

To: NYS Department of Health (DOH)

From: Mr. Georges Leconte, MPA, FAB, RRT

Date: November 14, 2023

Subject: NYC H+H Harlem Hospital Staffing Plan PFI #1445- CEO's written submission (Attachment #4)

Upon careful review of both the employee's and management's proposals, which are provided in attachment #2 and #3, I agree with management's proposal and their rationale to maintain the current staffing ratio in the attached staffing plan.



To: NYS Department of Health

From: Harlem Hospital Center PFI1445

Date: November 14, 2023

Subject: NYC H+H Harlem Hospital Staffing Plan PFI #1445 2023

There are four main components of the submission of the NYC H+H Harlem Hospital Staffing Plan PFI #1445:

- 1. The final plan -Attachment #1
- 2. The union's proposal and rationale for areas where there was no consensus- Attachment #2
- 3. Management's proposal and rationale for areas with no consensus-Attachment #3
- 4. CEO's written submission explaining the elements that did not gain consensus and brief explanation of determination. -Attachment #4



Operating Room

Operating Room

R	N
Shift 1 Ratio	Shift 2 Ratio
1:1	1:1

Surgical Tech										
Shift 1 Ratio	•••••									
1:1	1:1	1:1								

r	Nursing Suppor	Consensus Reached	
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
N/A	N/A	N/A	Y Consensus reached



Adult Emergency Department

		RN			
		Shift 1 Ratio	Shift 2 Ratio		
	ESI 1	1:1	1:1		
Applies to	ESI 2	1:2	1:2		
All Adult Emergency	ESI 3	1:5	1:5		
Departments					
	ESI 4 + 5	1:8	1:8		

N	ursing Suppo	rt	вна						
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio				
1:12	1:12	1:12	1 : Unit	1 : Unit	1 : Unit				

	Sitter	Consensus Reached	
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
2 : Unit	2 : Unit	2 : Unit	No Consensus from D/C 37 on BHAs or Support staff. Consensus on RNs from NYSNA

Ratio does not change based on ESI

PEDs Emergency Department

			RN	
		Shift 1	Ratio	Shift 2 Ratio
Applies to	ESI 1	1:	1:1	
All PEDs	ESI 2	1:	2	1:2
Emergency	ESI 3	1:	5	1:5
Departments	ESI 4 + 5	1:	1:8	

N	ursing Suppo	rt	вна							
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio					
1:12	1:12	1:12	N/A	N/A	N/A					

	Sitter	Consensus Reached	
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
N/A	N/A	N/A	No Consensus on Nursing Support, BHA, or Sitter

