



July 01, 2022

To Whom It May Concern:

Attached please find a copy of the 2023 Clinical Staffing Plan for NYU Langone Hospitals (hereinafter “NYULH”), which includes NYU Langone Hospitals (PFI 1463) – Main Campus (the hospital that encompasses Tisch Hospital, the Kimmel Pavilion, the Hassenfeld Children’s Hospital, the Health Care Center, and the Ronald O. Perelman Emergency Department), NYU Langone Health – Cobble Hill (PFI 9753), NYU Langone Orthopedic Hospital (PFI 1446), NYU Langone Hospital – Brooklyn (PFI 1304), and NYU Langone Hospital – Long Island (PFI 0511).

The 2023 NYULH Clinical Staffing Plan is submitted pursuant to Section 2805-t of the Public Health Law of the State of New York and takes effect on January 1, 2023. The NYULH Clinical Staffing Committee duly developed and partially adopted the Plan, as summarized below. Furthermore, the Plan incorporates all applicable collective bargaining agreements in effect at NYULH.

The Clinical Staffing Committee approved the elements of the clinical staffing plan for the following patient care units:

NYU Langone Hospitals – Main Campus:

- Children’s Acute (Kimmel Pavilion 8)
- Children’s Critical Care (NICU)
- Labor and Delivery (Tisch 8)
- RN component of clinical staffing plan approved for all remaining units

NYU Langone Health – Cobble Hill:

- RN component of clinical staffing plan approved

NYU Langone Orthopedic Hospital:

- None

NYU Langone Hospital – Brooklyn:

- All patient care units, all component



NYU Langone Hospital – Long Island:

- All patient care units, all components

The Clinical Staffing Committee could not arrive at consensus within the proposed clinical staffing plan for the following patient care units:

NYU Langone Hospitals – Main Campus: PCT Components of Clinical Staffing Plan

- Medicine Acute (Tisch 14, 15*, 16, 17, Kimmel Pavilion 15*, 18)
- Surgery Acute (Kimmel Pavilion 10, 11, 12, 13*, 14*, 16*, 17)
- Critical Care, Medical ICU and Neuro ICU (Tisch 15*, Kimmel Pavilion 15*, and 16*)
- Surgical and Cardiothoracic ICU (Kimmel 13* and 14*)
- Children’s Critical Care (PICU and CCVCU)
- Mother-Baby (Tisch 12 and 13)
- Ronald O. Perelman Emergency Department
- Psychiatry (Health Care Center 10)
- Acute Rehabilitation (Health Care Center 9)

**Mixed ICU and acute level of care units*

NYU Langone Health – Cobble Hill: PCT Components of Clinical Staffing Plan

- Cobble Hill Emergency Department

NYU Langone Orthopedic Hospital: RN and PCT Components of Clinical Staffing Plan

- All patient care units

NYU Langone Hospital – Brooklyn:

- NA

NYU Langone Hospital – Long Island:

- NA

The Employee Committee Members provided the following rationales as to why they could not arrive at consensus with regard to the proposed clinical staffing plan for some patient care units:

- At the Main Campus and at the Cobble Hill Emergency Department, an increase in the number of patient care technicians (PCTs) per shift, depending on the patient care unit, is needed to address patient care needs, such as toileting patients, ambulating patients, or monitoring fall risk patients on constant observation, as well as, to provide coverage for breaks.



- At LOH, employees (RNs and PCTs) requested the clinical staffing plan incorporate current staffing levels rather than the staffing levels outlined in the current collective bargaining agreement.

The Management Committee Members have provided the following rationales in support of the proposed clinical staffing plan for which there was no consensus:

- NYULH Main Campus plans to hire into our PCT float team an additional 23 full-time equivalents (FTEs) to meet the patient care and break coverage needs expressed by the Employee Committee Members.
- NYULH has also prioritized hiring of all vacant frontline nursing and support staff positions to ensure the proposed clinical staffing model meets the needs of the patient care unit based on care hours per patient day. At our Main campus, we plan to increase the Registered Nurse Float Team to 170 FTEs (an additional 69 positions) and will designate RNs for daily floating to account for acuity and patients on medical equipment requiring 1 to 1 assignment.
- Finally, the law states that “[t]he clinical staffing plan shall comply with and incorporate any minimum staffing levels provided for in any applicable collective bargaining agreement.” (Public Health Law §2805-T(5)(c)). At LOH, the proposed clinical staffing plan reflects the current collective bargaining agreement in terms of staffing levels, such that it should be approved.

