June 30, 2022

Dear Dr. Stephanie Shulman:

The Mount Sinai Health System aspires to achieve staffing levels aligned with the needs of our patients while maintaining the financial sustainability for each of the system hospitals. The Health System recognizes the challenges in coming years associated with the national nursing shortage due to the COVID-19 pandemic. In working with our nurses, Mount Sinai will continue to explore alternative and innovative models of care that are forward thinking, not limited to traditional staffing models and that emphasize team-based care delivery. The Health System is committed to investing in and introducing technology to support care delivery including but not limited to remote patient monitoring for tele-sitting, virtual nursing technology, and hand-held devices to support nurses in working more efficiently and safely. Given the overall identified constraints, the System hospitals will continue to modify plans as additional resources become available.

Each hospital utilizes standard budgeting formulas to calculate staffing levels based on the average daily census and patient acuity as a baseline, to accommodate activities such as admissions, discharges and patient transfers. In addition, a skill mix is defined for each unit, based on the acuity and intensity of patient care. This skill mix will take into consideration the level of experience and training of staff, including the assignment of charge nurses. Specialized supplies, equipment and other resources are available on each unit based on patient need.

The assignment of staff is based on safety and management of the patient’s clinical presentation and individualized care needs. In addition, staff assignment takes into consideration the geography of a unit, special needs such as patient observations and other special characteristics of the patient population. Staffing guidelines are referenced as adopted by each site’s collective bargaining agreement (CBA), as applicable and with reference to professional nursing and professional health related association guidelines. The hospital coordinates safe break coverage through a variety of mechanisms and for conditions that are reasonably foreseeable.

There is a robust emergency management service within The Mount Sinai Health System that addresses and leads the sites through unforeseeable emergency services as defined by public health law. Limited provisions of short term adjustments are managed through standard work which includes regular forums where management receives and addresses concerns at the unit, hospital and system levels.
The hospitals engage in a comprehensive relationship with other clinical services to support the delivery of care on each unit. There is a strong commitment to the continuous improvement of worker and patient safety through the implementation of increased knowledge, skills and security support. A system command center has been established to ensure effective and efficient patient throughput and care planning decisions to ensure patients are cared for at the right place at the right time.

Nursing Quality Indicators are managed by the respective hospital nursing departments in collaboration with quality departments and in alignment with regulatory agencies. Continuous performance improvement methods are implemented at the unit level through the daily management process, communication huddles and escalation chain of command protocols. General hospital finances are managed through a complex budgetary process with the goal of financial stewardship in accordance with non-profit organization status and guidelines.

The staffing plan being submitted on or before July 1, 2022, by Mount Sinai Health System is based on each hospital’s ability to provide the highest quality patient care in the most efficient and effective manner. This plan is tailored to the needs of each individual hospital and the patients it serves and is based on the principles of safe staffing and the sixteen factors included in the NYS Hospital Clinical Staffing Committee Law (PHL 2805-t). This plan will be continuously monitored, evaluated, and adjusted, as necessary.

Sincerely,

Adhi Sharma, MD, FACMT, FACEP
President
Mount Sinai South Nassau
## 24 Hour Clinical Staffing Plan

<table>
<thead>
<tr>
<th>Projected Pt Census/Volume</th>
<th>Emergency Dept (Long Beach)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Staffing</td>
<td>Emergency Dept</td>
</tr>
<tr>
<td></td>
<td>LPN</td>
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<tr>
<td></td>
<td>2</td>
</tr>
</tbody>
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### Potential Variations to Staffing
- Forseeable: Seasonal Fluctuations in Volume
- Unforeseeable: Surge, OT Cancellation