Stephanie Shulman, DrPH, MS
Director, Division of Hospitals and Diagnostic & Treatment Centers
New York State Department of Health
Empire State Plaza
Corning Tower
Albany, New York 12237

July 1, 2022

RE: Montefiore Medical Center, Operating Certificate Number: 7000006H
Westchester Square Hospital, PFI #: 1185

Dear Dr. Shulman,

In accordance with the New York State Hospital Clinical Staffing Committee (NYSHCSC) law (Public Health Law Section 2805-l), this document includes a finalized general hospital staffing plan for inpatient units and the emergency department.

1. Staffing plans were developed to ensure the delivery of safe quality care and are specific for each patient care unit and work shift, in order to meet individual patient needs. The unit-based nurse staffing plans are supported by additional resources as follows:
   a. Individualized patient care is supported through interdisciplinary collaboration.
      Additional resources include, but are not limited to:
      i. Dieticians
      ii. Discharge Planners
      iii. EKG Techs
      iv. Perfusionists
      v. Pharmacists
      vi. Phlebotomists
      vii. Physical and Occupational Therapists
viii. Respiratory Therapists
ix. Social Workers
x. Wound and Ostomy Care Nurses

II. Additional factors that were considered to develop unit-level staffing plans included:
   a. Census, including total numbers of patients on the unit by shift and activity, such as discharges, admissions, and transfers
   b. The intensity of all patients; nature of care delivered on each unit and shift
   c. Skill mix
d. Need for specialized or intensive equipment
e. Architecture and geography of the unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
f. Other special characteristics of the unit or community patient population, including the age, cultural or linguistic diversity and needs, functional ability, communication skills, and other relevant social or socioeconomic factors
g. Availability of other personnel supporting nursing services on the unit
h. General hospital finances
   i. Provisions for limited short-term adjustments, made by hospital personnel overseeing patient care operations, to the staffing levels required by the plan, are necessary to account for unexpected changes in circumstances that are to be of limited duration

III. As the Staffing Committee was unable to reach a consensus, the enclosed is Management's plan for submission and is in alignment with an existing Collective Bargaining Agreements that contains provisions on staffing. Areas where staffing plans did not reach consensus in the committee are highlighted in Table A.

IV. As per the law, enclosed are the proposals generated by the Staffing Committee and highlight where consensus was not reached. Montefiore has a history of providing safe and reliable care that is consistent with the staffing plan being submitted. The proposal from the Bargaining Unit members of the Staffing Committee proposal requires a commitment of resources beyond Montefiore's ability. Their proposal adds 11 full-time equivalents (FTEs) at a cost of $1.3 million:

PFL# 1185
Montefiore Medical Center: Westchester Square Hospital
Kindly direct questions to Maureen Scanlan, Senior Vice President, Chief Nurse Executive at (718) 920-4724 or mscanlan@montefiore.org.

Sincerely,

[Signature]

Philip O. Oquah, MD, PhD
President and CEO
Montefiore Medicine
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Description</th>
<th>Location</th>
<th>Montefiore Proposal</th>
<th>Union Proposals</th>
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<tr>
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<td><strong>Staffing Plan - Flex To Volume</strong></td>
<td><em>Total number of staff on the unit and not for CO/EO coverage</em></td>
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<td>NAs/PCAs/Techns</td>
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<td>Unit Secretary (US)</td>
<td>Nursing Attendants (NA)</td>
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<td>Westchester Square Hospital</td>
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<td>BA 7.5 Hour Shift:</td>
<td>PCT 7.5 Hour Shift:</td>
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