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**PFI: 001301**  
**Kings County Hospital Center**

Dear Sir/Madam:

On behalf of *NYC Health and Hospitals/Kings County*, thank you for the opportunity to submit this staffing plan delineating our proposed *RN* and *Frontline Nurse Support* staffing ratios. Kings County Hospital is committed to providing the highest quality healthcare to our patients and the community we serve. As such, I have worked with my leadership team, including my CNO, her nursing team, and our CFO to ensure that we build and maintain adequate staffing ratios necessary to meet this goal.

In accompaniment to the attached staffing plan, please see below the rationale for our proposed staffing ratios, including where we have met consensus for RN staffing ratios, and an explanation of where we have not met consensus for Frontline Nurse Support (PCAs, PCTs, PSHTs, and Nurse's Aides), and BHAs.

### **Nurse Ratio**

Kings County Hospital **agrees with the proposed RN staff ratio of 1:6**. At Kings, our RNs and Nurse Support staff work together as a team to ensure patient goals are met effectively and safely. Our model ensures a robust RN staff ratio, which enables RNs to step in to support Nurse Support staff during those times when the 1:12 ratio is in place.

### **PCAs**

Kings County Hospital does not agree with the proposed PCA staff ratio of 1:8. ***Our proposed Nursing Support staff ratio is 1:12***. Kings County is committed to ensuring that nursing support staff do not exceed the ratio of twelve patients at a time. We will do this by building and maintaining an RN staffing model of 1:6 ratio, and ensuring we maintain access to a robust nursing support pool. The pool will be prepared to address any unforeseen surges, and will ensure that one to one coverage does not impact the nursing support staff assigned to units. It is important to note that recent staffing studies and literature also support a 1:12 ratio:

(Note: An article dated March 21, 2020 titled ***Health Workforce Baseline***, published by The Healthforce Center at the University of California San Francisco, 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).

**BHA**

Kings County hospital's proposed staffing ratios for ***Behavioral Health Associates (BHAs)*** is ***1/Unit***, excluding the Developmental Disabled unit (2/unit on tour 2), which is subject to a specialized staffing plan outside of the established ratios. BHAs work primarily in behavioral health units. They perform crisis and de-escalation interventions, therapeutic observations, and patient supervision. As a public health care hospital that sees some of New York City's most acute psychiatric patients, our BHAs are essential to the functioning of our behavioral health units.

Also, BHAs are not assigned to specific patients, but rather perform de-escalation functions and routine observations. Our facility has staffed at this proposed ratio and have found the number to be sufficient to ensure patient and staff safety.

**CPEP/psychiatric ED:**

This staffing ratio is Pending.

**OR**

Operating room ratios were not an active part of our committee's discussions and were not voted on. However, Kings County Hospital is committed to a ratio of one to one for RN and surgical technicians in the operating room.

**Clerical**

Kings County Hospital agrees with the proposal for a pool of 6 Clerical Workers for coverage on Tour 1. We will work to fill existing vacant positions on Tours 2 and 3.

Sincerely,



Sheldon P. McLeod

PFI: 001301

Kings County Hospital Center

Dear Sir/Madam:

Thank you for the opportunity to submit the staffing plan on behalf of Kings County Hospital Center. Our hospital leadership, Nursing colleagues and entire team remain committed to ensuring the provision of the highest quality health care for our patients and to our community. Below is an explanation on the areas for which consensus was not met.

### PCAs

Kings County Hospital Center 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 Nurse's Aides. At our facility, the majority are PCAs who check vital signs, weigh and measure patients, obtain specimen, perform specimen screening tests, EKG's, glucose checks, and record findings on patients' charts, among many other important tasks at Kings County Hospital Center.

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 Surge 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 Kings County Hospital Center RNs and nursing support work as a team with one another. By ensuring that RN ratios are robust, our model enables RNs can 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%."



- Kings County Hospital Center 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.

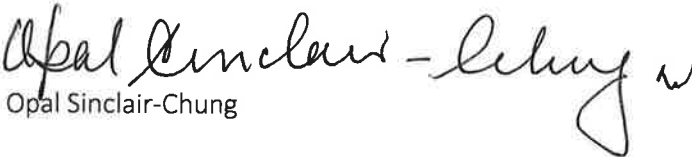
#### BHAs

- Behavioral Health Associates (BHAs) at Kings County Hospital Center work primarily in behavioral health units. They perform crisis and de-escalation interventions, therapeutic observations, and patient supervision. As a public health care hospital that sees some of New York City's most acute psychiatric patients, our BHAs are essential to the functioning of our behavioral health units.
- Our proposal for BHAs is 1/unit in the Behavioral Health Units with the exception of R5W where we propose 2 BHA's on tour 2 for the following reasons:
  - We have 2/3 PCAs on the unit in support.
  - BHAs are not assigned to specific patients, but rather perform de-escalation functions and routine observations. Our facility has staffed 1/unit for all BH units and have found the number to be sufficient to ensure patient and staff safety.