Pursuant to the law, I am using my discretion as Chief Executive Officer of NYULH to adopt those portions of the clinical staffing plan for which the Clinical Staffing Committee did not achieve consensus, as well as, those that were affirmed unanimously.

Once the Staffing Plan is in effect, January 1, 2023, our Clinical Staffing Committees will monitor, track, and evaluate all complaints regarding alleged variations from the approved staffing plan.

Please do not hesitate to contact my office if you have any questions or need further clarification.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert I. Grossman".

Robert I. Grossman, MD

Dean & Chief Executive Officer, NYU Langone Hospitals

NYU Langone Hospitals Departments of Nursing Interdisciplinary Structure Standard

COUNCIL: Clinical Staffing Committee and Subcommittee

PURPOSE: To create a committee and subcommittee to ensure sufficient staffing of direct and indirect caregiver hospital personnel as outlined in NYS Public Health Law § 2805-t.

SUPPORTIVE DATA:

1. Research demonstrates that nurses play a critical role in improving patient safety and quality of care.
2. Appropriate staffing of direct and indirect caregiver hospital personnel, including registered nurses available for patient care, assists in reducing errors, complications and adverse patient care events, improves staff and patient safety and satisfaction, and reduces incidences of workplace injuries.
3. Ensuring sufficient staffing of direct and indirect caregiver hospital personnel, including registered nurses and ancillary staff, is a priority to promote greater patient safety and support retention of hospital staff.
4. Clinical staffing plans are required for all licensed acute care inpatient units (including behavioral health, rehabilitation, perioperative and procedural areas) and emergency departments at NYU Langone Hospitals (NYU Langone Orthopedic Hospital, NYU Langone Hospital – Brooklyn, NYU Langone - Cobble Hill Emergency Department, NYU Langone Hospital – Long Island, and NYU Langone Hospitals –Tisch/Kimmel and the Hassenfeld Children’s Hospital (“NYULH”))
5. NYULH will adopt clinical staffing plans on an annual basis by July 1st, which will be implemented on January 1st of the following year.

RESPONSIBILITIES:

In this forum Committee members will:

1. Develop and oversee implementation of an annual clinical staffing plan for each patient care unit and work shift.
 - a. The staffing plan will include:
 - i. Utilizing a staffing model based on patient care needs indicating how many patients are assigned to each registered nurse; and
 - ii. The number of direct and indirect caregivers to be present on each unit and shift based on patient care needs for that shift
 - b. The staffing plan shall take into consideration a wide range of variables, including, but not limited to, the following factors:
 - i. Unit-specific patient census data, including admissions, transfers, and discharges
 - ii. Patient acuity and patient care needs;
 - iii. Skill mix;
 - iv. The availability, level of experience, and specialty certification or training of nursing personnel;
 - v. Specialized or intensive equipment needs on the unit;
 - vi. The architecture or geography of the unit;
 - vii. The mechanisms and protocols providing for one-to-one or constant patient observation, as appropriate;
 - viii. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors;
 - ix. Measures to increase both worker and patient safety, such as improving patient throughput;
 - x. Staffing guidelines adopted by other states or professional associations;
 - xi. Availability of other personnel supporting nursing services on the unit (e.g., phlebotomists, respiratory therapists, physical/occupational/speech language therapists);
 - xii. Waivers of the staffing plan requirements in cases of unforeseeable emergency circumstances (e.g., a declaration of national, state, or local emergency, initiation of the hospital disaster plan, or any unforeseen disaster or catastrophic event that affects the needs for health services);

- xiii. Coverage to enable registered nurses, licensed practical nurses, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable as required by law or any collective bargaining agreement (including but not limited to FMLA, DIF, etc.);
 - xiv. Incorporation of any minimum staffing levels provided defined by any Collective Bargaining Agreement (CBA);
 - xv. Nursing quality indicators;
 - xvi. Hospital finance and resources; and
 - xvii. Short-term adjustments to staffing levels required by the plan necessary to account for unexplained changes in circumstances of a limited duration.
2. Review of the staffing plan on a semiannual basis against patient needs and evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital
 3. Review, assess, and respond to complaints regarding potential violations of the adopted staffing plan, staffing variations or other concerns regarding staffing plan implementation.
 4. Create and oversee a subcommittee to address technical and support clinical staffing concerns. Such subcommittee will meet at minimum semi-annually and will report up to the Clinical Staffing Committee.