Ratio does not change based on ESI



Harlem Hospital Center PFI		_ 0000000																			
#1445 2023																					
			F	RN	Nu	rsing Supp	ort		ВНА			HN		HN		HN		Clerical		ı	Consensus Reached
Dept Name	Service	Functional Service	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	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio					
HA IP 13MD	Med/Surg	Med/Surg	1:6	1:6	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit		N/A	1.5 :	1 : Unit	No Consensus with nursing support staff ratio/ consensus				
LIVIND	ivieu/sury	Telemetry	1:4	1:4	1.12	1.12	1.12	IV/A	IWA	IN/A	IV/A	I . UIIII	N/A	IWA	Unit	I . UIIII	reached on clerical coverage				
HA IP 13MD	Med/Surg	Monitor Tech	N/A	N/A	1 : Unit	1 : Unit	1 : Unit	N/A	Consensus reached												
HA IP 14MD	Med/Surg	Med/Surg	1:6	1:6	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1.5:Unit	1.5:Unit	No Consensus with nursing support staff ratio/ consensus				
HA IP 12MD	Med/Surg	Med/Surg Telemetry	1:6	1:6	1:12	1:12	1:12	N/A	N/A	N/A	NA	1 : Unit	NA	N/A	1.5: Unit	1.5:Unit	reached on clerical coverage No Consensus with nursing support staff ratio/ consensus				
HA IP 3MED	Med/Surg	Med/Surg	Closed	reached on clerical coverage																	
HA IP 14ICU/SD	ICU	ICU	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1:Unit	1:Unit	No Consensus with nursing support staff ratio or clerical				
HA IP 6ICU	ICU	ICU	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1:Unit	1:Unit	coverage				
HA IP 6BCU	ICU	ICU	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	0.0	N/A	0.0	0.0	0.0	No Consensus with nursing support staff ratio				
HA IP 17PD	Mat/Child	PEDs	1:6	1:6	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1 : Unit	1 : Unit					
HA IP 17PI	Mat/Child	PICU	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	0.0	N/A	0.0	0.0	0.0	No Consensus with nursing support staff ratio				
HA IP 4NW MOTHER BABY	Mat/Child	Mat/Child	1:3	1:3	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1 : Unit	1 : Unit					
HA IP 4SE NICU	Mat/Child	NICU	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1 : Unit	1 : Unit	No Consensus with nursing support staff ratio -or BHAs on 10th floor				
HA IPP 10MH	ВН	Adult Psych	1:7	1:7	1:12	1:12	1:12	1:12	1:12	1:12	N/A	1 : Unit	N/A	N/A	1 : Unit	1 : Unit					
HA IP 4S LABOR & DLVRY	L&D	Labor and Delivery	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	1:Unit	1:Unit	1:Unit	No Consensus For nursing support ratio all tours or clerical coverage for tour 1				
OVERNIGHT CLERICAL	Other	Other	N/A	3 : Shift	N/A	N/A	No Consensus For clerical float pool on shift 1 requesting 5 clericals on tour 1 support ratio														
HA IPP 1 to 1 Patient Coverage Pool	Staff Pool	1 to 1 Patient Coverage Assignments	N/A	N/A	1:1**	1:1**	1:1**	N/A	Consensus reached on 1:1 float pool												

2023 Harlem Hospital Staffing Plan PFI#1445			Night Shift				Day Shift Evening Shift												
Name of Clinical Unit (Dept Name)	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift? (fractional)	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 members of the frontline team on the unit per day on the Shift? FRACTIONAL	Planned average number of ancillary members of the frontline team on the unit 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? (fractional)	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 members of the frontline team on the unit per day on the Shift? FRACTIONAL	Planned average number of ancillary members of the frontline team on the unit 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? (fractional)	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 members of the frontline team on the unit per day on the Shift?	Planned average number of ancillary members of the frontline team on the unit per day on the Shift?	Clerical FTE	HN FTE	CONCENSUS Y/N
HAR01 AMBULATORY SURGERY	0	0	0	0	0	0	8	0	0	2	3	1	5	0	2	0	1	0	N
HAR01 AMBULATORY SURGERY	0	0	0	0	0	0	3	0	1	1	0	0	2	0	0	0	0	0	N
HAR01 EMERGENCY SVCE ADULT	15	0	6	6	6	0	19	0	5	5	4	1	19	0	5	1	4	1	N
HAR01 EMERGENCY SVCE PEDS	4	0	1	1	2	0	4	0	3	0	5	1	4	0	2	1	1	1	N
HAR Pediatrics Primary	0	0	0	0	0	0	5	2	4	0	3	1	1	2	1	0	1	0	N
HAR01 PED PRIMARY CARE	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	1	0	0	N
HAR01 Virology	0	0	0	0	0	0	3	1	1	1	3	0	0	0	0	0	0	0	N
HAR ATU	0	0	0	1	0	0	2	0	1	1	1	0	0	0	0	0	0	0	N
HAR01 GYN ADULT	0	0	0	0	0	0	5	1	1	7	2	1	0	0	0	0	0	0	N
HAR 01SURGICAL CLINIC ADULT	0	0	0	0	0	0	5	0	4	0	3	1	0	0	0	0	0	0	N
SURGICAL CLINIC ADULT	0	0	0	0	0	0	2	0	5	0	3	0	0	0	0	0	0	1	N
SURGICAL CLINIC ADULT	0	0	0	0	0	0	2	0	0	2	1	1	0	0	0	0	0	0	N
HAR01 OPTHALMOLOGY	0	0	0	0	0	0	1	1	1	3	2	0	0	0	0	0	0	0	N
HAR01 Podiatry	0	0	0	0	0	0	2	0	2	1	2	0	0	0	0	0	0	0	N
HAR Surgery Subspecialty	0	0	0	0	0	0	3	0	2	1	0	1	0	0	0	0	0	0	N
HAR01 DENTISTRY	0	0	0	0	0	0	3	0	2	0	4	0	0	0	0	0	0	0	N
HAR 01SURGICAL CLINIC ADULT	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	N
HAR O1 Primary Medical	0	0	0	0	0	0	10	0	0	12	6	1	4	0	0	6	0	0	N
HAR 01 Medicine Subspecialty	0	0	0	0	0	0	6	1	1	1	7	1	0	0	0	6	0	0	N
HAR 01 Physiatry	0	0	0	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	N
HAR01 RENAL DIALYSIS	2	0	1	0	1	0	3	0	4	1	0	0	2	1	1	1	0	0	N
HAR01 RENAL DIALYSIS	4	2	1	1	1	0	6	3	4	1	1	1	6	2	0	1	1	0	N
SURGICAL CLINIC ADULT	0	0	0	0	0	0	2	0	0	0	2	2	0	0	1	0	0	0	N
HAT01 RADIOLOGY DIAGNOSTIC	2	0	2	0	0	0	7	0	0	1	4	1	6	0	0	0	0	0	N
HAR01 BEHAV HLTH HEALTH ADULT OP	0	0	0	0	0	0	2	0	2	3	2	0	0	0	0	0	0	0	N
HAR01 AMBULATORY SURGERY	2	0	0	0	0	0	4	0	2	2	1	1	5	0	1	0	0	0	N
HAR01 AMBULATORY SURGERY	4	0	1	1	0	0	16	0	3	2	1	1	13	0	3	0	0	1	N