OR: Operating room ratios were not an active part of our committee's discussions and were not voted on, but Kings County Hospital Center is committed to a ratio of one to one for RN and surgical technicians in the operating room.

Clerical: Management agrees with the proposal for a pool of 6 Clerical Workers for coverage on Tour 1. We will work to fill existing vacant positions on Tours 2 and 3.

Sincerely,

  
Opal Sinclair-Chung

## The union's proposal and rationale for areas where there was no consensus:

Thank you for the opportunity to attend the HH staffing meetings with our members from Local 420 and Local 1549. After careful review of the plans we have the following responses.

DC 37 Local 420 and Local 1549, along with our NYSNA sisters and brothers, support the staffing figures outlined below. The safe staffing legislation is about providing safe patient care by providing sufficient staff. The safe staffing legislation is about ensuring that the staff have a safe workplace. The safe staffing legislation is about ensuring that the experience that the patients have is the best possible one, where they get the excellent care and attention, which will be reflected in better health outcomes and better overall HCAPS scores.

- \* In order to provide safe care for patients with bedsores, fall risks, diabetes, multiple medications, just to name a few, we need to insure that each patient is getting the appropriate attention.
- \* A 7 hour day for a PCA equals 420 minutes. With 12 patients, that equals 35 minutes per patient per day, which is not enough to safely take care of all the patients needs and do the necessary documentation.
- \* At 1:8 ratio, which is what the unions supports, it equals 52 minutes per day. Since patients need to be seen several times a day, and some patients take much more time than others, this is a much better ratio. Bed transfer of patients from ICU to med surg or vice versa requires two staff and PCA's are often waiting for another person to help, delaying other processes.

HH staff have endured short staffing for many years and pushed back against it with no success. The safe staffing legislation was not passed for several years after introduction. NYSNA was able to achieve staffing ratios in their most recent collective bargaining agreement while simultaneously pursuing the legislation. The pandemic exposed to the world the critical need for safe staffing at all levels, not just nurses.

Together with our management partners we are able to turn a crisis into an opportunity. We can establish true safe staffing ratios in out in patient units that will lead to better health outcomes and a safer workplace.

## KINGS

- \* Nursing Support staffing in Med/Surg and all inpatient units the union supports a staffing ratio of 1:8 per unit per tour for PCA/PCT/Nurse Aides , not the formula of 1:12 proposed by HH.
- \* Behavioral Health - the Union supports 4 BHA's per unit per tour. We acknowledge the increase in BHA at 5W Developmentally Disabled/Psych and agree to that Unit. However, the other adult units of 4E, 4W and 5E, need additional staff. The Adolescent and Child Psych Units, with bed counts of 15, should have 3 BHA's per unit per tour on Tour 2 and 3 and 2 on overnight. No consensus other than 5W.
- \* Clerical - The Union supports the 1 Clerical per Tour 2 and Tour 3 for inpatient units. Consensus. Similar to Harlem, we recommend a day time float of 3 people to cover lunches and breaks and it is a huge campus. We do not agree with the float pool of 6 for overnight and we recommend 8 Clericals. Kings is a huge campus with 21 unstaffed units overnight. 6 is not enough.
- \* Emergency Department - The Union recommends 3 BHA per tour in the Adult ED and PCA ratio of 1:8.
- \* Operating Room - consensus 1:1 Surgical Tech.