VOTING PROCESS:

1. The clinical staffing plan is adopted by consensus of the Clinical Staffing Committee.
2. For purposes of consensus, the Management members of the committee have one vote and the Employee Members of the committee have one vote, regardless of the actual number of committee members in either group.
3. Each side can determine its own method for casting its vote to adopt all or part of the clinical staffing plan.
4. If there is no consensus, then the Chief Executive Officer shall use their discretion to adopt a plan or partial plan, if consensus is not reached, providing a written explanation as to what part of the plan the committee members could not agree on, including final written proposals from the two parties and their rationales.

COMPLAINTS:

NYULH staff (i.e., a registered nurse, licensed practical nurse, or ancillary frontline staff) or CBA representative can make a complaint to the Committee based on an alleged variance between the personnel assignment and the staffing plan.

The Clinical Staffing Committee will have a process to examine, respond to, and track all properly submitted complaints. The Committee may resolve or dismiss complaints by consensus as outlined above. The Committee will keep confidential all complaints that are under investigation or found to be unsubstantiated.

POSTING OF STAFFING INFORMATION:

NYULH will publicly post the unit’s clinical staffing plan, as well as, the staffing for the current shift on each patient care unit.

RETALIATION AND INTIMIDATION PROHIBITED:

NYULH will not retaliate against or engage in any form of intimidation of:

1. An employee for performing any duties or responsibilities outlined above in connection with the Clinical Staffing Committee; or
2. An employee, patient, or other individual who notifies the Clinical Staffing Committee or the hospital administration of the individual's staffing concerns.

MEMBERSHIP:

Registered nurses providing direct patient care representative of all areas as defined above
Licensed practical nurses, if any
Technical and support staff (e.g., patient care technicians, technologists, nursing aides, or senior nursing aides, and hospital concierges, clerical service associates, or patient unit associates)
Chief Financial Officer or designee Chief Nursing Officer or designees Human Resources representative
Directors of Nursing
Nurse Administrators
Nurse Managers

One member of the collective bargaining leadership can attend the meeting as an observer but cannot participate in the discussion amongst the committee members. Discussions or caucuses regarding meeting topics or information will happen outside of the scheduled meeting time.

Members of the CBA who participate in the committee will ensure that such caucuses will not have a negative impact on the overall length of the meeting or agenda.

MEETING FREQUENCY: At minimum, semiannually

ACCOUNTABILITY: Chief Nursing Officer & Senior Vice President for Patient
Care Services

REFERENCES:

New York State Consolidated Laws (2022). NYS Public Health Law § 2805-t, Clinical staffing committee and disclosure of nursing quality indicators.

DEVELOPED BY: Clinical Staffing Committee

APPROVED BY: Clinical Staffing Committee
Executive Nursing Council, all campuses
Executive Committee of the Medical Board

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DATE REVISED: April 2022

DISTRIBUTION: Ellucid Website
Patient Care & Nursing Standards Manual



**NYU Langone Health
Patient Care Staffing Models**

**NYU Langone Hospitals - Main Campus
PFI 1463**

Submitted July 1, 2022



**NYU Langone Health
Patient Care Staffing Models
July 2022**

Tisch 14, 15*, 16, 17
Kimmel Pavilion 15*, 18

**NYU Langone Hospitals – PFI 1463
Medicine Acute**

Census	Total RNs**	NAs/PCTs	HC/PUA/ Secretary
1	2	1	1
2	2	1	1
3	2	1	1
4	2	1	1
5	2	1	1
6	2	1	1
7	3	1	1
8	3	1	1
9	3	1	1
10	3	1	1
11	4	1	1
12	4	1	1
13	4	1	1
14	4	2	1
15	4	2	1
16	5	2	1
17	5	2	1
18	5	2	1
19	5	2	1
20	6	2	1
21	6	2	1
22	6	2	1
23	6	3	1
24	6	3	1
25	7	3	1
26	7	3	1
27	7	3	1
28	7	3	1
29	8	3	1
30	8	3	1
31	8	3	1
32	8	4	1
33	9	4	1