Attachment # 2

Harlem Hospital Union response and proposal

From: Dolan, Moira < MDolan@dc37.net>
To: Wisdom, Keisha < wisdomk@nychhc.org>

Subject: [EXTERNAL] Re: Harlem Safe Staffing DC 37 Proposal OUT PATIENT

Good Afternoon Keisha,

Thank you for making the remote link available today, 8/11/23. We understand that there was very little time to organize and prepare for this meeting regarding outpatient staffing submission due to NYS DOH 8/15/23. Therefore, we are unable to reach consensus on the proposed ambulatory care staffing. We will continue to work with you in advance of the 1/1/24 implementation date in order to get a better understanding of the per unit staffing ratios.

We understand that these are only minimum ratios and we hope that Central office will approve additional headcounts where necessary for high volume clinics.

Thank you,

Moira Dolan

Sr. Assistant Director

Research & Negotiations

DC 37, AFSCME

212-815-7507

From: Dolan, Moira To: Wisdom, Keisha

Cc: Carmen Charles; Terrence Pyle; Riggio, Samantha; Tirado, Melissa; April Wilkins; Kioto Acosta; Angel Benitez; Heron, Mark; Lovaglio-Miller, Rose; Santana, Marianela; Douglass, Eddie; Jozette Dowdell;

WANGEL, JONATHAN; Patel, Kanish; Eric Smith Subject: Harlem Safe Staffing DC 37 Proposal



Good Afternoon Keisha,

We are writing in response to the staffing meeting and proposals from management on the ratios for clerical, ancillary and behavioral health staff for 2024 year.

Med Surgical Units - We are restating our 2022 proposal of 1:8 for PCA /Nurse Aide staffing on the medical surgical units. The timing ratio of 52 minutes per day versus 35 minutes per day, as we stated last year is much better for patient safety and quality of care. It also allows for coverage for lunch and breaks more effectively.

In addition, there 12th floor there are 55 total patients and it often full. Weekends have been a particular challenge to adequately staff. As of the day the day I am drafting this, Friday 6/23, there was an extreme shortage of staff across the facility. Agency staff come late, leave early and are not as committed to the work. We appreciate that Mr. Leconte is trying to get agency staff to commit to full time positions. There are supposed to be 19 PCA's in the float pool, with an additional person available for 1:1 backup. We all acknowledge the difficulty in hiring and retention but one factor in retention is stress and overwork.