Moira Dolan  
Sr. Assistant Director  
Research & Negotiations  
DC 37, AFSCME  
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KC					RN				Nursing Support			BHA			HN			Clerical													
Dept Name	Service	Functional Service	Physical Bed Count	ADC	Shift 1	Ratio	Shift 2	Ratio	Consensus Reached	Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio	Consensus Reached	Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio	Consensus Reached	Shift 1	Ratio	Shift 2	Ratio	Shift 3	Ratio	Consensus Reached	
KC IP A51 FLEX	Med/Surg	Med/Surg	18.0	EPIC	1:6		1:6		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP A52 FLEX	Med/Surg	Med/Surg	18.0	EPIC	1:6		1:6		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	0.0			0.0		0.0		Y
KC IPR D2N REHAB	Med/Surg	Rehab	23.0	EPIC	1:7		1:7		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP D2S MED/SURG	Med/Surg	Med/Surg	36.0	EPIC	1:6		1:6		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
		Stepdown		27% of ADC	1:4		1:4		Y							N							N							Y	
KC IP D4N MED/SURG	Med/Surg	Med/Surg	36.0	EPIC	1:6		1:6		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP D4S MED/SURG	Stepdown	Stepdown	36.0	EPIC	1:4		1:4		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP D4S MED/SURG	Med/Surg	Telemetry War Room	N/A	N/A	N/A		N/A		Y	3:Unit		3:Unit		3:Unit		N	N/A		N/A		N/A		N	N/A			N/A		N/A		Y
KC IP D6S MED/SURG/STR	Med/Surg	Med/Surg	28.0	EPIC	1:6		1:6		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP D7N MED/SURG	Med/Surg	Med/Surg	36.0	EPIC	1:6		1:6		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP D7S MED/SURG	Med/Surg	Med/Surg	36.0	EPIC	1:6		1:6		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP D3N SICU	ICU	ICU	10.0	EPIC	1:2		1:2		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP D3S ICU/SDU	ICU	ICU	10.0	EPIC	1:2		1:2		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP D3S MICU	ICU	ICU	10.0	EPIC	1:2		1:2		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	0.0			0.0		0.0		Y
KC IP D3N NSICU	ICU	ICU	10.0	EPIC	Closed		Closed		Y	Closed		Closed		Closed		N	N/A		N/A		N/A		N	0.0			N/A		N/A		Y
KC IP D5N NICU	Mat/Child	NICU	28.0	EPIC	1:2		1:2		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KIN01 B NICU	Mat/Child	NICU	0.0	EPIC	1:3		1:3		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	0.0			0.0		0.0		Y
KC IP D5S MOTHER BABY	Mat/Child	Mat/Child	30.0	EPIC	1:3		1:3		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP D6N PEDS	Mat/Child	PEDS	20.0	EPIC	1:6		1:6		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	1:Unit			N/A		1:Unit		Y
KC IP D6N PEDS ICU	Mat/Child	PICU	7.0	EPIC	1:2		1:2		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N	0.0			0.0		0.0		Y
KC IPP R3E PSYCHIATRY	BH	Adult Psych	27.0	EPIC	1:6		1:6		Y	3:Unit		3:Unit		3:Unit		N	1:Unit		1:Unit		1:Unit		N	1:Unit			N/A		1:Unit		Y
KC IPP R3W PSYCHIATRY	BH	Child Psych	27.0	EPIC	Closed		Closed		Y	Closed		Closed		Closed		N	Closed		Closed		Closed		N	Closed			Closed		Closed		Y
KC IPP R4E PSYCHIATRY	BH	Adult Psych	25.0	EPIC	1:6		1:6		Y	3:Unit		3:Unit		3:Unit		N	1:Unit		1:Unit		1:Unit		N	1:Unit			N/A		1:Unit		Y
KC IPP R4W PSYCHIATRY	BH	Adult Psych	25.0	EPIC	1:6		1:6		Y	3:Unit		3:Unit		3:Unit		N	1:Unit		1:Unit		1:Unit		N	1:Unit			N/A		1:Unit		Y
KC IPP R5E PSYCHIATRY	BH	Adult Psych	27.0	EPIC	1:6		1:6		Y	3:Unit		3:Unit		3:Unit		N	1:Unit		1:Unit		1:Unit		N	1:Unit			N/A		1:Unit		Y
KC IPP R5W PSYCHIATRY	BH	Dev Disabled Psych (Non Standard Unit)	12.0	EPIC	1:6		1:6		Y	Non Stdrd Unit		Non Stdrd Unit		Non Stdrd Unit		N	0.0		2:Unit		0.0		N	1:Unit			N/A		1:Unit		Y
KC IPP R6W PSYCH ADOL	BH	Child Psych	15.0	EPIC	1:5		1:5		Y	2:Unit		2:Unit		2:Unit		N	1:Unit		1:Unit		1:Unit		N	1:Unit			N/A		1:Unit		Y
KC IPP R7W PSYCH CHILD	BH	Child Psych	15.0	EPIC	1:5		1:5		Y	2:Unit		2:Unit		2:Unit		N	1:Unit		1:Unit		1:Unit		N	1:Unit			N/A		1:Unit		Y
KC IPP R6E PSYCH ADOL	BH	Child Psych	15.0	EPIC	Closed		Closed		Y	Closed		Closed		Closed		N	Closed		Closed		Closed		N	Closed			Closed		Closed		Y
KC IP S5S L&D	L&D	Labor and Delivery		EPIC	1:2		1:2		Y	1:12		1:12		1:12		N	N/A		N/A		N/A		N								N
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		
KC 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		
Draft for Discussion only																															

Nursing Support Titles  
PCA  
PCT  
PSHT  
Nurses Aide

Adult Emergency Department

		RN		Concensus Reached	Nursing Support			Concensus Reached	BHA			Concensus Reached	Sitter			Concensus Reached
		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	
Applies to All Adult Emergency Departments	ESI 1	1:1	1:1	Y	1:12	1:12	1:12	N	2:Unit	2:Unit	2:Unit	N	5:Unit	5:Unit	5:Unit	Y
	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		Concensus Reached	Nursing Support			Concensus Reached	BHA			Sitter			Concensus Reached	
		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		
Applies to All PEDs Emergency Departments	ESI 1	1:1	1:1	Y	1:12	1:12	1:12	N	N/A	N/A	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			Concensus Reached			
		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			Concensus Reached			
		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



**Operating Room**

	RN		Surgical Tech			Nursing Support			Consensus Reached
	Shift 1 Ratio	Shift 2 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
Operating Room	1 : 1	1 : 1	1 : 1	1 : 1	1 : 1	N/A	N/A	N/A	

Nursing Support Titles

PCA

PCT

PSHT

Nurses Aide