											
	ESI 2											
	ESI 3											
	ESI 4 + 5											

Ratio does not change based on ESI

- Nursing Support Titles  
 PCA  
 PCT  
 PSHT  
 Nurses Aide

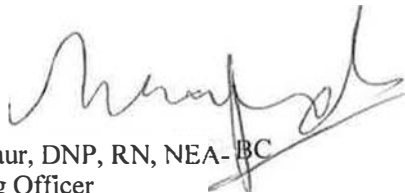
**Management Responses to NY State Department of Health**

NYC Health + Hospitals/South Brooklyn Health was not able to come to consensus with frontline staff on Nursing Support ratios. Nursing Support include Patient Care Associates (PCAs), Patient Care Technicians (PCTs), Psychiatric Social Health Technician (PSHTs), and Nurses Aides. The essential role performed by our Nursing Support team includes vital signs, weight, intake and output, assisting patients with activities of daily living such as feeding and toileting, and documentation of care rendered.

Our proposal for Nursing Support ratios is one nursing support person to every twelve patients. The rationale behind the 1:12 nursing support ratio is:

- The staffing studies and literature support a 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 1:12.5 ratio.
  - The Healthforce Center at the University of California San Francisco published a Health Workforce Baseline and Surges 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/surge units, with Stepdown, ICU and other critical care units 1:2-1:4.
- Our RN ratios are robust.
  - As noted in the plan, all RN ratios were agreed upon by both frontline staff and management alike.
  - At South Brooklyn Health, RNs and nursing support work as a team with one another. By ensuring that RN ratios are robust, our model enables RNs to 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%.”
  - South Brooklyn Health is committed to ensuring that nursing support staff do not exceed twelve patients at a time by building a robust nursing support pool.
  - The pool will be prepared to address any unforeseen surges and ensure that one to one coverage does not impact nursing support assigned to units.
  - 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.

Sincerely,



Manjinder Kaur, DNP, RN, NEA-BC  
Chief Nursing Officer  
NYC H+H/South Brooklyn Health

To: New York State Department of Health


As the CEO of NYC Health +Hospitals/South Brooklyn Health, I want to acknowledge and thank the teams for their collaborative efforts and professionalism in working together to create the proposed staffing level documents. Nursing professionals are fundamental to healthcare organizations that promote, foster and facilitate an environment conducive to growth. We, at South Brooklyn Health, recognize and acknowledge the important role of Nursing in all aspect of healthcare. After reviewing in detail the proposed staffing levels, I am glad that management and union leadership was able to reach full consensus on RN staffing. However, based on the following rationale, I am supportive of the management vote on the BHA and Nurse Aide staffing as laid out in the documents attached.

- Literature review supports robust RN ratios (1:6) to ensure that RNs can step in to help nursing support staff.
- At South Brooklyn Health, we will make every effort to ensure that we maintain our ancillary staff ratios.

I look forward to a continued productive dialogue between management and union leaders.

Please do not hesitate to contact me with any further questions.

Sincerely,



Svetlana Lipyanskaya  
Chief Executive Officer  
NYC H+H/South Brooklyn Health

Good Afternoon, Ms. Kaur

We write to acknowledge receipt of your proposed NYS 23 Outpatient Staffing for the NYS DOH Staffing. At this time, however, NYSNA is unable to reach consensus with you regarding your submission in this matter. We look forward to working with you towards obtaining appropriate, applicable staffing, and workload ratios, prior to the January 1st, 2024 implementation timeline

We maintain the previous agreed upon ratios within our contract and are diligently working toward developing numbers for the outpatient areas.

Kind regards,

Jovana Woodley RN

NYSNA Released Time Representative

Tel: 347-224-8062



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November 15, 2023

Dr. Manjinder Kaur

Chief Nursing Officer

NYC Health + Hospitals/South Brooklyn Health

2601 Ocean Parkway

Brooklyn, NY 11235

Dear Dr. Manjinder Kaur,

In response to the NYS Clinical Staffing Committee meeting on November 14, 2023, District Council 37 restates its position on requesting 1:8 ratios for Nursing Support. The current 1:12 ratios have not been abided by as we have received numerous complaints from our members being assigned multiple 1:1 patients as well as working even smaller staffing ratios.

The Union has not received the complaint forum overview and thus, the validation of complaints has not been reviewed on our end. Regardless, short-staffing due to sick calls and 1:1 patients do not justify these staffing ratio violations. We believe the complaint portal is a viable forum; however, it does not fully encapsulate the reality of the problems our members experience.

We commend Dr. Mitch Katz's new initiative ICARE with Kindness as it focuses on important key values to ensure every single patient feels seen, heard, safe, and care for. We would like for our members to have the ability to fulfill the goals of this initiative with fair and realistic expectations. Short-staffing impacts more than our members or your staff and drastically impedes on their ability to provide the best patient care to NYC H+H patients every day.

Please contact me at (212) 341-4980 or via email at [srin@dc37.net](mailto:srin@dc37.net) if you have any questions.

Respectfully,

*Sarah Rim*

Sarah Rim

Assistant Director, Department of Research and Negotiations

cc: Rose Lovaglio-Miller, Michelle Green, Moira Dolan, Jeffrey Moore