*Units denoted with an asterisk are mixed acuity units that treat both intensive care and acute care patients. The matrix on this page indicates staffing for acute care patients. Mixed acuity units typically share one charge nurse.

**Total RNs may include a Charge RN or other fixed RNs that are staffed independent of census



**NYU Langone Health
Patient Care Staffing Models
July 2022**

Kimmel Pavilion 10, 11, 12, 13*, 14*,
16*, and 17

**NYU Langone Hospitals – PFI 1463
Surgery Acute**

Census	Total RNs**	NAs/PCTs	HC/PUA/ Secretary
1	2	1	1
2	2	1	1
3	2	1	1
4	2	1	1
5	2	1	1
6	3	1	1
7	3	1	1
8	3	1	1
9	3	1	1
10	4	1	1
11	4	1	1
12	4	1	1
13	5	1	1
14	5	1	1
15	5	1	1
16	5	1	1
17	6	1	1
18	6	1	1
19	6	2	1
20	6	2	1
21	7	2	1
22	7	2	1
23	7	2	1
24	7	2	1
25	8	2	1
26	8	2	1
27	8	2	1
28	9	2	1
29	9	2	1
30	9	2	1
31	9	2	1
32	10	3	1
33	10	3	1
34	10	3	1

*Units denoted with an asterisk are mixed acuity units that treat both intensive care and acute care patients. The matrix on this page indicates staffing for acute care patients. Mixed acuity units typically share one charge nurse.

**Total RNs may include a Charge RN or other fixed RNs that are staffed independent of census



**NYU Langone Health
Patient Care Staffing Models
July 2022**

Kimmel Pavilion 15* and 16*
Tisch 15*

**NYU Langone Hospitals – PFI 1463
Critical Care, Medical ICU and Neuro ICU**

Census	Total RNs**	NAs/PCTs	HC/PUA/ Secretary
1	2	1	1
2	2	1	1
3	2	1	1
4	3	1	1
5	3	1	1
6	4	1	1
7	5	1	1
8	5	1	1
9	6	1	1
10	7	1	1
11	7	1	1
12	8	1	1
13	9	1	1
14	9	1	1
15	10	1	1
16	11	1	1
17	11	1	1
18	12	1	1
19	13	1	1
20	13	2	1
21	14	2	1
22	15	2	1
23	15	2	1
24	16	2	1
25	17	2	1
26	17	2	1
27	18	2	1
28	19	2	1
29	19	2	1
30	20	2	1
31	21	2	1
32	21	2	1
33	22	2	1
34	23	2	1

*Units denoted with an asterisk are mixed acuity units that treat both intensive care and acute care patients. The matrix on this page indicates staffing for intensive care patients. Mixed acuity units typically share one charge nurse.

**Total RNs may include a Charge RN or other fixed RNs that are staffed independent of census



**NYU Langone Health
Patient Care Staffing Models
July 2022**

Kimmel Pavilion 13* and 14*

**NYU Langone Hospitals – PFI 1463
Surgical and Cardiothoracic ICU**

Census	Total RNs**	NAs/PCTs	HC/PUA/ Secretary
1	2	1	1
2	2	1	1
3	2	1	1
4	3	1	1
5	4	1	1
6	5	1	1
7	5	1	1
8	6	1	1
9	7	1	1
10	8	1	1
11	8	1	1
12	9	1	1
13	10	1	1
14	11	1	1
15	12	1	1
16	12	1	1
17	13	1	1
18	14	1	1
19	15	2	1
20	15	2	1
21	16	2	1
22	17	2	1
23	18	2	1
24	19	2	1
25	19	2	1
26	20	2	1
27	21	2	1
28	22	2	1
29	22	2	1
30	23	2	1
31	24	2	1
32	25	2	1
33	26	2	1
34	27	2	1

*Units denoted with an asterisk are mixed acuity units that treat both intensive care and acute care patients. The matrix on this page indicates staffing for intensive care patients. Mixed acuity units typically share one charge nurse.