Behavioral Health Units - we understand that in BH 2.0, additional headcount in the form of Psych Techs or PCA's where available will be added to the BH units. The Harlem proposal is 3 BHA's, 3 Psych Tech's 2 PCA's per unit. This is the best ratio we have seen so far. However, the Union is still strongly advocating for FOUR BHA's per unit on the regular BH units for the Harlem population. In the Adult ED our proposal is 3 BHA's per unit and in the Pediatric ED 1 BHA and 1 sitter.

Clerical - we agree with the 1 clerical per Tour 2 and Tour 3 per major medical units. We support the continuation of identified units for Tour 1 as in the 2022 proposal. There should be a dedicated float pool for day and evening coverage.

We are in support of all proposals made by NYSNA.

Thank you for your attention to this matter.

Regards

Moira Dolan

Sr. Assistant Director





Operating Room

Operating Room

R	N
Shift 1 Ratio	Shift 2 Ratio
1:1	1:1

	Surgical Tech	
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio
1:1	1:1	1:1

r	Nursing Suppor	t	Consensus Reached
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
N/A	N/A	N/A	Y Consensus reached



Adult Emergency Department

		RN			
		Shift 1 Ratio	Shift 2 Ratio		
	ESI 1	1:1	1:1		
Applies to	ESI 2	1:2	1:2		
All Adult Emergency	ESI 3	1:5	1:5		
Departments					
	ESI 4 + 5	1:8	1:8		

N	ursing Suppo	rt	вна								
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio						
1:12	1:12	1:12	1 : Unit	1 : Unit	1 : Unit						

	Sitter		Consensus Reached
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
2 : Unit	2 : Unit	2 : Unit	No Consensus from D/C 37 on BHAs or Support staff. Consensus on RNs from NYSNA

Ratio does not change based on ESI

PEDs Emergency Department

			RN		
		Shift 1	Ratio	Shift 2 Ratio	
Applies to	ESI 1	1:	1	1:1	
All PEDs	ESI 2	1:	2	1:2	
Emergency	ESI 3	1:	5	1:5	
Departments	ESI 4 + 5	1:	1:8		

N	ursing Suppo	rt	вна								
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	Shift 1 Ratio	Shift 3 Ratio							
1:12	1:12	1:12	N/A	N/A	N/A						

	Sitter		Consensus Reached
Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
N/A	N/A	N/A	No Consensus on Nursing Support, BHA, or Sitter

