HEALTH+ HOSPITALS | Carter

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NYS Staffing Committee Submission
Facility: Carter Specialty Hospital
Facility PFI#: 1486
(Resubmitted as of June 30,2023)

1) The final plan

Attached (Attachment 1) is the staffing grid for the various direct care titles: Head Nurse (HN), Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Nurse Aide/ Patient Care Technician (CNA/PCT), Clerical. All play a role in the care and services of patients in the Carter Hospital, a 201-Bed Long Term Acute Care Hospital (LTACH). The Final Plan was developed in coordination with Carter Hospital Management and representation from our various labor union partners. The following labor unions were represented during a series of Labor Management Committee Meetings to discuss elements that impact staffing ratios: New York State Nurses Association (NYSNA), AFSCME District Council-37, Locals 1549 and 420 (DC-37) and 1199 SEIU - United Healthcare Workers East.

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Unit	Service	Census	Tour 1			Tour 2			Tour 3		
			RN	LPN	PCT/NA	RN	LPN	PCT/NA	RN	LPN	PCT/NA
3E	Medsurg/vent	14	1:7	0	1: 7	1:5	0	1:7	1:5	0	1:7
3W	Medsurg/vent	21	1:11	1:16	1:10	1:6	1:16	1:7	1:6	1:16	1:7
4E	Medsurg/vents	14	1:10	0	1:10	1:6	0	1:7	1:6	0	1:7
4W	Medsurg/vents	20	1:10	1:16	1:10	1:6	1:16	1:7	1:6	1:16	1:7
5E	Medsurg/vents	14	1:7	1:16	1:10	1:7	1:7	1:7	1:7	1:16	1:7
5W	Medsurg/vents	22	1:11	1:16	1;10	1:6	1:16	1:7	1:6	1:16	1:7
6W	Medsurg/vents	38	1:10	1:24	1:10	1:6	1:24	1:7	1:6	1:24	1:7
7E	Medsurg/vents	14	1:7	0	1:10	1:7	0	1:7	1:7	0	1:7
7W	Medsurg/hemo	19	1:10	1:24	1:10	1:6	1:24	1:7	1:6	1:16	1:7

2) The union's proposal and rationale for areas where there was no consensus

Henry J. Carter Nursing Department and DC-37 and NYSNA reached a consensus on the staffing ratios on days and evening shifts however, there was no consensus for the Tour I (11:30 PM - 7:45 AM). DC-37 proposed a CNA ratio of 1:8 on Tour I while the Carter Nursing Department proposed a 1:10 ratio.

3) Management's proposal and rationale for areas with no consensus

Both Nursing administration and Labor partners agreed to have the same number of staffing on both day and evening shifts for nurses and ancillary staff for the following reasons:

- Majority of patients are on ventilator with multiple comorbidities and multiple pressure injuries
- Nursing activities during both shifts are similar such as medication administration, pressure injury care, suctioning every 2 hours and PRN, Finger stick monitoring, tube feeding, patient family teaching (RNs), documentation, admission assessment and care
- 98% of admissions come during evening shift

Nursing administration's rationale for the different number of nurses for night shift are as follows:

- There are less medications to administer during night shift
- Most treatments are done daily at 9 AM and PRN so they will only have to do treatments PRN
- Admissions and discharges seldom happen during nights
- Tube feeding set up are divided
- Direct patient care is done by ancillary staff who also perform vital signs taking, weighing, intake and output, turning and positioning, transfers among many other things
- There are no visitors during night shift
- All three shifts have respiratory therapist on each floor who also evaluates patient's respiratory status, do ventilator care, suctioning and administer respiratory treatments

There was a proposal for 1 Clerical Associate for each unit during the day. Nursing administration's proposal is to maintain 1 Clerical Associate per floor as their tasks has reduced due to electronic documentation. However, we hired 1 Clerical Associate to cover the facility on evenings and 1 Clerical Associate to cover half day on weekends.
There are also Institutional Aides who provide support to nursing for non-patient care activities such as environmental and equipment maintenance.
Our facility is committed to address any unforeseen surges and ensure that one to one coverage does not impact nursing support to units.

4) CEO's written submission explaining the elements that did not gain consensus and brief explanation of determination:

Carter Specialty Hospital is a 201-bed long term acute care hospital (LTACH). With an average length of stay of 48 days, Carter is the only LTACH in the New York City and manages high acuity post acute care patients. Carter's admissions originate from short term acute care hospitals (STACH) in the NYS Metropolitan area. Admissions are considered stable and meeting the InterQual LTACH Criteria. All admissions require continued skilled care and monitoring.

Carter's staffing pattern to date has been supported by key performance indicator (KPI) data points. During our analysis of appropriate staffing ratios, we identified that national quality and patient satisfaction data places Carter as one of the top LTACHs in the Country. Out KPI quality indicators are at or better than the national average in the areas of "Falls with major injury", "C-Diff Infections", "Blood stream infections". Respiratory Management and ventilator weaning is considered a "Center of Excellence" and is nationally recognized. Our ventilator weaning rate of 73% is well above the national average with our best practices have been published. Although we have validated that Carter exceeds quality thresholds with our current staffing ratios, Senior Administration recognizes the value in improving ratios focused areas and tours.

As the CEO, I have reviewed the Carter Staff Committee's activity through several meetings and email communication. I have also reviewed the rationales from both Labor and Management, of which I am most appreciative of all participant's perspectives and collaborative input into the process. At this time, I am fully supportive of the Management Proposal and prepared to proceed with increasing the LTACH staffing ratios. The new staffing ratios constitute a significant investment into Carter LTACHs RN and frontline support staffing and further advance Carter's commitment and mission to deliver the highest quality of care.

Respectfully Submitted,

Floyd R. Long , CEO

Meriam Pineda, Chief Nursing Officer