**Total RNs may include a Charge RN or other fixed RNs that are staffed independent of census



**NYU Langone Health
Patient Care Staffing Models
July 2022**

NYU Langone Hospitals – PFI 1463

Kimmel Pavilion 9

Children’s Critical Care - PICU and CCVCU

Census	Total RNs**	NAs/PCTs	HC/PUA/ Secretary
1	2	0	1
2	2	0	1
3	3	0	1
4	4	0	1
5	4	0	1
6	5	0	1
7	6	0	1
8	6	0	1
9	7	0	1
10	8	0	1
11	8	1	1
12	9	1	1
13	10	1	1
14	10	1	1
15	11	1	1
16	11	1	1
17	12	1	1
18	13	1	1
19	13	1	1
20	14	1	1
21	15	1	1
22	15	1	1
23	16	1	1
24	16	1	1
25	18	1	1
26	18	1	1
27	19	1	1
28	20	1	1
29	20	1	1
30	21	1	1
31	22	1	1
32	22	1	1
33	23	2	1
34	23	2	1

**Total RNs may include a Charge RN or other fixed RNs that are staffed independent of census



**NYU Langone Health
Patient Care Staffing Models
July 2022**

**NYU Langone Hospitals – PFI 1463
Children’s Acute**

Kimmel Pavilion 8

Census	Total RNs**	NAs/PCTs	HC/PUA/ Secretary
1	2	1	1
2	2	1	1
3	2	1	1
4	2	1	1
5	3	1	1
6	3	1	1
7	3	1	1
8	3	1	1
9	4	1	1
10	4	1	1
11	4	1	1
12	5	1	1
13	5	2	1
14	5	2	1
15	6	2	1
16	6	2	1
17	6	2	1
18	6	2	1
19	7	2	1
20	7	2	1
21	7	3	1
22	8	3	1
23	8	3	1
24	8	3	1
25	8	3	1
26	9	3	1
27	9	3	1
28	9	3	1
29	10	3	1
30	10	4	1
31	10	4	1
32	11	4	1
33	11	4	1
34	11	4	1

**Total RNs may include a Charge RN or other fixed RNs that are staffed independent of census



**NYU Langone Health
Patient Care Staffing Models
July 2022**

**NYU Langone Hospitals – PFI 1463
Children’s Critical Care - NICU**

Tisch 9

Census	Total RNs**	NAs/PCTs	HC/PUA/ Secretary
1	2	1	2
2	3	1	2
3	3	1	2
4	3	1	2
5	3	1	2
6	4	1	2
7	4	1	2
8	5	1	2
9	5	1	2
10	6	1	2
11	6	1	2
12	7	1	2
13	7	1	2
14	7	1	2
15	8	1	2
16	9	1	2
17	9	1	2
18	10	1	2
19	10	1	2
20	11	1	2
21	11	1	2
22	12	1	2
23	12	1	2
24	13	1	2
25	13	1	2
26	14	1	2
27	14	1	2
28	15	1	2
29	15	1	2
30	16	1	2
31	16	1	2
32	17	1	2
33	17	1	2
34	18	1	2
35	18	1	2
36	19	1	2
37	19	1	2
38	20	1	2
39	21	1	2
40	21	1	2
41	22	2	2
42	22	2	2
43	22	2	2
44	23	2	2
45	23	2	2
46	24	2	2
47	24	2	2
48	25	2	2
49	25	2	2
50	26	2	2
51	27	2	2

**Total RNs may include a Charge RN or other fixed RNs that are staffed independent of census



NYU Langone Health
Patient Care Staffing Models
July 2022

NYU Langone Hospitals – PFI 1463
Mother Baby

Tisch 12 and 13

Census*	Total RNs**	NAs/PCTs	HC/PUA/ Secretary
1	2	1	1
2	2	1	1
3	6	1	1
4	6	1	1
5	7	1	1
6	7	1	1
7	8	1	1
8	8	1	1
9	8	1	1
10	9	1	1
11	9	1	1
12	9	1	1
13	10	1	1
14	10	1	1
15	10	1	1
16	11	1	1
17	11	1	1
18	11	1	1
19	12	1	1
20	12	1	1
21	12	1	1
22	13	1	1
23	13	1	1
24	14	1	1
25	14	1	1
26	14	1	1
27	15	1	1
28	15	1	1