Ratio does not change based on ESI



Harlem Hospital Center PFI																	
#1445 2023																	
			F	RN	Nu	rsing Supp	ort		ВНА			HN			Clerical	ı	Consensus Reached
Dept Name	Service	Functional Service	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	Shift 1 Ratio	Shift 2 Ratio	Shift 3 Ratio	
HA IP 13MD	Med/Surg	Med/Surg	1:6	1:6	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit		N/A	1.5 :	1 : Unit	No Consensus with nursing support staff ratio/ consensus
LIVIND	ivieu/sury	Telemetry	1:4	1:4	1.12	1.12	1.12	IV/A	IWA	IN/A	IV/A	I . UIIII	N/A	IWA	Unit	I . UIIII	reached on clerical coverage
HA IP 13MD	Med/Surg	Monitor Tech	N/A	N/A	1 : Unit	1 : Unit	1 : Unit	N/A	Consensus reached								
HA IP 14MD	Med/Surg	Med/Surg	1:6	1:6	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1.5:Unit	1.5:Unit	No Consensus with nursing support staff ratio/ consensus
HA IP 12MD	Med/Surg	Med/Surg Telemetry	1:6	1:6	1:12	1:12	1:12	N/A	N/A	N/A	NA	1 : Unit	NA	N/A	1.5: Unit	1.5:Unit	reached on clerical coverage No Consensus with nursing support staff ratio/ consensus
HA IP 3MED	Med/Surg	Med/Surg	Closed	reached on clerical coverage													
HA IP 14ICU/SD	ICU	ICU	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1:Unit	1:Unit	No Consensus with nursing support staff ratio or clerical
HA IP 6ICU	ICU	ICU	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1:Unit	1:Unit	coverage
HA IP 6BCU	ICU	ICU	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	0.0	N/A	0.0	0.0	0.0	No Consensus with nursing support staff ratio
HA IP 17PD	Mat/Child	PEDs	1:6	1:6	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1 : Unit	1 : Unit	
HA IP 17PI	Mat/Child	PICU	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	0.0	N/A	0.0	0.0	0.0	No Consensus with nursing support staff ratio
HA IP 4NW MOTHER BABY	Mat/Child	Mat/Child	1:3	1:3	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1 : Unit	1 : Unit	
HA IP 4SE NICU	Mat/Child	NICU	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	N/A	1 : Unit	1 : Unit	No Consensus with nursing support staff ratio -or BHAs on 10th floor
HA IPP 10MH	ВН	Adult Psych	1:7	1:7	1:12	1:12	1:12	1:12	1:12	1:12	N/A	1 : Unit	N/A	N/A	1 : Unit	1 : Unit	
HA IP 4S LABOR & DLVRY	L&D	Labor and Delivery	1:2	1:2	1:12	1:12	1:12	N/A	N/A	N/A	N/A	1 : Unit	N/A	1:Unit	1:Unit	1:Unit	No Consensus For nursing support ratio all tours or clerical coverage for tour 1
OVERNIGHT CLERICAL	Other	Other	N/A	3 : Shift	N/A	N/A	No Consensus For clerical float pool on shift 1 requesting 5 clericals on tour 1 support ratio										
HA IPP 1 to 1 Patient Coverage Pool	Staff Pool	1 to 1 Patient Coverage Assignments	N/A	N/A	1:1**	1:1**	1:1**	N/A	Consensus reached on 1:1 float pool								

2023 Harlem Hospital Staffing Plan PFI#1445			Night Shift	Day Shift							Evening Shift								
Name of Clinical Unit (Dept Name)	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Shift? (fractional)	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 members of the frontline team on the unit per day on the Shift? FRACTIONAL	Planned average number of ancillary members of the frontline team on the unit 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? (fractional)	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 members of the frontline team on the unit per day on the Shift? FRACTIONAL	Planned average number of ancillary members of the frontline team on the unit 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? (fractional)	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 members of the frontline team on the unit per day on the Shift? FRACTIONAL	Planned average number of ancillary members of the frontline team on the unit per day on the Shift?	Clerical FTE	HN FTE	CONCENSUS Y/N
HAR01 AMBULATORY SURGERY	0	0	0	0	0	0	8	0	0	2	3	1	5	0	2	0	1	0	N
HAR01 AMBULATORY SURGERY	0	0	0	0	0	0	3	0	1	1	0	0	2	0	0	0	0	0	N
HAR01 EMERGENCY SVCE ADULT	15	0	6	6	6	0	19	0	5	5	4	1	19	0	5	1	4	1	N
HAR01 EMERGENCY SVCE PEDS	4	0	1	1	2	0	4	0	3	0	5	1	4	0	2	1	1	1	N
HAR Pediatrics Primary	0	0	0	0	0	0	5	2	4	0	3	1	1	2	1	0	1	0	N
HAR01 PED PRIMARY CARE	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	1	0	0	N
HAR01 Virology	0	0	0	0	0	0	3	1	1	1	3	0	0	0	0	0	0	0	N
HAR ATU	0	0	0	1	0	0	2	0	1	1	1	0	0	0	0	0	0	0	N
HAR01 GYN ADULT	0	0	0	0	0	0	5	1	1	7	2	1	0	0	0	0	0	0	N
HAR 01SURGICAL CLINIC ADULT	0	0	0	0	0	0	5	0	4	0	3	1	0	0	0	0	0	0	N
SURGICAL CLINIC ADULT	0	0	0	0	0	0	2	0	5	0	3	0	0	0	0	0	0	1	N
SURGICAL CLINIC ADULT	0	0	0	0	0	0	2	0	0	2	1	1	0	0	0	0	0	0	N
HAR01 OPTHALMOLOGY	0	0	0	0	0	0	1	1	1	3	2	0	0	0	0	0	0	0	N
HAR01 Podiatry	0	0	0	0	0	0	2	0	2	1	2	0	0	0	0	0	0	0	N
HAR Surgery Subspecialty	0	0	0	0	0	0	3	0	2	1	0	1	0	0	0	0	0	0	N
HAR01 DENTISTRY	0	0	0	0	0	0	3	0	2	0	4	0	0	0	0	0	0	0	N
HAR 01SURGICAL CLINIC ADULT	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	N
HAR O1 Primary Medical	0	0	0	0	0	0	10	0	0	12	6	1	4	0	0	6	0	0	N
HAR 01 Medicine Subspecialty	0	0	0	0	0	0	6	1	1	1	7	1	0	0	0	6	0	0	N
HAR 01 Physiatry	0	0	0	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	N
HAR01 RENAL DIALYSIS	2	0	1	0	1	0	3	0	4	1	0	0	2	1	1	1	0	0	N
HAR01 RENAL DIALYSIS	4	2	1	1	1	0	6	3	4	1	1	1	6	2	0	1	1	0	N
SURGICAL CLINIC ADULT	0	0	0	0	0	0	2	0	0	0	2	2	0	0	1	0	0	0	N
HAT01 RADIOLOGY DIAGNOSTIC	2	0	2	0	0	0	7	0	0	1	4	1	6	0	0	0	0	0	N
HAR01 BEHAV HLTH HEALTH ADULT OP	0	0	0	0	0	0	2	0	2	3	2	0	0	0	0	0	0	0	N
HAR01 AMBULATORY SURGERY	2	0	0	0	0	0	4	0	2	2	1	1	5	0	1	0	0	0	N
HAR01 AMBULATORY SURGERY	4	0	1	1	0	0	16	0	3	2	1	1	13	0	3	0	0	1	N



