June 30, 2022

New York State Department of Health
Empire State Plaza
Corning Tower
Albany, NY 1237

RE: PFI# 000848 Ellis Hospital-Bellevue Woman’s Care Center Division

Dear Hospital Staffing Plan Committee:

I write on behalf of Ellis Medicine to submit the Clinical Staffing Plan adopted for Ellis Hospital-Bellevue Woman’s Care Center Division.

**Hospital Clinical Staffing Committee Charge**

The New York State Hospital Clinical Staffing Committee (NYSHCSC) law, enacted in June 2021, requires general hospitals to collaboratively develop and implement a clinical staffing plan for registered nurses (RNs) and other members of the frontline team providing or supporting direct patient care. The hospital clinical staffing committee (HCSC) is charged with creating a forum to give frontline workers, RNs, licensed practical nurses (LPNs) and nursing assistive staff, including certified nursing assistants (CNAs), patient care attendants (PCTs), medical assistants (MAs) and unit clerks a role/voice in developing unit level staffing plans—while preserving management’s role in designing and implementing the staffing plan.

The HCSC’s primary responsibilities are to develop and oversee implementation of the hospital’s annual clinical staffing plan. The NYSHCSC law (Public Health Law Section 2805-t) requires hospitals to form and convene a committee that will create and implement staffing plans for inpatient units, the emergency department (ED), intensive care unit (ICU), and critical care units.

**Clinical Factors That Must Be Considered in Unit Level Staffing Plans**

Under the law, factors to be considered and incorporated in the development of the plan shall include, but are not limited to:

- Census, including total numbers of patients on the unit and each shift and activity such as discharges, admissions, and transfers
- Measures of acuity and intensity of all patients; nature of care delivered on each unit and shift
- Skill mix
- Availability, level of experience, and individual and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift
- Need for specialized or intensive equipment, which Ellis understands to include consideration of staffing shortages
- Architecture and geography of the unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
- Mechanisms/procedures to provide for one-to-one patient observation, when needed, for patients on psychiatric or other units, as appropriate
• 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
• Measures to increase worker and patient safety, which could include measures to improve patient throughput
• Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing associations, and other health professional organizations
• Availability of other personnel supporting nursing services on the unit
• Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in New York’s Public Health Law
• Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are “reasonably foreseeable” as required by law, or the terms of an applicable CBA
• Nursing quality indicators required by the Nursing Care Quality Protection Act (NYCRR Section 400.25) General hospital finances
• Provisions for limited short-term adjustments, made by hospital personnel overseeing patient care operations, to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration

The Clinical Staffing Plan for Ellis Hospital-Bellevue Woman’s Care Center Division, adopted and submitted by Ellis Medicine, was developed through clinical staffing committee meetings which included the participation of registered nurses, licensed practical nurses, and ancillary members of the frontline team providing or supporting direct patient care and consideration the factors list above. We have included the foregoing factors in the staffing plan, as required by the NYSHCSC. Unfortunately, despite multiple requests, the frontline team members of the committee did not submit a collective response to Ellis’s proposed Clinical Staffing Plan. As such, Ellis had to proceed without their vote. In my capacity as Chief Executive Officer, I have adopted Ellis’s proposed Clinical Staffing Plan, which is attached. Ellis’s management members of the committee rejected the proposed Clinical Staffing Plans presented, upon information and belief, on behalf of only the registered nurse members of the frontline team. A copy of such proposed Plan is attached as Exhibit B.

Therefore, we respectfully submit the following documents:
Addendum A: The Clinical Staffing Plan adopted by Ellis Hospital- Bellevue Woman’s Care Center Division.
Addendum B: The Clinical Staffing Plan proposed by NYSNA for Bellevue Woman’s Care Center Division

Please forward any questions regarding this plan to Deb Solomon, VP Chief Human Resources Officer at solomon@ellismedicine.org.

Respectfully,

[Signature]

Paul Milton
President/CEO
Ellis Medicine
Annual Clinical Staffing Plan for Ellis Medicine
2022

Staffing will be assigned with the utilization of the unit patient acuity tool, professional practice standards and the use of the Guidelines below. No one method will be used as the sole determining factor of staffing assignments. Isolated incidents of understaffing or isolated failures to comply strictly with the Guidelines will not be considered as evidence of understaffing.

Factors to be considered shall include but not be limited to:

a) census, including total number of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;

b) measures of acuity and intensity of all patients and nature of care to be delivered on each unit and shift;

c) skill mix;

d) lack of staffing in the general market place;

e) the availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift;

f) the need for specialized or intensive equipment;

g) the architecture and geography of the patient care unit;

h) mechanisms and procedures to provide for one-to-one patient observation, when needed for patients on psychiatric or other units as appropriate;

i) other special characteristics of the unit or community patient population (age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors);

j) measures to increase worker and patient safety, which would include measures to improve patient throughput;

k) staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing organizations, and other health professional organizations;

l) availability of other personnel supporting nursing services on the unit;

m) waiver of plan requirements in the case of unforeseeable emergency circumstances;

n) coverage to enable registered nurses and ancillary staff to take meal and rest breaks as required by law or terms
of the CBA;

o) nursing quality indicators;

p) general hospital finances, budget and resource constraints;

q) provisions for limited short-term adjustments made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration; and

r) fluctuations in patient volume and acuity related to governmental shut down, state, county, or local natural disaster or circumstances outside the hospital’s control as designated by an authority outside of the hospital.

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<th>Unit/Specialty</th>
<th># of RNs</th>
<th># of Patients</th>
<th># of Ancillary</th>
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<td>Bellevue:</td>
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<td>Mother Baby</td>
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<td>Individual patients will be assigned based on patient acuity and the nurse professional practice standards</td>
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This plan will be reviewed on a semiannual basis.
BWC Staffing Committee Proposal - As defined in the CBA.

**Staffing Assignments**

Staffing will be assigned with the utilization of the unit patient acuity tool, professional practice standards and the use of the guidelines below. No one method will be used as the sole determining factor of staffing assignments. Isolated incidents of understaffing or isolated failures to comply strictly with the Guidelines will not be considered as evidence of understaffing.

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