*Census reflects couplets

**Total RNs may include a Charge RN or other fixed RNs that are staffed independent of census



NYU Langone Health
Patient Care Staffing Models
July 2022

NYU Langone Hospitals – PFI 1463
Labor & Delivery

Tisch 8

Weekday

Time of Day	Avg. Census	Total RNs*	PCTs/NAs
7am - 11am	18	14	3
11am-3pm	20	14	3
3pm-7pm	20	14	3
7pm-11pm	18	15	3
11pm-3am	17	15	3
3am-7am	16	15	3

Weekend

Time of Day	Avg. Census	Total RNs*	PCTs/NAs
7am - 11am	18	13	3
11am-3pm	20	13	3
3pm-7pm	20	13	3
7pm-11pm	18	14	3
11pm-3am	17	14	3
3am-7am	16	14	3

The total workforce complement for this unit determined based on the care hours needed per Birth. Daily staffing on this unit is staggered to align with established trends in volume by time of day and/or day of week.

*Total RNs figure includes fixed staffing positions, which are generally scheduled irrespective of volume. These positions may include but are not limited to Charge RNs and Triage RNs.



**NYU Langone Health
Patient Care Staffing Models
July 2022**

NYU Langone Hospitals – PFI 1463

Ronald O. Perelman Emergency Department

Weekdays

Time of Day	Avg. Census	Total RNs*	PCTs/NAs
7am - 11am	54	19	12
11am-3pm	89	29	18
3pm-7pm	106	36	19
7pm-11pm	101	36	19
11pm-3am	74	29	13
3am-7am	53	19	12

Weekends

Time of Day	Avg. Census	Total RNs*	PCTs/NAs
7am - 11am	46	17	11
11am-3pm	68	25	16
3pm-7pm	79	29	17
7pm-11pm	75	25	17
11pm-3am	65	17	12
3am-7am	51	19	11

The total workforce complement for this unit determined based on the care hours needed per ED Arrival. Daily staffing on this unit is staggered to align with established trends in volume by time of day and/or day of week.

*Total RNs figure includes fixed staffing positions, which are generally scheduled irrespective of volume. These positions may include but are not limited to Charge RNs, Triage RNs, and Flow Coordinators



**NYU Langone Health
Patient Care Staffing Models
July 2022**

**NYU Langone Hospitals – PFI 1463
Acute Rehabilitation**

Health Care Center 9

Census	Total RNs**	NAs/PCTs	HC/PUA/ Secretary
1	2	1	1
2	2	1	1
3	2	1	1
4	2	1	1
5	2	1	1
6	2	1	1
7	2	1	1
8	2	1	1
9	2	1	1
10	2	1	1
11	3	1	1
12	3	1	1
13	3	1	1
14	4	1	1
15	4	2	1
16	4	2	1
17	4	2	1
18	4	2	1
19	5	2	1
20	5	2	1
21	5	2	1
22	5	2	1

**Total RNs may include a Charge RN or other fixed RNs that are staffed independent of census



**NYU Langone Health
Patient Care Staffing Models
July 2022**

**NYU Langone Hospitals – PFI 1463
Psychiatry**

Health Care Center 10

Census	Total RNs**	NAs/PCTs	HC/PUA/ Secretary
1	3	1	1
2	3	1	1
3	3	1	1
4	3	1	1
5	3	1	1
6	3	1	1
7	3	1	1
8	3	1	1
9	3	1	1
10	4	1	1
11	4	1	1
12	4	2	1
13	4	2	1
14	4	2	1
15	4	2	1
16	5	2	1
17	5	2	1
18	5	2	1
19	5	2	1
20	5	2	1
21	5	2	1
22	5	2	1

**Total RNs may include a Charge RN or other fixed RNs that are staffed independent of census