To: NYS Department of Health (DOH)

From: Harlem Hospital Center PFI#1445

Date: November 14, 2023

Subject: NYC H+H Harlem Hospital Staffing Plan PFI #1445- Management Proposal and rationale for areas with no consensus. (Attachment #3)

PCAs/ Nursing Support

NYC Health and Hospitals @ Harlem Hospital needed help reaching a consensus with frontline staff on nursing support ratios. Nursing Support includes Patient Care Associates (PCAs), Patient Care Technicians (PCTs), Psychiatric Social Health Technicians (PSHTs), and Nurses' Aides. At our facility, the majority are PCAs who check vital signs, weigh and measure patients, obtain specimens, perform specimen screening tests, and record findings on patients' charts, among many other essential tasks at NYC H+H @ Harlem Hospital Center.

Our proposal for nursing support ratios is one nursing support person for 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 <u>study</u> 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 University of California San Francisco Health Force Center published a <u>Health Workforce Baseline and Surge Ratio</u> 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 frontline staff and management.
 - At Harlem Hospital Center, 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 when they are at a 1:12 percentage.
 - In the same <u>study</u> 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%."



- NYC H+H @ Harlem Hospital Center is committed to ensuring that nursing support staff are at most 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 indicates that nursing support staff will often have fewer than twelve patients.

BHAs

- Behavioral Health Associates (BHAs) at NYC H+H @Harlem 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 2: Unit for the following reasons:
 - Our Behavioral Health Units are staffed with PCAs on the unit in support.
 - The BHAs assigned to the unit will not be utilized for one-on-ones and will be available on the team at all times.
 - BHAs are not assigned to specific patients but perform de-escalation functions and routine observations. Our facility has staffed each unit and found sufficient numbers to ensure patient and staff safety.
 - Add follow-up to geographical concerns.
 - 1:1 FP to transport patients.

Ambulatory Care Practices

The proposed staffing plans for all services in ambulatory care were determined based on the daily volume in each practice. The scope and standards of practice for professional Ambulatory Care Nursing were used to determine that only thirty-three percent of the RNs' time was needed for clinical functions, many of which could be completed by a Certified nursing assistant or Patient Care Associate (PCA). Considering these considerations, the PCA and CAN staffing complement were calculated and finalized.